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* Application for admission *pro hac vice*
pending.
** Application for admission *pro hac vice*
forthcoming.

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA**

IMMIGRATION EQUALITY, et al.,

Plaintiffs,

v.

U.S. DEPARTMENT OF HOMELAND
SECURITY, et al.,

Defendants.

Case No.: 4:20-cv-09258

**DECLARATION OF BAMBY SALCEDO,
PRESIDENT AND CEO OF THE
TRANSLATIN@ COALITION IN SUPPORT
OF PLAINTIFFS' MOTION FOR
TEMPORARY RESTRAINING ORDER,
PRELIMINARY INJUNCTION, AND STAY
UNDER 5 U.S.C. § 705.**

1 I, Bamby Salcedo, upon my personal knowledge, hereby declare as follows:

2 1. I am a founding member and the President and CEO of the TransLatin@ Coalition
3 (“the Coalition”).

4 2. I submit this declaration in support of Plaintiffs’ Motion for a Preliminary Injunction
5 to prevent the rule entitled *Procedures for Asylum and Withholding of Removal; Credible Fear*
6 *and Reasonable Fear Review*, 85 Fed. Reg. 80,274 (Dec. 11, 2020), published by the United States
7 Department of Justice’s Executive Office for Immigration Review and the United States
8 Department of Homeland Security (the “Final Rule”), from taking effect. Through its multitude of
9 drastic regulatory changes, the Final Rule seeks to severely curtail, if not eliminate, the ability of
10 most asylum applicants to obtain asylum or other form of relief from life-threatening persecution.
11 As such, the Final Rule will irreparably harm the TransLatin@ Coalition, its clients, and its
12 members.
13

14 3. I am a 50-year-old transgender woman, an immigrant, and a person living with HIV.

15 4. I was born and raised in Guadalajara, Mexico, where I lived until age 16. Seeking
16 refuge from the discrimination I faced as an LGBTQ person, I immigrated to the United States in
17 1986, initially settling in central California and later moving to Los Angeles, where I have lived
18 for most of the last 30 years.
19

20 5. In 2009, along with other transgender and gender nonconforming Latinx immigrant
21 community leaders, I co-founded the TransLatin@ Coalition (“the Coalition”), a 501(c)(3)
22 national membership organization headquartered in Los Angeles, California.
23

24 6. The TransLatin@ Coalition was formed to organize and advocate for solutions to the
25 unique challenges and specific needs of transgender, gender nonconforming, and intersex Latinx
26 immigrants residing in the United States. The Coalition seeks to address these challenges in three
27 key ways: one, by building a national network of affiliated transgender-led organizations and
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1 groups that provide direct services to transgender and gender nonconforming Latinx people; two,
2 by amplifying educational and other resources that promote the empowerment of transgender and
3 gender nonconforming Latinx individuals and leaders; and three, by working in partnership with
4 local and national organizations across the country to create change that addresses the needs of
5 and issues faced by transgender and gender nonconforming Latinx people through community-led
6 campaigns, policy change, and leadership development. The Coalition’s specific mission is “to
7 advocate for the specific needs of the Trans Latin@ community that resides in the U.S.A. and to
8 plan strategies that improve our quality of life.”
9

10 7. The TransLatin@ Coalition’s structure has three components. First, the TransLatin@
11 Coalition is composed of thousands of transgender and gender nonconforming Latinx immigrants
12 and other individual members across the United States. These members include transgender
13 Latinx immigrants like me; Arianna Lint, a transgender woman and immigrant from Peru, based
14 in Florida; and Elia Chino, a transgender woman and immigrant from Mexico, based in Texas.
15 Second, the Coalition is made up of a network of affiliated organizations and groups across the
16 country including in Tucson, Arizona; South Florida; Atlanta, Georgia; Chicago, Illinois; New
17 York City; Houston, Texas; and Washington, D.C. Leaders of these affiliated organizations—like
18 Ms. Chino, the Executive Director of the Fundación Latinoamericana de Acción Social (FLAS) in
19 Houston, Texas, and Ms. Lint, the Executive Director of Arianna’s Center in South Florida and
20 Puerto Rico—form part of the Coalition’s leadership. The Coalition’s affiliated organizations, and
21 the individual Coalition members who are part of those organizations, serve thousands of
22 transgender and gender nonconforming immigrants across the United States. Lastly, in addition
23 to the work of its network of affiliated organizations, the Coalition provides direct services,
24 including immigration legal services, to transgender, gender nonconforming, and intersex Latinx
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1 people through its Center for Violence Prevention and Transgender Wellness (“Transgender
2 Wellness Center”) in Los Angeles, California.

3 8. Among the services the Coalition and its affiliates provide are: community drop-in
4 spaces; daily food distribution; re-entry services to people recently released from incarceration and
5 immigration detention including rental assistance, transportation and food vouchers; English as a
6 Second Language (“ESL”) classes; referrals to health care providers and organizations that provide
7 competent and affirming health care services to our members and patrons; leadership and
8 workforce development education and training programs; emergency and transitional housing;
9 case management; and, most notably, immigration-focused legal services for transgender and
10 gender nonconforming Latinx immigrants who have been detained.

12 9. The TransLatin@ Coalition and its membership are also involved in legislative
13 advocacy in various states and Puerto Rico in order to ensure that government officials hear
14 transgender and gender nonconforming Latinx voices on issues that affect the community’s health,
15 safety, and wellbeing.

16
17 ***My Personal Experiences with Immigration***

18 10. As a young transgender person growing up in Guadalajara, Mexico, I encountered
19 discrimination, persecution, and violence on account of my being transgender and failure to
20 conform with gender stereotypes.

21 11. At the age of 15, I was detained by police and taken to the outskirts of Guadalajara.
22 Officers then held me down as they cut my hair, beat me, and raped me, all because I was
23 transgender and did not conform to stereotypes as to how a person assigned the sex of male at birth
24 should behave or express their gender.

25
26 12. Following these experiences, I migrated to the United States (specifically, California)
27 as an adolescent. I lived with my father and his wife. However, because they also did not accept
28

1 my LGBTQ identity, I was forced to move and go live with extended family members outside of
2 Sacramento, where I worked in a tortilla factory as a minor. While there, I experienced wage
3 exploitation and was unable to be my authentic self. As such, without familial support or much
4 proficiency in English, I moved to Los Angeles on my own as a teenager.

5 13. Thereafter, I started my gender transition at age nineteen. At that time, there was
6 virtually no one providing LGBTQ-welcoming, let alone gender affirming, health care in the way
7 we know it today. I had to find community and support from other transgender women who,
8 because of pervasive discrimination in housing and employment, were homeless and doing street-
9 based sex work to survive like me. Indeed, I received most of my health care, both gender
10 affirming and otherwise, through informal means, namely, from these other transgender women
11 living on the street.
12

13 14. A year after starting my gender transition, I learned I was HIV-positive. This was a
14 very traumatic and terrifying experience for me as many of my friends were dying from AIDS. At
15 the time, there were no known effective treatments for HIV. I recall vividly how many of my
16 friends were dying of AIDS as a result of lack of access to care or because AZT was not working.
17

18 15. As a young 20-year-old, transgender Latina immigrant from Mexico with no familial
19 support, I was terrified. I remember telling myself, "I don't want to die." And so, even though I
20 was undocumented at the time and feared the consequences that may stem from my seeking health
21 care, I went to a health clinic to ask for help.
22

23 16. At the clinic, however, I was told that they "did not know how to treat HIV," and that
24 in any event, "they didn't treat people like me." I did not know how to advocate for myself at that
25 time, so this was a devastating blow to my self-esteem, mental health, and wellbeing.
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1 17. Because of the pain from my HIV diagnosis and the discrimination I faced from
2 health care providers, as well as in employment and housing, I resorted to self-medication and
3 abused drugs, attempting to stop the pain and the feelings of hurt and rejection I had.

4 18. The only care that was available for poor, undocumented people then, was through
5 the community-based HIV support groups that were prevalent at the height of the HIV/AIDS
6 epidemic, though these rarely served transgender women like myself. Ironically, the first time that
7 I received consistent health care from any source was when I was incarcerated in 1993 for drug
8 possession. This was around the time that HIV retroviral drugs were developed, and for the first
9 time, I began receiving consistent HIV treatment while incarcerated.
10

11 19. After my incarceration, I again had to obtain my health care, both gender affirming
12 and otherwise, through informal means, such as from other transgender women living on the street.
13 I did not know how health insurance worked or whether it might even be available to me.

14 20. In the years in between I primarily lived in California, though not continuously.
15 Whenever I was in Mexico, I faced persecution, violence, and sexual assault by police, gangs, or
16 other private individuals, similar to what I experienced when I was 15 years old, and that drove
17 me to migrate to the United States.
18

19 21. On or about 2005, I affirmatively sought asylum and other relief in the United States
20 with the assistance of an attorney, on account of the continuous persecution and violence I had
21 experienced in Mexico due to my transgender identity. However, I was detained while my asylum
22 application was pending, which accelerated the consideration of my application. I was ultimately
23 granted statutory withholding of removal in 2005.
24

25 ***The Final Rule's Impact on Transgender Latinx Migrants and the TransLatin@ Coalition***

26 22. As noted in the declaration of Madison Blu Fairchild, the TransLatin@ Coalition's
27 Legal Services Project Director, the Final Rule negatively impacts transgender and gender
28

1 nonconforming refugees. The Final Rule’s overall effect, however, is to make it virtually
2 impossible for most LGBTQ refugees to obtain asylum or other forms of relief in the United States.

3 23. I fear that if my application for asylum and other relief were considered under the
4 Final Rule, it would not be approved today.

5 24. The same holds true for the many of transgender or gender nonconforming refugees
6 who are members or clients of the TransLatin@ Coalition.

7 25. The Final Rule gravely impacts the TransLatin@ Coalition’s ability to fulfill its
8 mission because it frustrates its mission to ensure the empowerment and inclusion of transgender
9 and gender nonconforming Latinx immigrants in the United with dignity and respect. This is not
10 only because many of the clients and members of the Coalition will no longer be able to ensure a
11 lawful presence in the United States, but also because the Final Rule would cause a large diversion
12 of the Coalition’s already limited resources from the Coalition’s services and programs, many of
13 which may be ultimately unsustainable.

14 26. As noted in the Coalition’s research study “TransVisible: Transgender Latina
15 Immigrants in U.S. Society,” published in 2013, 84% of transgender Latina immigrants migrated
16 to the United States as a result of, solely or in part, violence they had experienced and were fleeing.
17 Indeed, a majority of the transgender Latina immigrants in the study had endured physical violence
18 and threats because of their gender identity.

19 27. The Final Rule will wrongfully divert resources away from services that transgender
20 Latinx refugees need to get on their feet, build their new lives, and recover from the persecution
21 from which they have fled. For example, transgender Latina immigrants who fled persecution
22 came to the United States for “a better life,” a phrase used by 32 of the 101 transgender Latina
23 immigrants in the TransVisible study. And while 99% of the participants in the TransVisible study
24 reported having better opportunities in the United States than in their country of origin (per the
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1 national “2015 U.S. Transgender Survey: Report on the Experiences of Latino/a Respondents,”
2 published by the TransLatin@ Coalition and the National Center for Transgender Equality), 43%
3 of Latino/a transgender people in the United States live in poverty, compared to 18% of Latino/a
4 people in the United States population. The 2015 U.S. Transgender Survey further revealed that
5 transgender Latinx people are unemployed at three times the rate of unemployment for Latinx
6 people nationwide, and 31% of them have experienced homelessness at some point in their lives,
7 including the 14% who have experienced homelessness in the past year because of being
8 transgender.
9

10 28. A copy of the “TransVisible” report is attached as **Exhibit A**. A copy of the “2015
11 U.S. Transgender Survey: Report on the Experiences of Latino/a Respondents” is attached as
12 **Exhibit B**.

13 29. Simply put, the transgender Latinx migrant population in the United States greatly
14 benefits from having community organizations like the TransLatin@ Coalition and its affiliated
15 organizations, which assist them not only with immigration-related legal services but also with a
16 vast array of community services that help refugees get on their feet, build their new lives, and
17 recover from the traumatic experiences from which they have escaped.
18

19 30. The TransLatin@ Coalition attempts to meet these needs by providing its transgender
20 Latinx clients with intensive case management, internships placement, resume building, job search
21 assistance, food, transportation, clothing, and skills-building related to entrepreneurship, among
22 other services. The Coalition also has a re-entry program designed to support transgender and
23 gender nonconforming individuals who are being released from jails, prisons, and immigration
24 detention centers to access comprehensive case management services, food, transportation, rental
25 assistance, and referrals. The Coalition further provides transitional housing services, such as
26 funding six months of transitional programming that includes case management, referrals, and
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1 linkage to our supportive programing. The Coalition further provides the transgender and gender
2 nonconforming people it serves with health care case management, access to PrEP/PEP, and
3 referrals to health care providers who will provide affirming and welcoming health care services.

4 31. However, because many of the people the Coalition serves will be ineligible for
5 governmental (local, state, and federal) housing, food assistance, and health care programs due to
6 their inability to obtain asylum or other relief as a result of the Final Rule, they will turn in greater
7 numbers to the Coalition for assistance with basic needs, such as emergency housing, food,
8 clothing, rental assistance, and health care referrals.

9
10 32. As a result, the TransLatin@ Coalition and its network of affiliated organizations will
11 be forced to divert significant financial resources to emergency support services including daily
12 food distribution, rental assistance, and transportation and grocery vouchers. Emergency
13 community support is one of the Coalition's and its affiliates' fundamental programmatic services.
14 With the Final Rule, there will be an increase in demand for these services because of the increased
15 number of transgender people who will be out of work, unable to pay rent, or afford other material
16 necessities as result of delayed treatment of serious or semi-serious health conditions.

17
18 33. As more of the TransLatin@ Coalition's clients and members are unable to obtain
19 lawful status thru asylum or other forms of relief due to the Final Rule, the TransLatin@ Coalition
20 and its affiliated organizations will inevitably run out of resources to provide these emergency
21 support services, completely undermining the Coalition's ability to perform one of its most
22 fundamental programmatic services.

23
24 34. In addition, the Final Rule will eliminate the ability of many of transgender Latinx
25 immigrants the Coalition serves to obtain health coverage, since lawful immigration status tends
26 to be a requisite for many of the public health insurance programs. There are a limited number of
27 health care providers who serve people without health coverage, let alone LGBTQ-affirming
28

1 providers. The Final Rule will therefore cause an increased demand for the Coalition’s health
2 referral services that will create a substantial backlog in available providers and appointments,
3 resulting in critical delays in treatment for potentially serious health conditions.

4 35. Furthermore, the COVID-19 pandemic has already put severe strain on the long-term
5 availability of the TransLatin@ Coalition’s fundamental programmatic services like emergency
6 community support. To accommodate the lack of employment and economic stability facing many
7 members and individuals whom the Coalition and its affiliates serve, the Coalition and its affiliates
8 have been forced to shift resources in a way that would make the programmatic impact of the Final
9 Rule even more detrimental.

11 36. While providing these services is an important programmatic component of the
12 TransLatin@ Coalition’s work, it is only a part of the organization’s overall activities. A
13 significant redirection of funds required by the impact of the Final Rule will impede the Coalition’s
14 ability to perform other programmatic activities like economic and workforce development
15 training programs, coordinated human resources and cultural competency trainings, community
16 research and education programs, and local and state advocacy campaigns for laws protecting the
17 Coalition’s members.

19 37. The Final Rule also will significantly harm the Coalition’s ability to conduct its re-
20 entry services program—an important organizational activity that provides support to some of the
21 most vulnerable of the Coalition’s members and the individuals returning to their communities.
22 These transgender and gender nonconforming people need immediate connections to medical
23 services, which will be delayed by, or in some cases prevented altogether as a proximate fallout
24 from the Final Rule, due to the diversion of already limited resources and limited number of
25 LGBTQ-affirming health care providers who will be (and already are) overwhelmed by demand.

1 38. The Coalition will be in a difficult situation, as the demands for emergency financial
2 support and other services will force the Coalition to make impossible choices concerning which
3 core programmatic activities to attempt to maintain. For the Coalition, the only acceptable
4 alternative is to provide severely limited services in these areas, which means the Final Rule causes
5 lasting injury to these desperately needed programs.

6 39. In addition to shifting much of the Coalition's and its affiliates' already limited
7 budgets to emergency services and other related services, the impact of the Final Rule will also
8 require shifting an unexpected amount of limited resources to education programs and community
9 outreach. This will be necessary to support the Coalition's members, and the individuals and
10 communities we collectively serve to educate them about the effects of the Final Rule, and devise
11 individual solutions for attaining and securing lawful immigration status in the United States.

12 40. The Final Rule threatens to completely overwhelm the programs and activities that
13 the Coalition, our affiliated organizations, and the Coalition's individual members have been doing
14 for more than a decade to uplift, support, and improve the lives of transgender, gender
15 nonconforming, and intersex Latinx people in the United States. The harm to the TransLatin@
16 Coalition will be long-lasting and difficult, if not near impossible, to undo.

17 * * * * *

18 41. The Final Rule poses serious and ongoing threats to the safety, health, and overall
19 wellbeing of transgender and gender nonconforming people like the TransLatin@ Coalition's
20 members and the thousands of transgender and gender nonconforming individuals the Coalition
21 and its affiliated organizations collectively serve in communities across the United States. The
22 Final Rule also threatens the ability of the TransLatin@ Coalition to fulfill its mission and engage
23 in core programmatic activities.

24 [Signature on next page.]

1 I declare under penalty of perjury under the laws of the United States of America that the
2 foregoing is true and correct.

3 Dated this 18th day of December, 2020 in Los Angeles, California.

4 

5 _____
6 Bamby Salcedo, M.A.
7 President/CEO
8 The TransLatin@ Coalition
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ATTESTATION PURSUANT TO L.R. 5-1(I)

In accordance with Civil Local Rule 5-1(i)(3), I attest that concurrence in the filing of this document has been obtained from any other signatory to this document.

By: /s/ Austin Manes

Austin Manes

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EXHIBIT A



Trans Visible:

Transgender Latina Immigrants in U.S. Society

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The TransLatin@ Coalition is a national non-profit organization (doing business as *XQSi Magazine*) Advocating for the rights of Trans Latin@s in the United States. The organization was founded in 2009 as a grassroots response to the needs of TransLatin@ Immigrants in the United States. Since its inception, members have generously donated their time and resources in advocating, strategizing, and organizing to procure rights for the Trans Latin@ Immigrant community in the United States. The TransLatin@ Coalition is based in Los Angeles, California, with membership in several states including California, Florida, Minnesota, Missouri, District of Colombia, Maryland and New York. The mission of The Trans Latin@ Coalition is to advocate for the specific needs of Trans Latin@ Immigrants who reside in the United States and plan advocacy strategies that would improve the quality of life of TransLatin@ Immigrants in the U.S.

The Goal of this Report is to use this data to inform key stakeholders about the current social conditions affecting the lives of Trans Latina Immigrants. We identify key stakeholders as policy makers, educators, social service providers, all law enforcement agents, as well as Trans people themselves and anyone who is interested in Trans and Immigrant rights. The study seeks to make visible the social and legal barriers that negatively impact the lives of many Trans Latina Immigrants. As this data shows, most problems affecting Trans Latinas have a structural or legislative root. Once these findings are disseminated and discussed, key stakeholders will have a deeper understanding of issues affecting Trans Latin@ Immigrants. The TransVisible Research Team hopes that this understanding informs the development of new attitudes, policies, laws, programs and every-day behaviors that humanize and respect, rather than devalue and disregard Trans Latina Immigrants residing in the United States. After all, as this study shows, they have migrated to the United States mainly in pursuit of a dignified life. This report will be available through its web site www.translatinacoalition.org, the media, seminars, academic conferences, teach-ins, and forums.

Acknowledgements This report became a reality thanks to the hard work, dedication, and creativity of the members of the TransLatin@ Coalition. Thanks to the work of members of The TransLatin@ Coalition, we gathered the surveys for this study. In addition, The TransVisible Research Team would like to thank the anonymous respondents who placed their trust in us and gave us intimate details about their migration stories and the life they now lead in the U.S. This survey is for you and for the younger generations of Trans people in the U.S. and across the globe.



Foreword:

The U.S. is a nation of Immigrants. At the foundation of the Statue of Liberty, one of our iconic landmarks in the United States, one can read Emma Lazarus's sonnet, "Give me your poor, your hungry and huddle masses yearning to breathe free."¹ Understood as an international call for Immigrants, these words, and the Statue of Liberty itself, represent a sense of protection and reassurance for those whose country of birth can no longer sustain them. The desire to find a more prosperous future in the U.S. has been identified as the American Dream. The American Dream offers people an ideal for economic wealth, and an overall promising life. But Immigrants do not form a monolithic group; their dreams and likelihood of prosperity vary depending on factors such as educational background, race, gender, ethnicity, religious group, ability, and gender identity.

In an ideal situation, any Immigrant, regardless of race, country of origin, ability, or gender identity would access basic human rights to ensure their well-being and the realization of the American Dream. Unfortunately, the pursuit of this dream is made very difficult to Trans Latina Immigrants. There are many reasons for this, but one of them is that they are often rendered invisible and inconsequential because their gender identity, migratory status, race, and language are said to defy the norm. This imposed invisibility has also rendered them silent and, as a result, very little is known about the ways that Trans Latina Immigrants experience life in the U.S.

With this in mind, The TransVisible Research Team has gathered 101 surveys from Trans Latina Immigrant women across the U.S. These surveys helped us to gain insight into their migration narratives as well as their perceived social conditions throughout the nation. The TransVisible Research Team presents this report in order to express the needs of members of the Trans Latina Immigrant community.

In their surveys, members of the community have shared their desire to be treated with respect and dignity. They spoke of their yearning to live in a place that grants them opportunities to secure their wellbeing. Thus, the pursuit of justice by, and for Trans Latina Immigrants is at the core of this report.

Sincerely,

Karla M. Padrón

Karla M. Padrón, MA (Principal Investigator)
Ph.D. Candidate American Studies
University of Minnesota, Twin Cities
Doctoral Dissertation Fellow



Bamby Salcedo

Bamby Salcedo, AA (Co-Investigator)
President TransLatin@ Coalition
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Terminology

In this study, **Trans Latina Immigrant** refers to: a person over the age of 18 who was assigned male at birth and currently uses Transwoman, Woman, or Trans to refer to her gender identity. All respondents live in the U.S. All have migrated from countries in Latin America. The authors of this report capitalize the words Trans, Latina, and Immigrant because respondents communicated that all of these identity markers are salient in their lives.

¹ Lazarus, Josephine. "Emma Lazarus." In *The Poems of Emma Lazarus*. 2 vols. (1888).



Executive Summary:

Transwomen face multiple vulnerabilities worldwide. For those who are born in Latin America, the level of vulnerability has heightened within the last ten years. In May of 2011, Marcela Romero, the Regional Coordinator for the Latin American and Caribbean Network for Trans People (REDLACTRANS), reported, "The life span of a Trans woman living in Latin America is 35 years of age."²

Fearing for their lives or unable to make a living in their country of birth, many Trans Latinas migrate to the U.S. in search of better social and economic opportunities. Ninety-nine percent (99%) of the participants in this study reported having better opportunities in the U.S. than in their country of origin. And, eighty-eight percent (88%) of all respondents wish to make the U.S. their permanent residence.

Ninety-nine percent (99%) of the participants in this study reported having better opportunities in the U.S. than in their country of origin.

And, eighty-eight percent (88%) of them all respondents wish to make the U.S. their permanent residence.

However, the social and economic opportunities they have in the U.S. continue to be minimal when compared with non-Trans Latina/o Immigrants, and the U.S. community at large. Because the U.S. Census Bureau collects no data about Trans and gender non-conforming people, we lack accurate numbers of the amount of Trans people in the U.S. We also lack information regarding their social conditions. Yet, from day to day involvement in Trans and Immigrant communities, many social service providers and advocates report the social vulnerability that Trans people of color encounter in the U.S.

For example, according to a 2011 U.S. report conducted by the National Center for Trans Equality, "Latino/a Trans people often live in extreme poverty with 28% reporting a household income of less than \$10,000/year. This is nearly double the rate for Trans people of all races (15%), over five times the general Latino/a community rate (5%), and seven times the general U.S. community rate (4%). The rate for Latino/non-citizen respondents was 43%."³ The same report found that forty-seven percent (47%) of Latina/o respondents reported having attempted suicide.

Given the serious nature of these statistics, The TransLatin@ Coalition joined forces with researcher Karla Padrón to conduct a more in-depth study focusing on the lives of Trans Latina Immigrants who reside in the United States. The facts presented in this study derive from the surveys we gathered from 101 Trans Latina Immigrants living in various locations throughout the U.S. Although the surveys were anonymous, we asked many open-ended questions and with the responses to these questions, we voice their views on life in the U.S. It is our wish that this report serves as a tool to advance the rights of Transgender Immigrants in the United States. We offer this report to Trans communities, Immigrant-rights advocates, and organizations as well as policy makers and scholars working towards social justice and a better quality of life for members of this community.

2 Romero, Marcela, "Stigma, discrimination, persecution and murder: Transphobia in Latin America" The Alliance, May 16, 2011, <http://blog.aidsalliance.org/2011/05/Transphobia-in-latin-america/>

3 Grant JM, Mottel LA, Tanis J, Harrison J, Herman JL, Keisling M. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force.



Key Findings:

Immigration Status and Documentation:

- ➔ Trans Latina Immigrants place high value in having an authorized immigration status and possessing valid U.S. identification. **Ninety-nine percent (99%) of respondents in this study reported that having legal immigration status was “very important.”**
- ➔ Although the vast majority of respondents in this study greatly desire having legal authorization to live and work in the U.S., **seventy percent (70%) of participants indicated that they did not have a U.S. driver’s license.**

Identification:

- ➔ Thirty-nine percent (39%) of participants reported that it was “very difficult” to obtain legal documents that reflect their name and gender identity.

In order to document the barriers that Trans Latinas face when accessing identification documents, employment, housing, and medical services, the TransVisible Research Team created the following number scale to assign level of difficulty in accessing these basic needs and services.

1= Very easy

5= More or less difficult

10= Very difficult

Based on this scale, participants made the following observations:

Employment:

- ➔ Fifty-seven percent (57%) of respondents stated that it was “very difficult” to access secured and well-paid employment.

Housing:

- ➔ Forty-one percent (41%) of participants said it was “very difficult” to access safe and affordable housing.

Health Care:

- ➔ Twenty-eight percent (28%) of participants found it “very difficult” and eighteen percent (18 %) found it “more or less difficult” to access medical services where they were treated with integrity and respect.

When asked if they felt supported by local authorities, a large number of Trans Latina Immigrants felt unsupported and uninformed.

Justice and Support from Local Authorities and Legislature:

- ➔ Forty-five percent (45%) of participants reported feeling no support from local authorities.
- ➔ Fifty-nine percent (59%) of respondents did not know what laws protected them locally.



Research Team:

This report is the result of the collaborative work of the TransVisible Research Team. The members of this team are: Karla Padrón, and members of The TransLatin@ Coalition: Bamby Salcedo, Alexa Castañón, Paola Coots, Brenda Del Río Gonzalez, Leslie Frias, Renata García, Arianna Inurritegui-Lint, Alexa Rodríguez, Johanna Saavedra, Amelia Vega, and community member and ally, Darlene Calderon.

Karla Padrón is the Principal Investigator of this research. She is a Ph.D. Candidate in the American Studies Department at the University of Minnesota, Twin Cities where she has also minored in Development Studies and Social Change and Gender Women and Sexualities Studies. Karla Padrón holds a Master of Arts degree in Chican@ Studies from California State University, Los Angeles, (CSULA), and a Bachelor of Arts degree in Sociology and Women's Studies from University of California, Los Angeles (UCLA). She has been conducting immigration and gender violence research since 2003. Karla is the recipient of a 2013-2014 University of Minnesota Doctoral Dissertation Fellowship, and the MacArthur Fellowship; a grant offered by the Interdisciplinary Center for Social and Global Change (ICGC) at the University of Minnesota. Karla's dissertation project, "Legal Injuries: Deportability and the Lives of Transgender Latina Immigrants in U.S. Society," critically analyzes the results found in this collaborative study and seeks to create social change that would benefit Trans Latina Immigrants in the U.S.

Bamby Salcedo, the Co-Investigator of this research is an internationally recognized leader and educator for Trans Immigrant communities. Bamby is a proud Trans Latina woman whose commitment to LGBT/Immigrant rights has been the driving force of her success. Bamby is the Project Coordinator for the Health Education & HIV Prevention Services at Children's Hospital Los Angeles, The President of The TransLatin@ Coalition, and the publisher of *XQSí Magazine*, a bilingual multimedia publication for and by the LGBTQ Latin@ community. A dedicated and passionate member of multiple communities, Bamby often travels across the U.S. to educate social justice advocates. She is the recipient of many awards and recognitions including, The Connie Norman Leadership Award from Christopher Street West, LA Pride, The Sheila Keuhl Trail Blazer award from the Stonewall Democratic Club, the community Hero from ALIANZA the Latino Caucus on HIV/ AIDS and the Icon award from Trans Unity pride among many others.

The data-collection team is composed of: **Alexa Castañón, Paola Coots, Brenda Del Río Gonzalez, Leslie Frias, Renata García, Arianna Inurritegui-Lint, Alexa Rodríguez, Johanna Saavedra, Bamby Salcedo, and Amelia Vega.** All members of the data-collection team are part of **The TransLatin@ Coalition**. Each team member trained rigorously prior to distributing, monitoring, and gathering the surveys. Every person in the data-collection team has a deep commitment to the well-being of members of the Trans Latina community. Their commitment and unique position as peer advocates, mentors, friends, and educators in this community has contributed to the ethical and compassionate manner in which this data was gathered.

Darlene Calderon has a Bachelor of Arts degree in Economics with a minor in Chicana/o Studies from University of California, Los Angeles (UCLA). While she is currently working in the private sector, she is a committed member of the L.A. LGBTQ community, and ally to The TransLatin@ Coalition. Darlene Calderon has generously donated her time and talent to this project by drafting the charts and graphs used in this report. In addition, Darlene has made photocopies, provided transportation to distribute surveys, and given thoughtful feedback on the writing of this report.



Methods:

The TransVisible Research Team worked collaboratively to identify varying areas of concern for Trans Latina Immigrants residing in the U.S. Upon conducting pilot interviews, the team learned that Trans Latina Immigrants face daily difficulties and social barriers that usually go unnoticed and unreported. The team organized these difficulties and social barriers within the context of five key areas of concern. These five areas of concern are: 1) U.S. Identification Documents, 2) Education, 3) Employment, 4) Health Care, and 5) Experiences of and Responses to Interpersonal and Structural Violence.

The TransVisible Research Team drew upon these five areas of concern to prepare the 92-question survey guiding this study. This report is organized around these five categories:

- 1) **Access to U.S. Identification Documents**
- 2) **Access to Education**
- 3) **Access to Employment**
- 4) **Access to Health Care Services**
- 5) **Experiences with and Responses to Interpersonal and Structural Violence**

Surveys and Data Gathering:

In May of 2012, the investigators received Internal Review Board (IRB) approval from the University of Minnesota, (Study Number: 1204P13544) and members of The TransLatin@ Coalition participated in rigorous data-collection training before gathering the 101 surveys that comprise this report. All the data was collected for and by Trans Latinas. This ensured that participants felt safe and confident that their anonymity would be protected. Participation was confidential and voluntary. Participants often reported feeling thankful to have a platform from which to speak about matters that often go unnoticed and unreported. Most participants commented that no one before had asked them about these important matters in their lives.

The surveys were gathered between May of 2012 and June of 2013 in states across the U.S. using a snowball sampling method. Participants were informed of the discomfort that some questions may cause and they were told that they could skip any question(s), which made them uneasy. Questions regarding income, employment, and violence were sometimes left unanswered. The research team respected each participant's decision to decline to answer any questions.

Data Analysis:

Upon gathering all surveys, The TransVisible Research Team worked collectively to analyze the data, draft charts/graphs, write and design this report. This report benefits from the input, revisions and approval of all members of the TransVisible Research Team.



Terminology:

Cisgender: refers to a person who conforms to dominant gender behavior by living in the sex category assigned at birth. Cisgender status is considered the norm and is rarely questioned, criminalized, or pathologized unless one has a disability and/or form part of a racial/ethnic/religious/body-type minority.

Gender Identity: is a “person’s deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means) and other expressions of gender, including dress, speech and mannerisms.”⁴

Gender self-Determination: is the autonomy to choose one’s gender identity and presentation with an unwavering demand to be treated with respect and dignity. For Trans people, **gender self-Determination** means willingly or unwillingly challenging dominant, majoritarian, rules imposed on them by institutions such as Western and non-Western medicine, the family, the church, the legal system, and the labor force.

Racial Microaggressions: In 1974, Chester Pierce coined this term to refer to the “subtle stunning, and often traumatic, and nonverbal exchanges which are “put downs.” Since then, Critical Race Theory (CRT) scholars, such as Kimberlé Crenshaw, Patricia Williams, Daniel Solórzano, Tara Yosso, and Sylvia Hurtado, among others, have expanded the term to include class, gender, ability, and sexuality as significant sites of analysis to study the varied ways in which social inequalities are sustained through daily insults against members of minoritized communities. As a result of these verbal and nonverbal insults, members of minoritized communities feel a “diminished sense of confidence.”⁵

Sex assigned at birth: refers to the sex category that doctors and family members consign a child based on genital status. Generally, a baby with a penis will be assigned male and a baby with a vagina will be assigned female. Most of us are expected to adhere to masculine or feminine behavior as marked by our assigned sex. This arrangement is a majoritarian narrative that has been normalized and people who defy the norms are usually punished with various forms of violence and marginalization. Hence the focus of this study.

Sexual Preference: indicates a person’s erotic and/or romantic attraction to a particular group or groups of people based on sex. **Sexual preference** and **gender identity** are different. For example, a female-identified person who is attracted to men is understood to be heterosexual. Her sexual preference is that of men and her gender identity is female. The majority of people in this study identify as heterosexual Trans women.

Structural Violence: Medical anthropologist Paul Farmer defines structural violence as “the embodiment of macro forces that result in the distinct patterns of social suffering.”⁶

⁴ The Yogyakarta Principles on the Application of International Human Rights Law in relation to Sexual Orientation and Gender Identity (2006, International Commission of Jurists)

⁵ Solórzano, D. G., Ceja, M., & Yosso, T. (2000). Critical race theory, racial microaggressions, and campus racial climate: The experiences of African American college students. *Journal of Negro Education*, 69(1/2), 60-73.

⁶ Paul Farmer, *Pathologies of Power* (Berkeley and Los Angeles CA page 42 . (UC Press, 2003).



This social suffering is caused by the inequality in distribution of life chances on the basis of gender, ethnicity, race, immigration status, language and ability. When institutions devalue, undermine, or ignore people on the basis of these factors, they create vulnerable populations.

Trans: is an adopted and embraced term from members of the Transgender community. This term is commonly used as a short version of the term “Transgender”.

Transgender: is an umbrella term used to identify people who Transgress or defy imposed gender norms.

Transphobia: is commonly understood as fear, rejection, violence, and discrimination towards a person or a group of people whose gender identity, behavior, and presentation vary from the normalized gender identity of the majority.

Trans-misogyny: in her book *Whipping Girl*, Julia Serrano explains that when a Transgender woman is ridiculed not only for “failing” to live up to gender norms, but because of her expression of femininity, she is experiencing Trans-misogyny. According to Serrano, in a society where masculinity and maleness are seen as superior to femininity and femaleness, Transwomen become a threat to this male-centered system because despite being born in a male body, they identify with femaleness and femininity. In turn, most institutions such as the media and the medical establishment respond by making Transwomen the target of multiple forms of ideological and material violence.⁷

The term, **Trans Latina Immigrants**, in this study, refers to women who currently reside in the U.S. and were born in Latin America. Trans Latinas were assigned male at birth and currently identify as women, Trans, or Trans women. In this report, the investigators capitalize Trans, Latina, and Immigrant. Like nationality, which is capitalized in the English language, all these categories form part of a person's identity. Capitalizing Trans, Latina and Immigrant, acknowledges the significant and interrelated nature of these categories and their impact on one's identity. All participants in this study were over the age of 18.

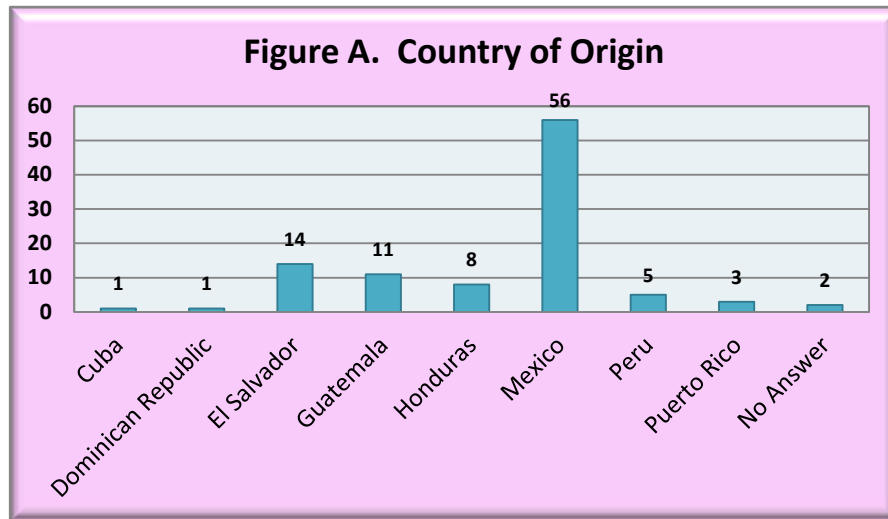
⁷ Serrano, Julia. *Whipping Girl A Transsexual Woman on Sexism and The Scapegoating of Femininity* (Berkeley, CA: Seal Press, 2007) 14-15.



Demographics and Migration:

The 101 survey respondents of this study currently live in various states throughout the U.S. When asked where they were born, participants listed eight different countries. Below is a chart of the countries of origin and the number of participants who were born there. More than half of the respondents, 56, said to have come from Mexico. This finding is important because issues of unauthorized entry in the U.S. are usually framed within an anti-Mexican sentiment without acknowledging the various social and economic reasons that force people to leave their country of origin.

“I will never return to my country because that part of my life was traumatic and has stayed behind. And, if one day the U.S. forces me to leave, I will go to another country.”



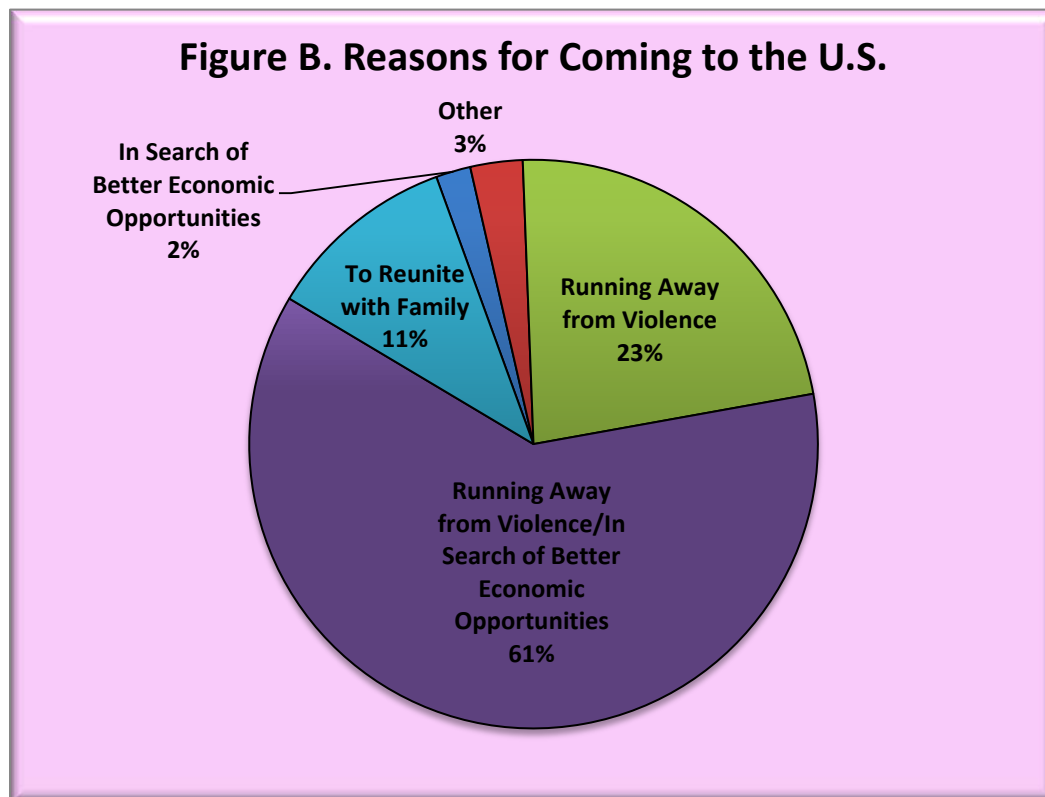
“I came for a better future, to live my life as a Transwoman, and realize the Great American Dream.”

Trans respondents in this study, listed multiple forms of physical and psychological violence, economic marginalization and the need to “fulfill one’s dream” as reasons for migrating. The phrase, “a better life” was used 32 times when asked why they migrated to the U.S. Based on these responses, we have learned that the majority of Trans Latina Immigrants in this study have endured physical violence and threats because of their gender identity. Many have also have been denied employment opportunities. In essence, the majority of Trans Latina Immigrants are refugees who have suffered persecution as a result of their gender identity even when the majority of them are not legally recognized as such.

“I came to the U.S. to have a chance at life, to work, to have a better future, to become a professional.”

Reasons for Migrating:

Trans Latina Immigrants are rarely asked about their migration stories. Most immigration policy makers, employers, and social service providers ignore the reasons that propel Trans people to migrate to the U.S. Ignorance regarding their migration stories is dangerous because it creates a culture where fear and hatred of Trans Immigrants is justified at the individual and structural level. This form of ignorance promotes a society where cisgender people, and U.S. citizens in particular, learn to feel superior and more entitled to life than Immigrants and gender non-conforming people of color. In turn, Trans Immigrants are often denied opportunities that are regularly extended to cisgender people and are often enduring multiple forms of interpersonal and institutional Transphobia, Transmisogyny, and racism. Their recurrent media portrayal as undocumented workers without agency, and/or criminal deceivers, has had significant consequences in the everyday lives of Trans Latina Immigrants. According to the answers provided in this report, most Trans Latina Immigrants are exposed to multiple forms of racial and gendered microaggressions. Ironically, most of them have made the U.S. their home because they were running away from violence in their native countries. When asked why they migrated to the U.S., **Sixty-one percent (61%) of respondents said they were running away from physical, social, psychological and economic violence.**



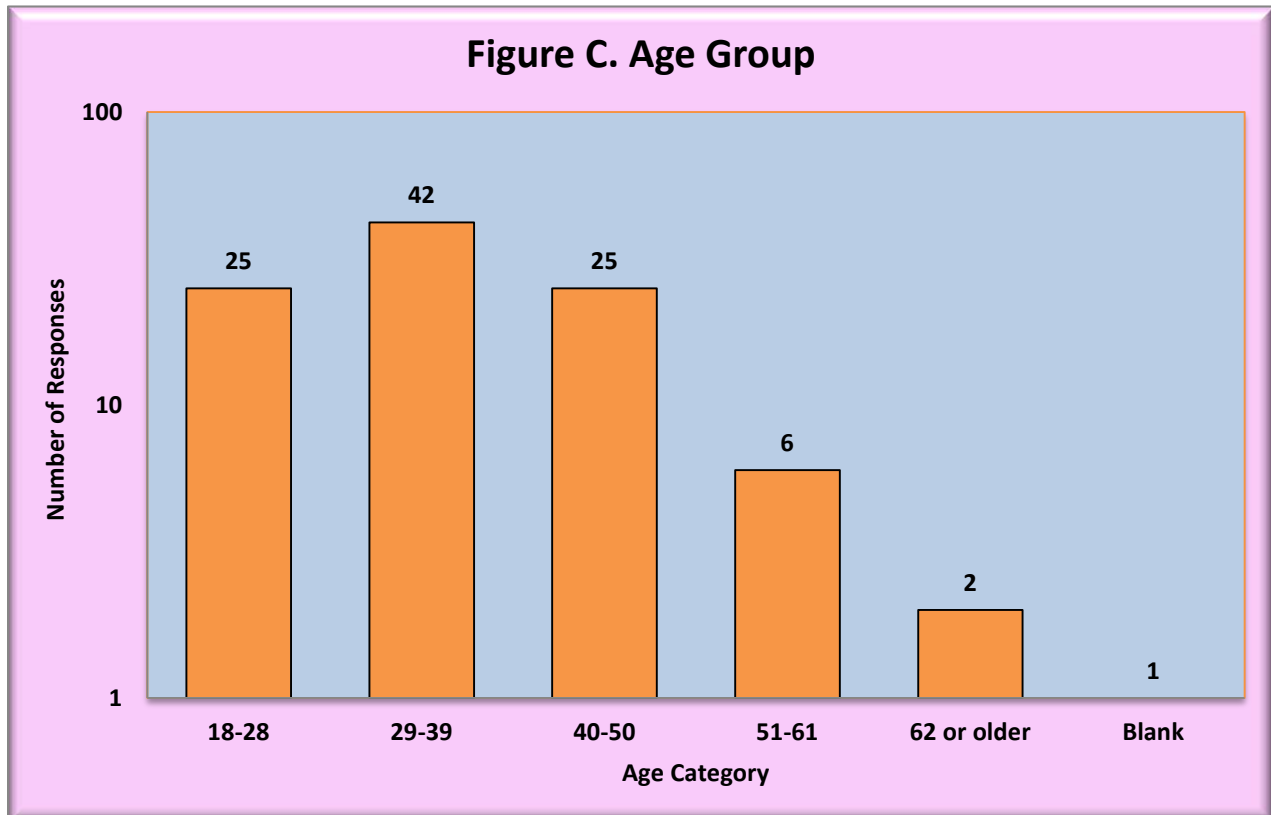
“I came because my uncle said he would kill me for being Trans. Also, I needed to improve my economic situation.”

Age Group and Implications of Employment:

Participants were given five different age categories from which to choose. The categories were:

- 1) 18 to 28 2) 29-39 3) 40 to 50 4) 51 to 61 5) 62 and older

The large majority of respondents, 42, were between 29-39 years of age. The second largest groups, 25, were between the ages of 18-28, and 40-50 years of age.

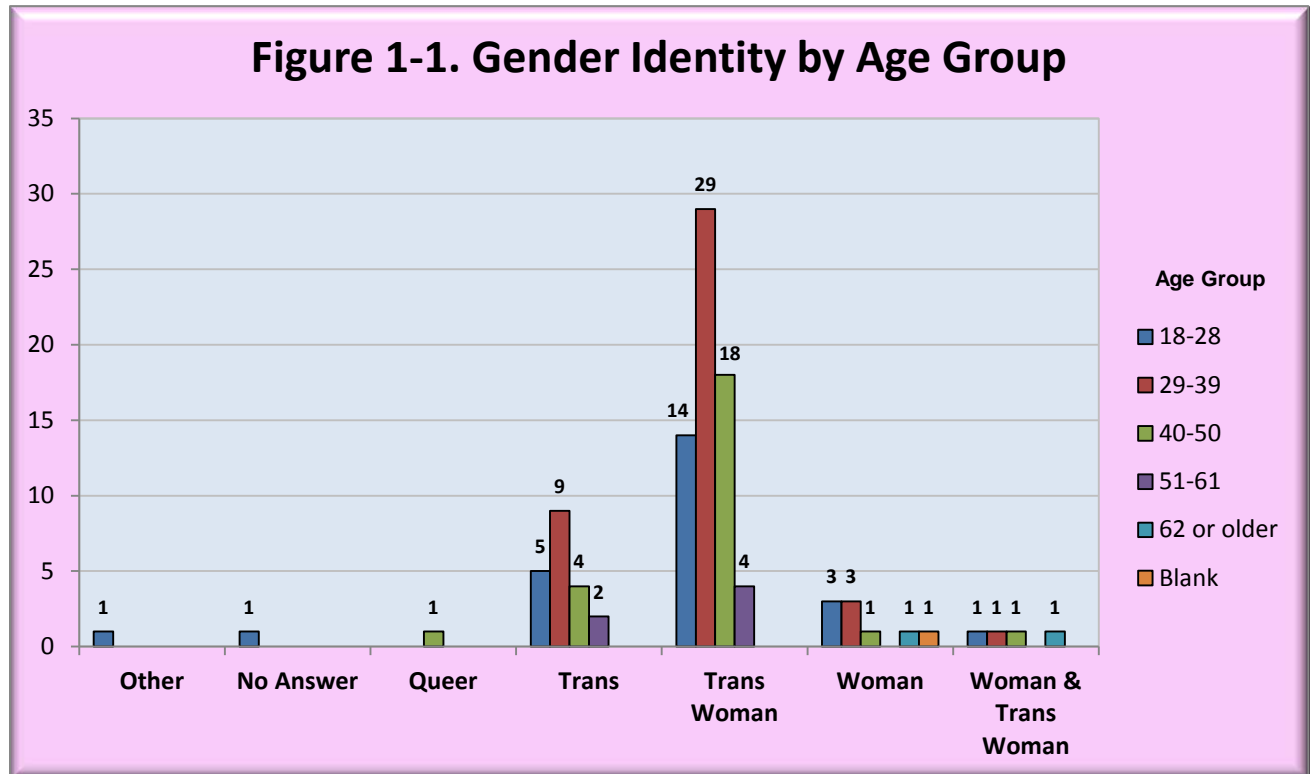


The implication of these numbers is particularly significant when thinking about employment opportunities because; the majority of the labor force is composed of this age group. According a 2012 report by the U.S. Bureau of Labor Statistics, people ages 29 to 50 comprise 82.2 percent of the labor force and 76.7 percent of people in this age group are actually employed.⁸ If this employment rate applied to Trans Latina Immigrants, then, 76.7 percent of them would have a job. However, as the employment section of this report will show, this is not the case.

⁸ U.S. Department of Labor, Labor Force Characteristics by Race and Ethnicity, 2011, <http://www.bls.gov/cps/cpsrace2011.pdf>

1. Access to U.S. Identification Documents:

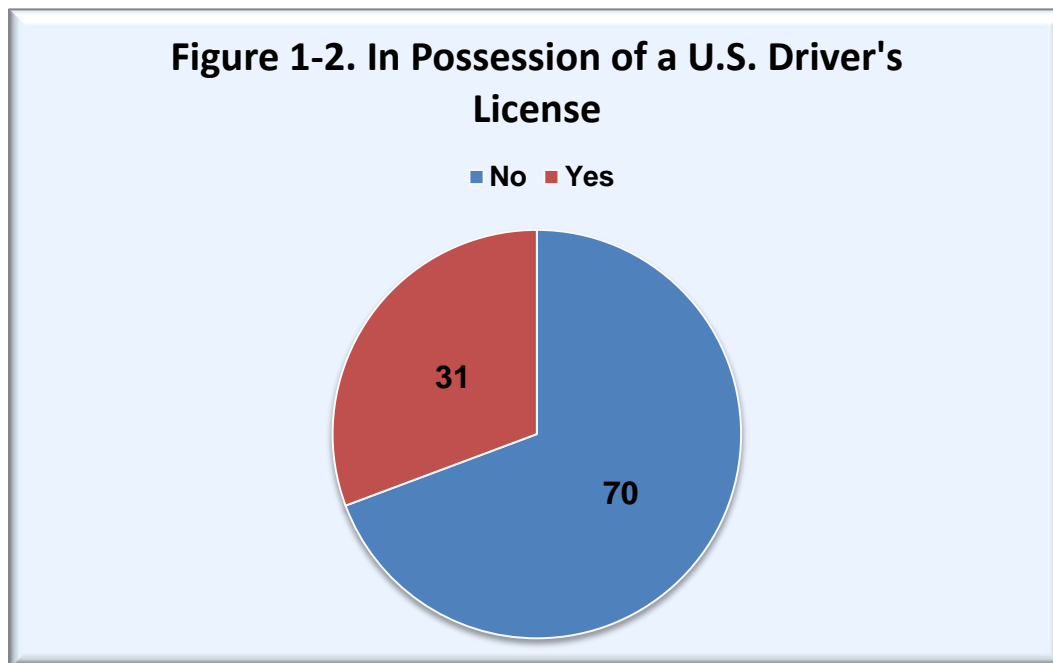
Although all participants self-identified as Trans, Latina, and Immigrant, there were additional variations in the names they used to identify their gender identity. For example, 65 of the 101 respondents self-identified as Transwomen, 20 participants used the term “Trans” as their gender identity and 9 used the term woman.



A form of institutional violence occurs when Trans and other gender non-conforming people are denied access to driver licenses, passports, and other identification documents because their gender identity is not recognized as “real” and/or valid. By centering chromosomal sex as the only and valid way to identify people, institutions such as the Department of Motor Vehicles (DMV) extend privileges to cisgender people while denying them to those who defy the normative gender system. The extension and denial of these privileges has serious implications when it comes to earning a livelihood and being a recognized member of society.

Seventy percent (70 %) of participants do not have a driver’s license.

Because the majority of the people in this study identify as Trans or Transwomen they are largely misrecognized and underserved by document-granting institutions. In fact, seventy percent (70 %) of the respondents do not have a U.S. driver's license.

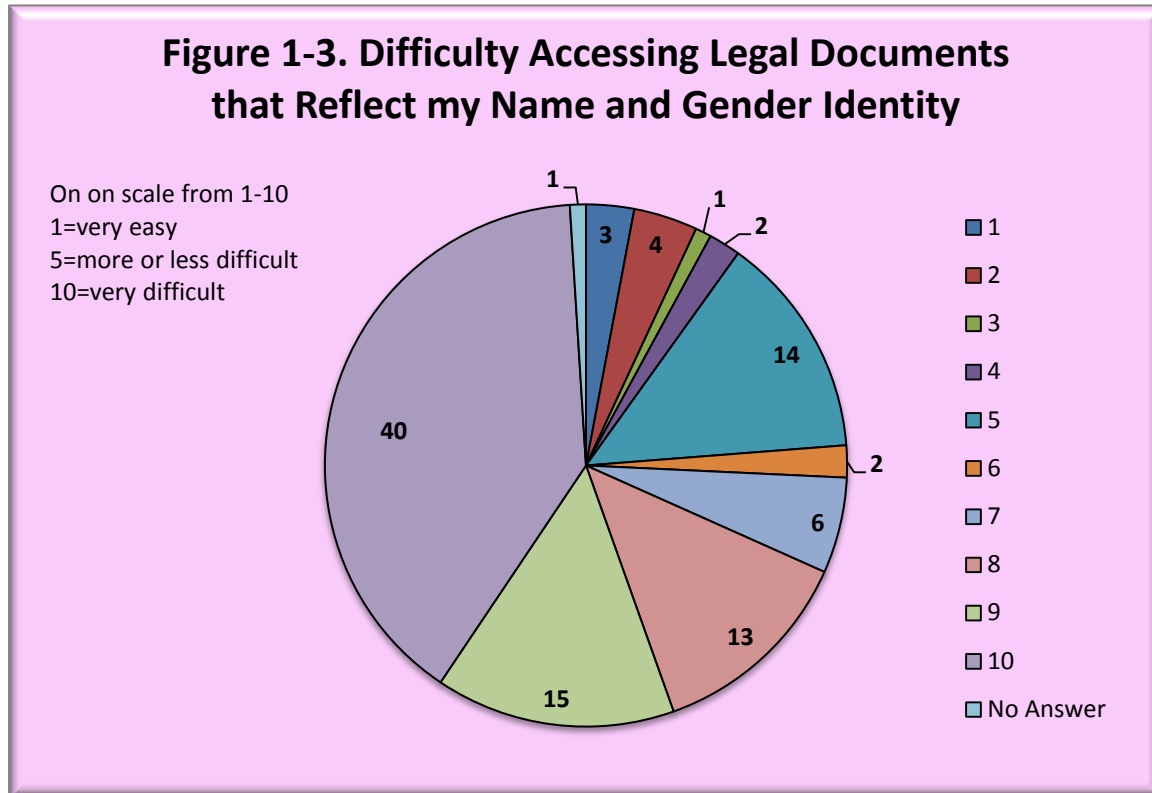


“I have the right to be treated as a woman.”

“My human rights are the right to vote, to be secure as an individual human being, and to not be mistreated by anyone.”

“I have the right to be respected for my identity, to have a family and a dignified job.”

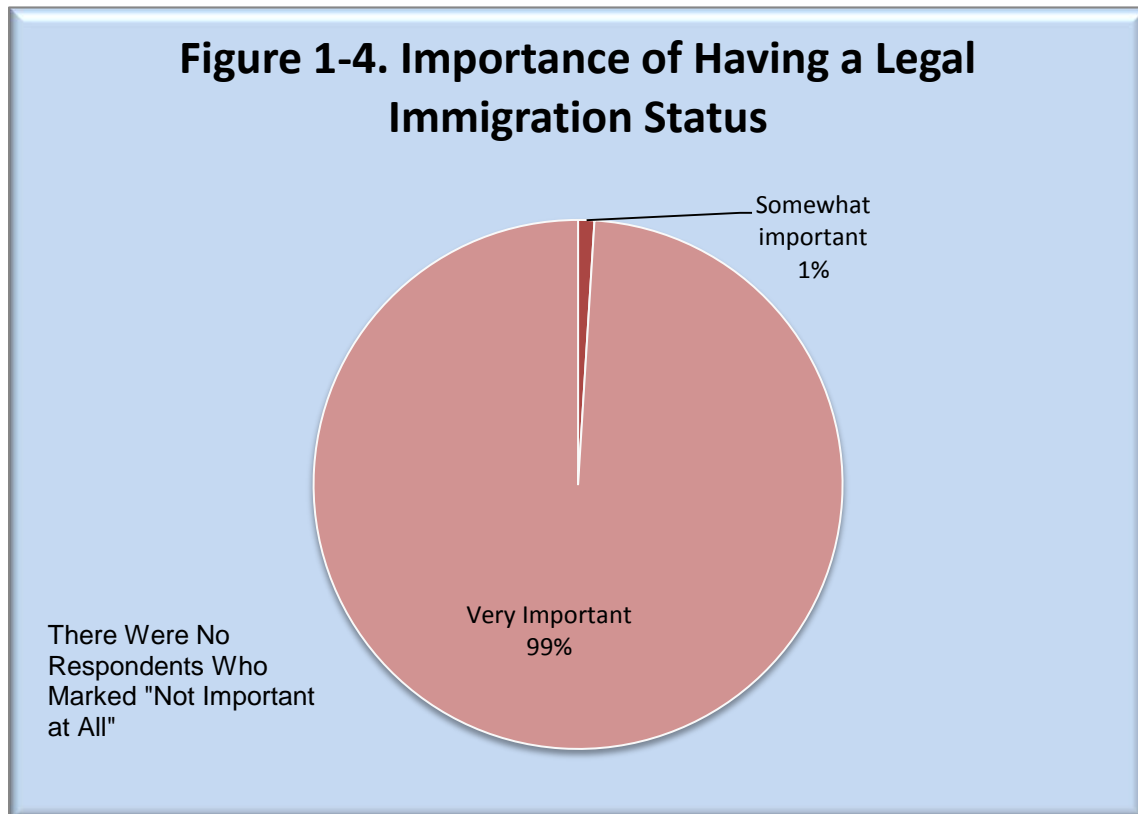
Since most people who identified as Transwomen are within the 29-39 age category, (see Figure 1-1. Gender Identity by Age Group) this also means that at their most employable age, many of them lack access to the documents needed to secure a job with health insurance and retirement benefits. 40 out of 101 participants found it “very difficult” to access documents reflecting their name and gender identity.



“From personal experience I know that people with papers are given priority and treated better.”

“I think we are very capable as Trans women and can perform very well in a lot of different jobs but, we are not given the opportunity to demonstrate our abilities.”

Despite the institutional limitations that many Trans Latina Immigrants encounter within document-granting agencies such as the Department of Motor Vehicles, (DMV) and the office of U.S. Citizenship and Immigration Services, (U.S.C.I.S), the majority feels that having legal documentation is significant. Ninety-nine percent (99%) or respondents stated that having a legal immigration status was “very important.”

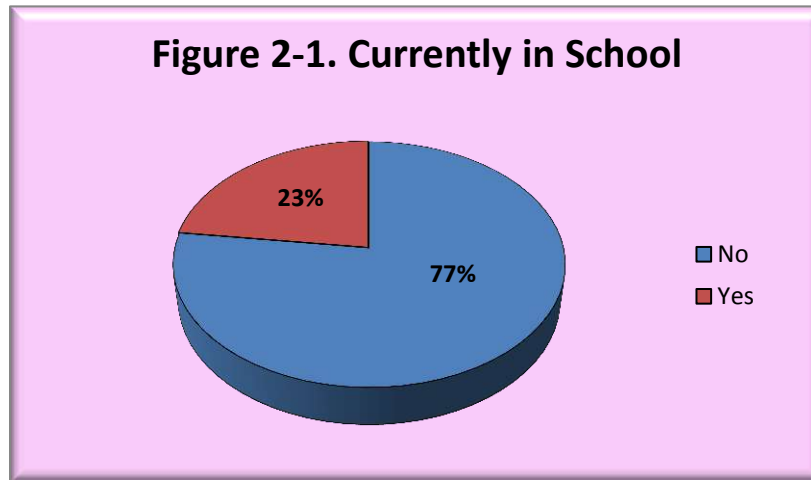


“I would like to see that all Trans Latinas in the U.S. be able to have an immigration reform, to move forward in life, and to have an education and a career that does not include sex work. We all have dreams and we want to fulfill them.”

“As far as immigration reform, I would like for us to have more freedom to work in any job such as an office or in the government.”

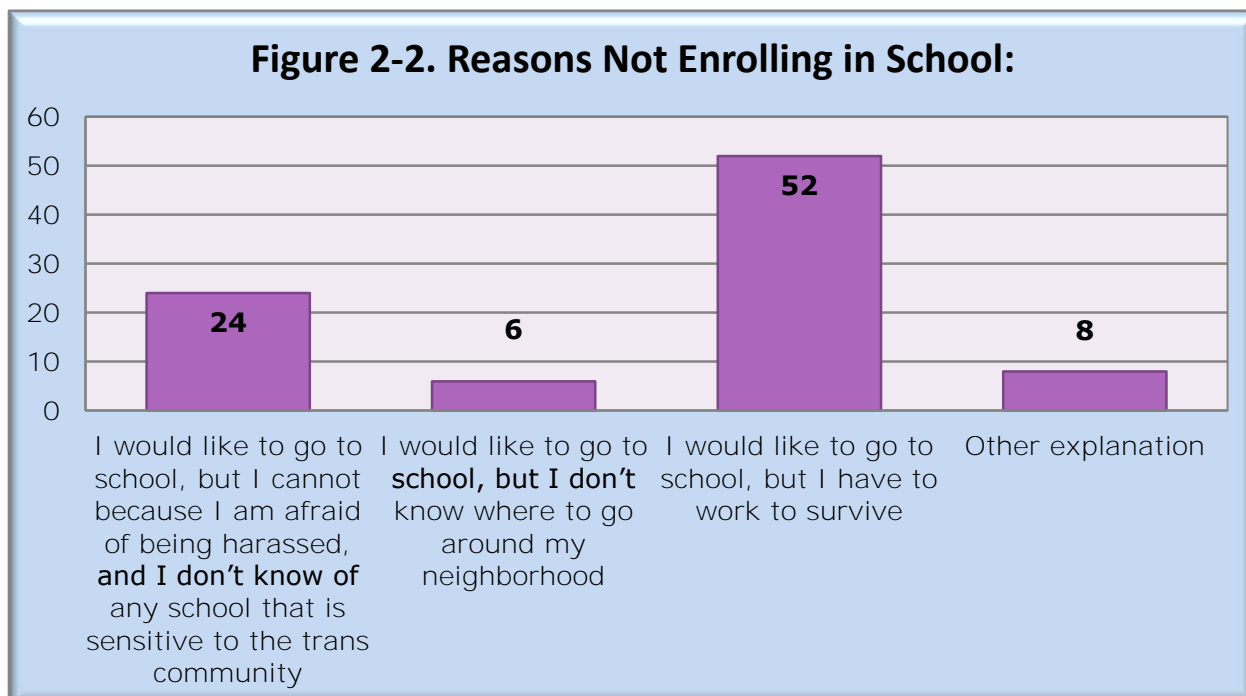
2. Education:

Seventy-seven percent (77%) of participants were not enrolled at any adult school, community college, or university at the time of the study.



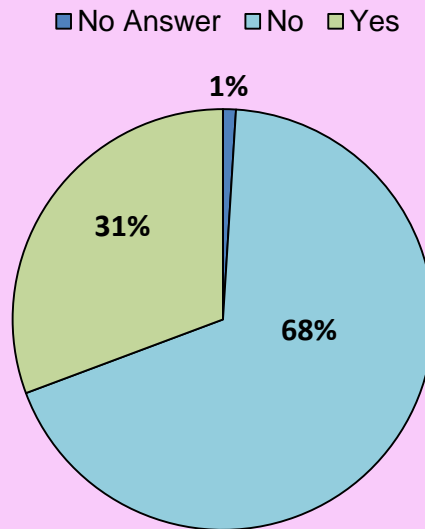
“At school, when I was a child, I felt like a girl but they laughed at me because I was feminine and I knew that I was never going to change.”

Eighty-nine percent 89 % (90 participants) however, reported having a desire to return to school. Among the barriers they listed for not being able to return to school were, having to work to survive and not having time to attend school, (52 participants) and fearing discrimination at school, or not knowing where in their communities they could find a school that was sensitive to Trans Immigrants.



Furthermore, most participants, (sixty-eight percent 68%) did not know anyone who was currently attending community college or university. Many members of this community lack the social capital that most people have prior to entering an institution of higher learning. Fear of being harassed or attacked at school, having to work long hours, lacking access to a safe school, and not being close to anyone attending college, truly limit the educational advancement of members of this community. These limitations, in turn, affect their employment opportunities and their overall social and financial stability. The recommendation section of this report communicates some of the most important steps we can take to ensure that members of the Trans Latina community have full access to educational opportunities.

Figure 2-3. Do you have a friend or family member in community college or university?



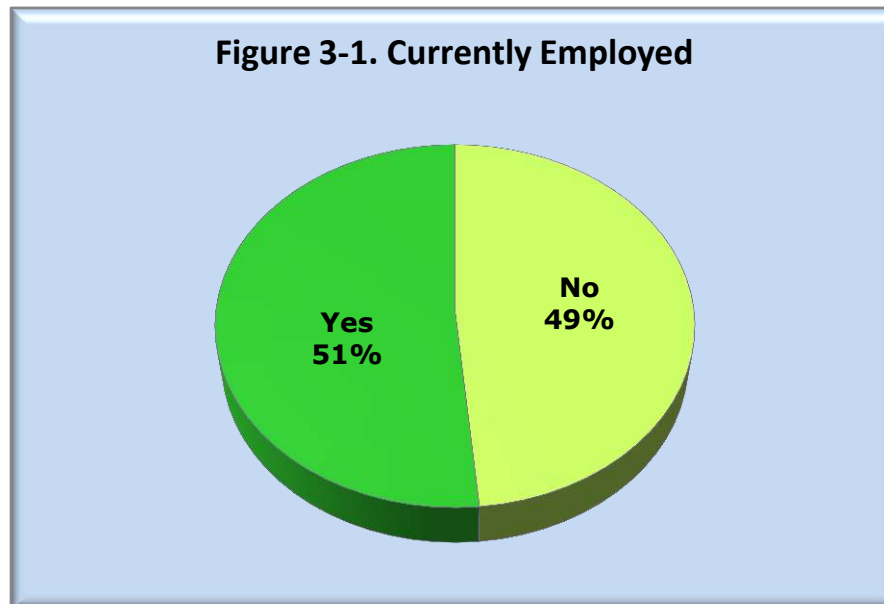
“If I were able to return to school, I would major in art, I have that gift; I think I was born to do art.”

“I would like to become an accountant or get a B.A. in business administration because I like math and numbers. Math is second nature to me.”

3. Employment:

Finding safe, secure, and well-paid employment is particularly challenging for many Trans Latina Immigrants. Lacking access to proper U.S. documentation and avenues to obtain it, as well as enduring multiple forms of social marginalization, strongly influence the types of employment opportunities available to most Trans Latina Immigrants.

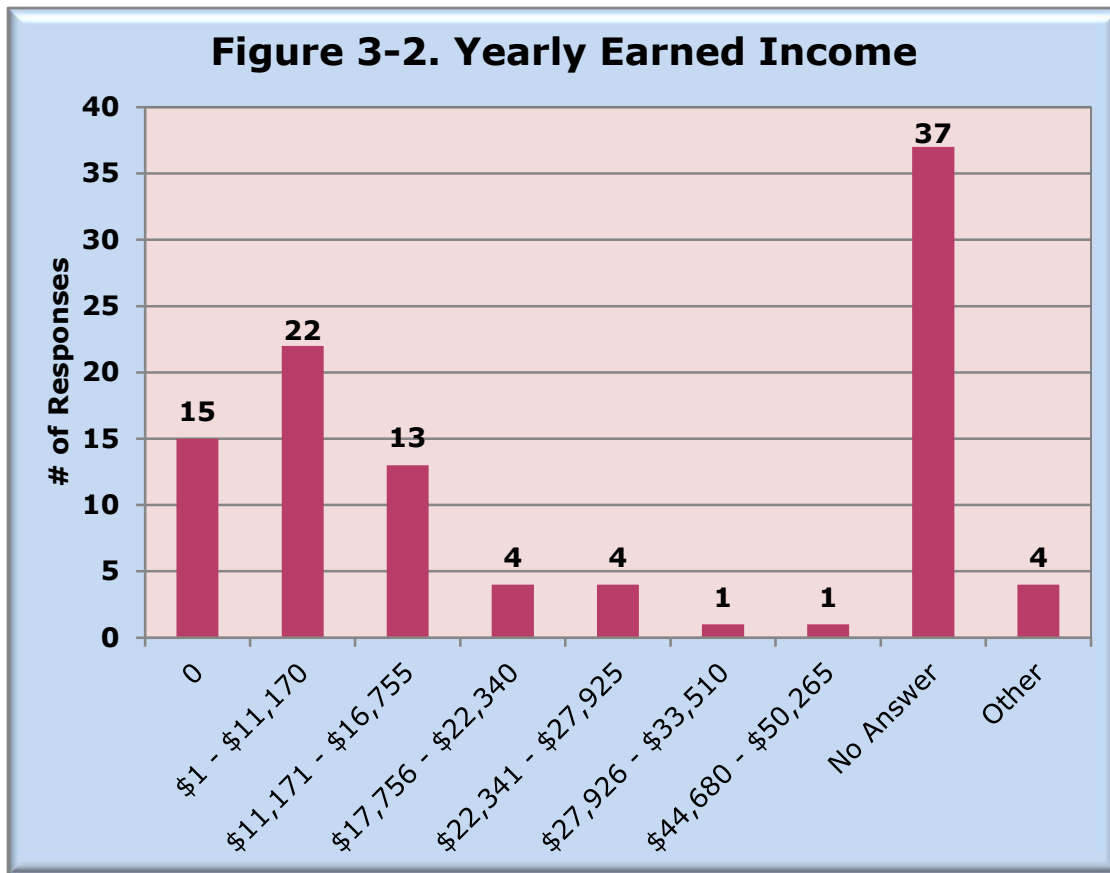
In this study, fifty-one percent (51%) of participants reported being employed.



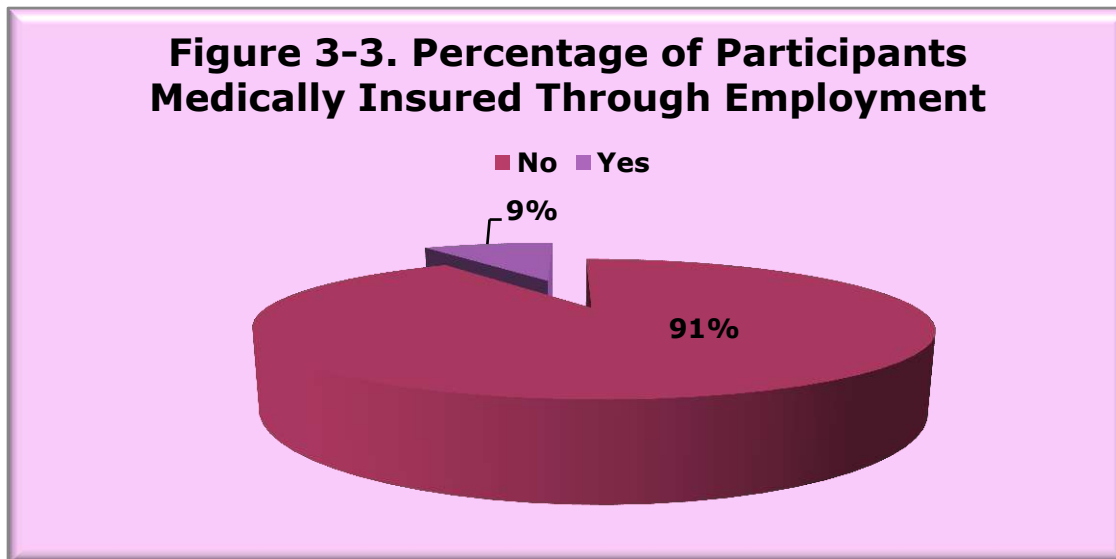
“Employment options are mediocre and limited. There isn’t much credibility granted to us.”

“Employment opportunities are limited. There could be many, but there is no education among the citizenry about how to treat a Trans woman. So, Trans women cannot enter the work force.”

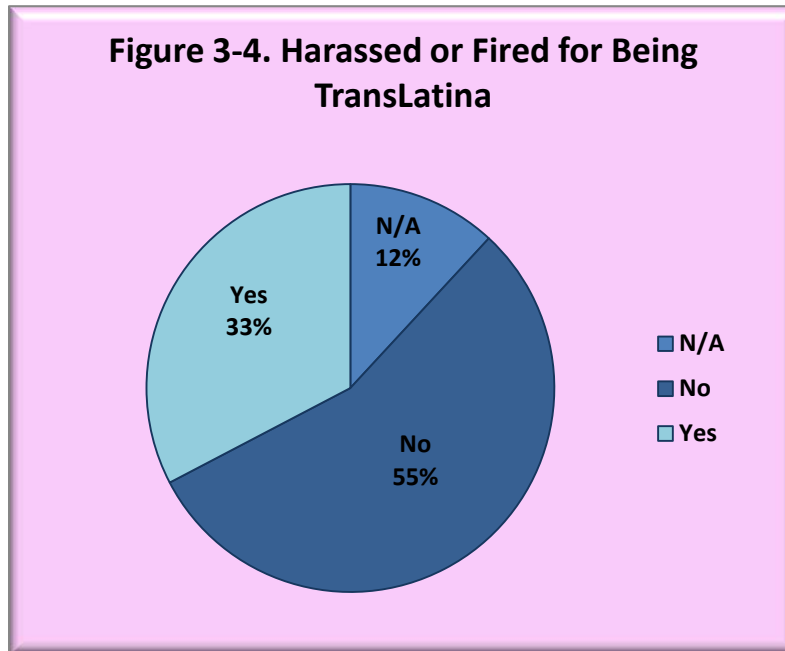
However, their employment often lacks financial and social security. For example, 50 of those who were employed made less than seventeen thousand dollars a year.



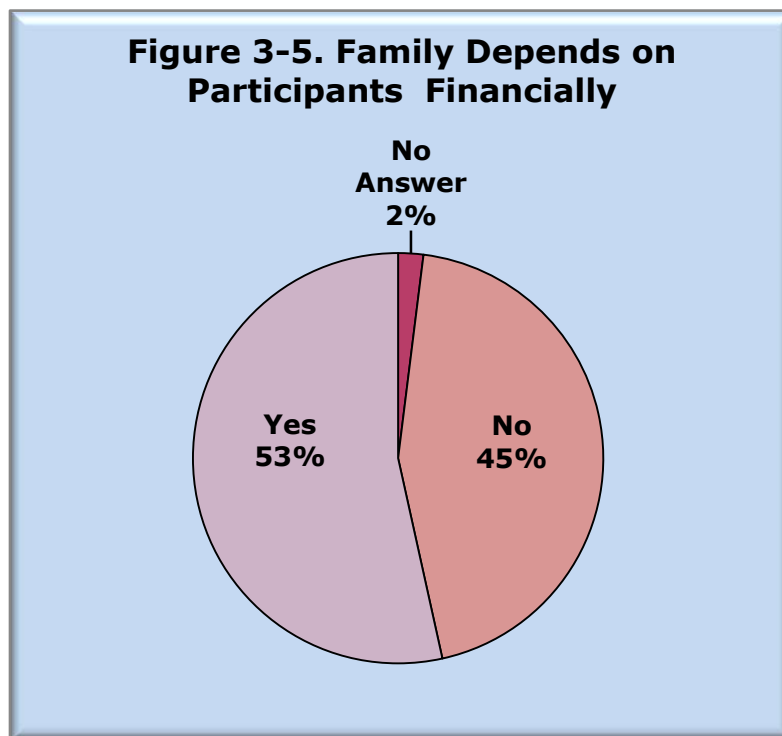
And, only nine percent (9%) had employment-based medical insurance.



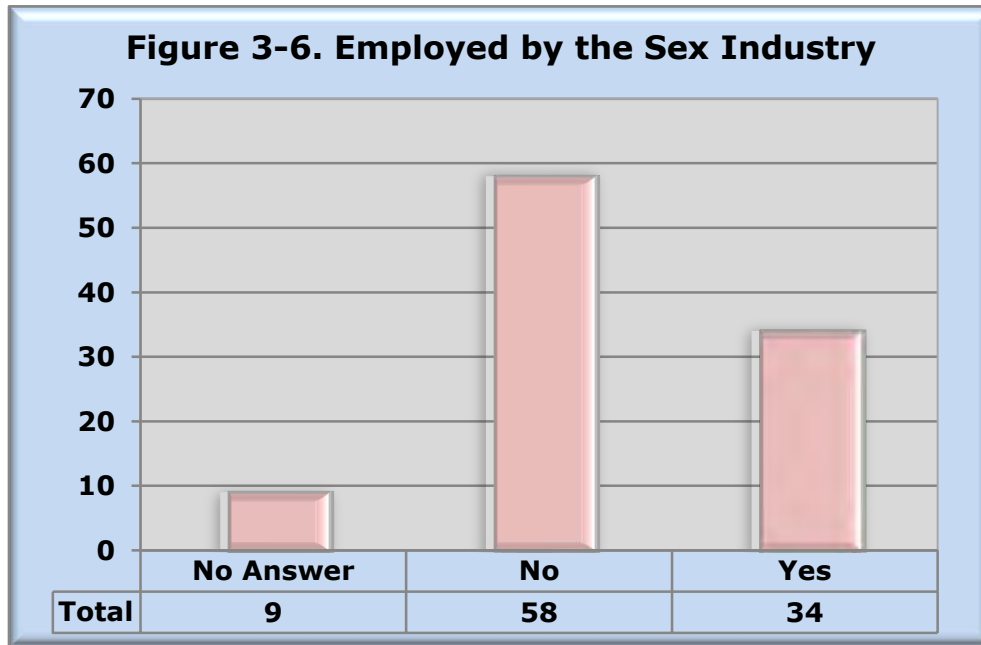
In addition, thirty-three percent (33%) of participants had endured harassment or termination as a result of their race, gender identity, and migration status.



Yet, despite their financial and physical vulnerabilities in the labor sector, most participants, (fifty-three percent 53%), reported having family members that depend on them financially.



Thirty-four percent (34%) of respondents communicated working in the sex industry. Some participants reported engaging in the sex industry to supplement the income they made at low-paying jobs.



“There are people who do not accept us because we are Trans, if we were accepted, we would be able to get a job anywhere.”

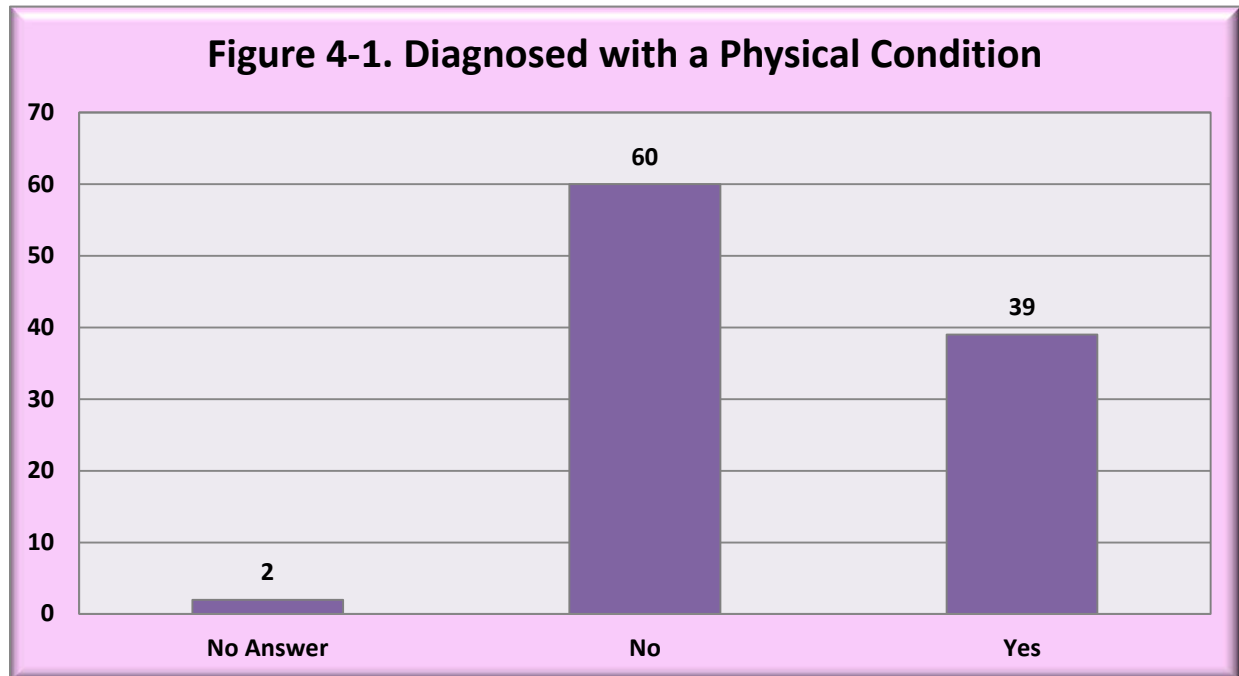
Members of the TransLatin@ Coalition who conducted surveys with Trans Latina Immigrants feel that respondents may have under reported their engagement with the sex industry because of the social stigma associated with sex work and the very real and damaging legal consequences of being labeled a sex worker.

“Without an education, your only option is the streets.”

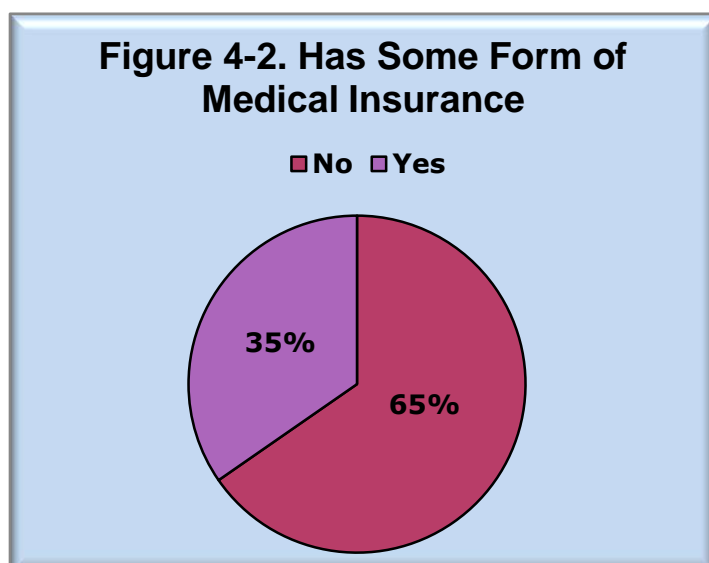
“I am happy to work in the hair salon and I do it with pleasure, but the other job, I do out of necessity.”

4. Health Care Services:

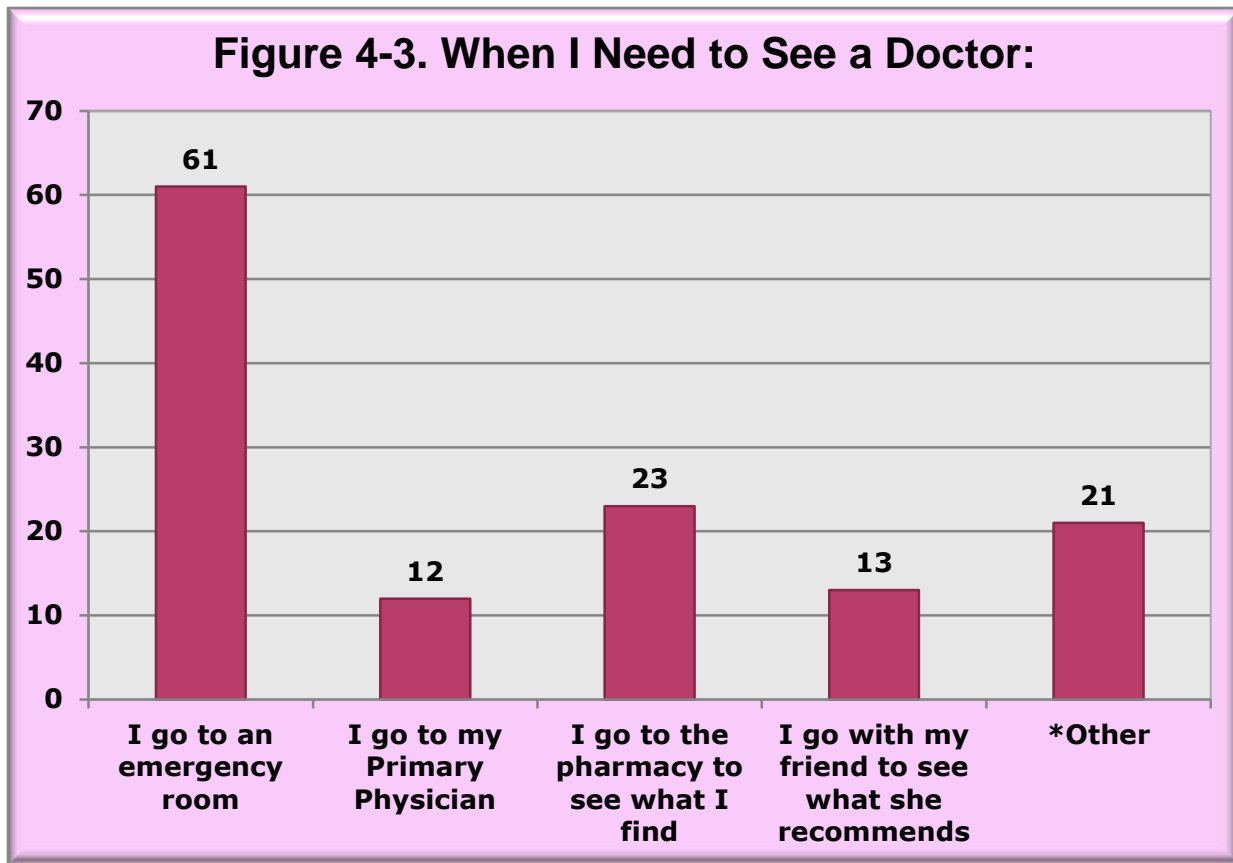
In this survey, 39 out of 101 participants, (thirty-eight percent 38%), reported being diagnosed with a physical condition.



Given that sixty-five percent (65%) of respondents do not have any form of medical insurance, the majority of them, (sixty-one percent 61%) stated that they go to an emergency room when in need of a doctor.

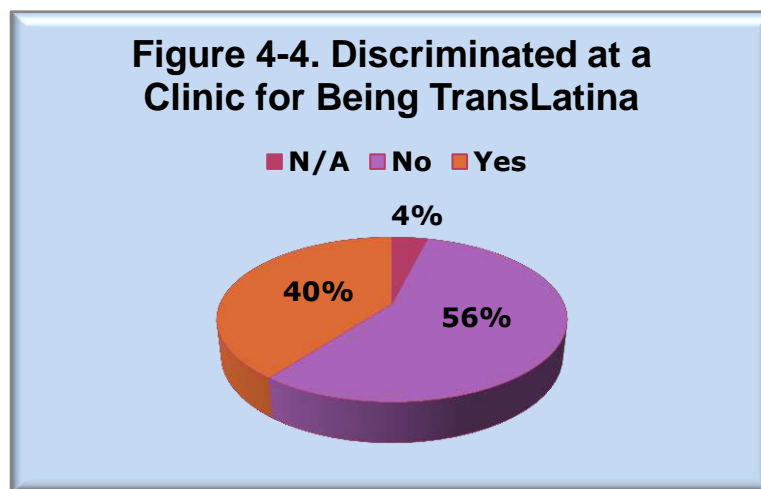


“When I am disrespected at the emergency room or clinic, I do nothing because I am in pain and I need the services. I put up with the abuse.”



*Other refers to: clinic, botánica (natural remedy shop), wait for condition to go away, don't know where to go, and has never gone to the doctor.

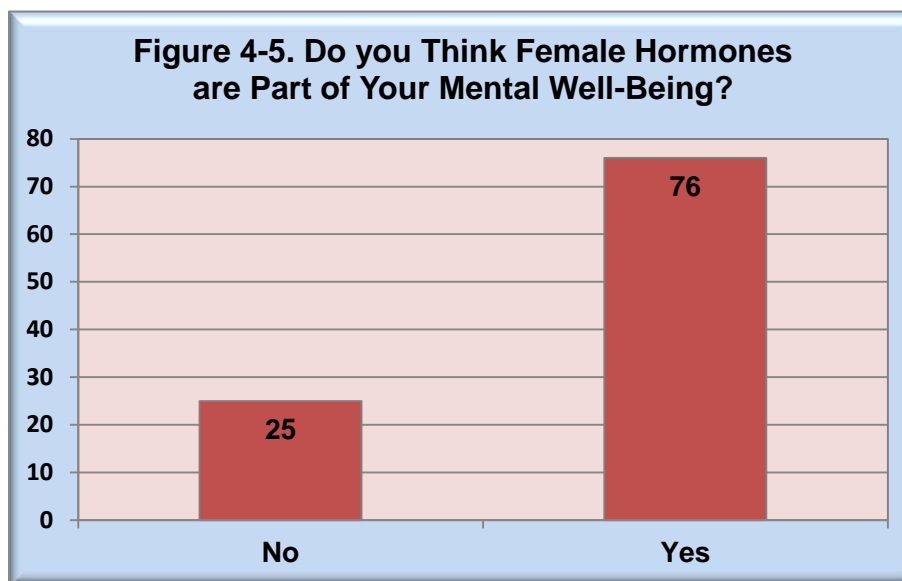
Unfortunately, many local clinics and emergency rooms lack trained personnel to respectfully and ethically attend to the medical needs of many Trans Latina Immigrants. In this study, fifty-six percent (56%) of participants experienced discrimination in their local clinics.



“At the clinic I feel discriminated for being a Trans Latina because I write my female name and they always call me as a male.”

Medical services that are sensitive to the specific needs of Trans Latina Immigrants are vital for at least two reasons. The first reason is the high number of Trans Latina Immigrants who have been diagnosed with a physical condition. As noted in this study, thirty-eight percent (38%) of participants in this study communicated having a diagnosis. It is evident that members of this community are in need of direct services and preventative medicine. The second reason medical services are essential for this community is the overwhelming need for safe, clean, and consistent hormone treatment for those whose mental and physical wellbeing depends on it.

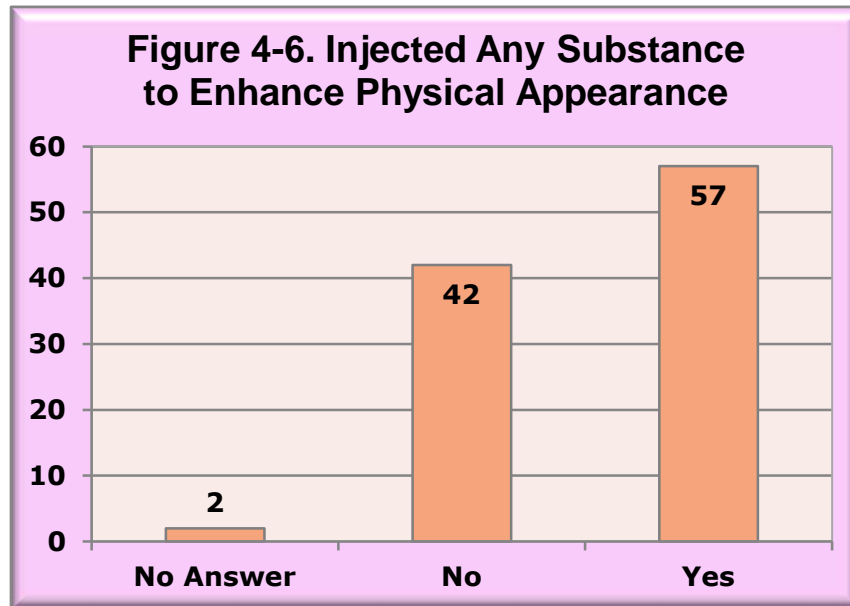
Seventy-five percent of respondents (75%) (a total of 76 participants) expressed that female hormones were part of their mental health.



“I don’t feel respected because of my physical appearance.”

“I have holes in my body because I injected something and I didn’t know what it was. I cannot sit down because it hurts. I cannot do anything. I am in a lot of pain.”

Simultaneously, fifty-seven percent (57%) reported injecting various substances in order to enhance or maintain their physical appearance.



The lack of humane, adequate, and affordable medical services often force Trans women to buy substances outside a medical establishment. Often, these substances prove to be harmful and sometimes fatal for users. The film, “Dying to be a Woman”, produced by The TransLatin@ Coalition and Media Arts for Social Justice, further explains and gives testimony of the detrimental and sometimes deadly consequences of injecting various substances to attain the physical appearance that affirms one’s gender identity.⁹

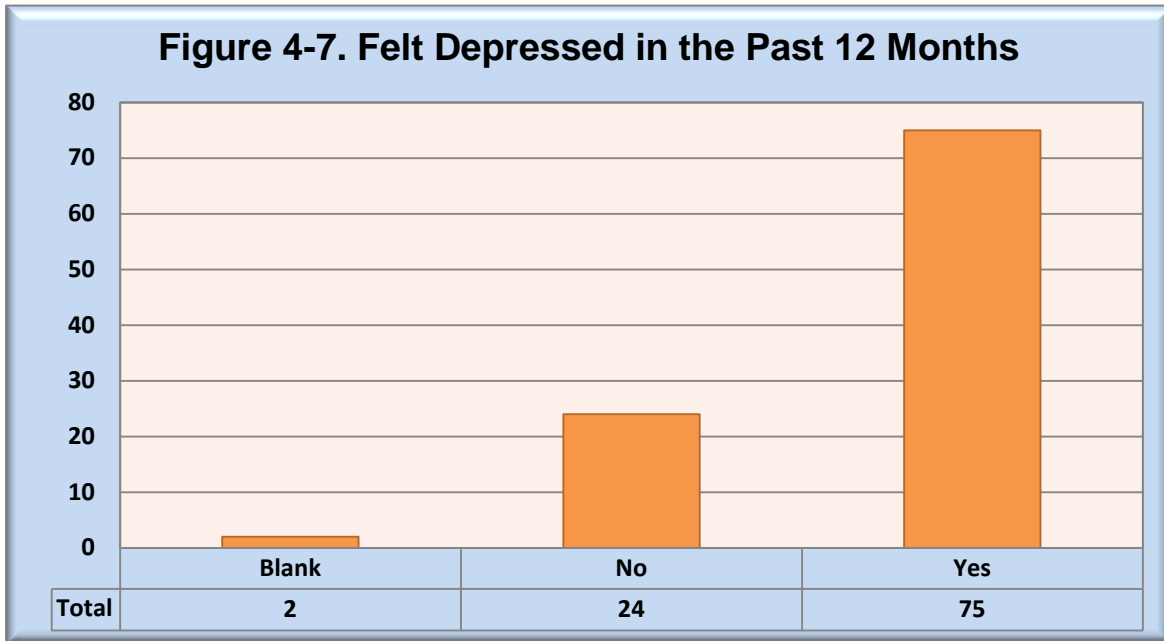
“I injected silicone to better my appearance and my self esteem.”

“And, as a matter of fact, I am very sick because of it. I think they injected me with oils and they said it was silicone.”

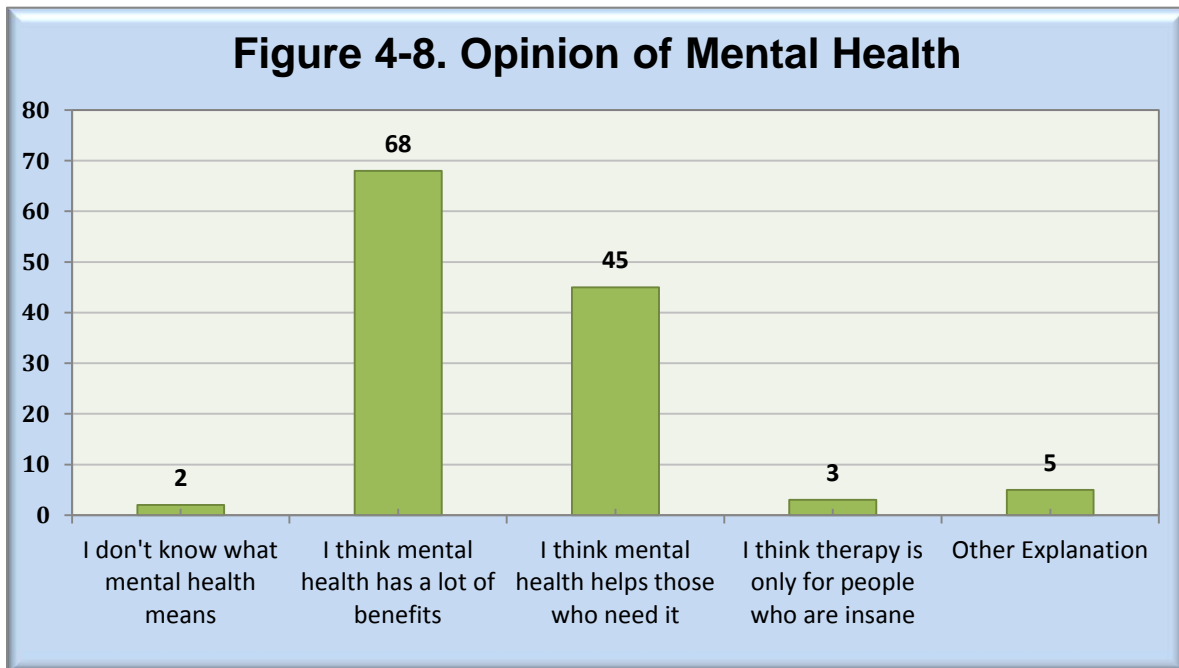
⁹ To obtain a copy of this film, please visit: <http://translatinacoalition.org/dying-to-be-a-women.html>.

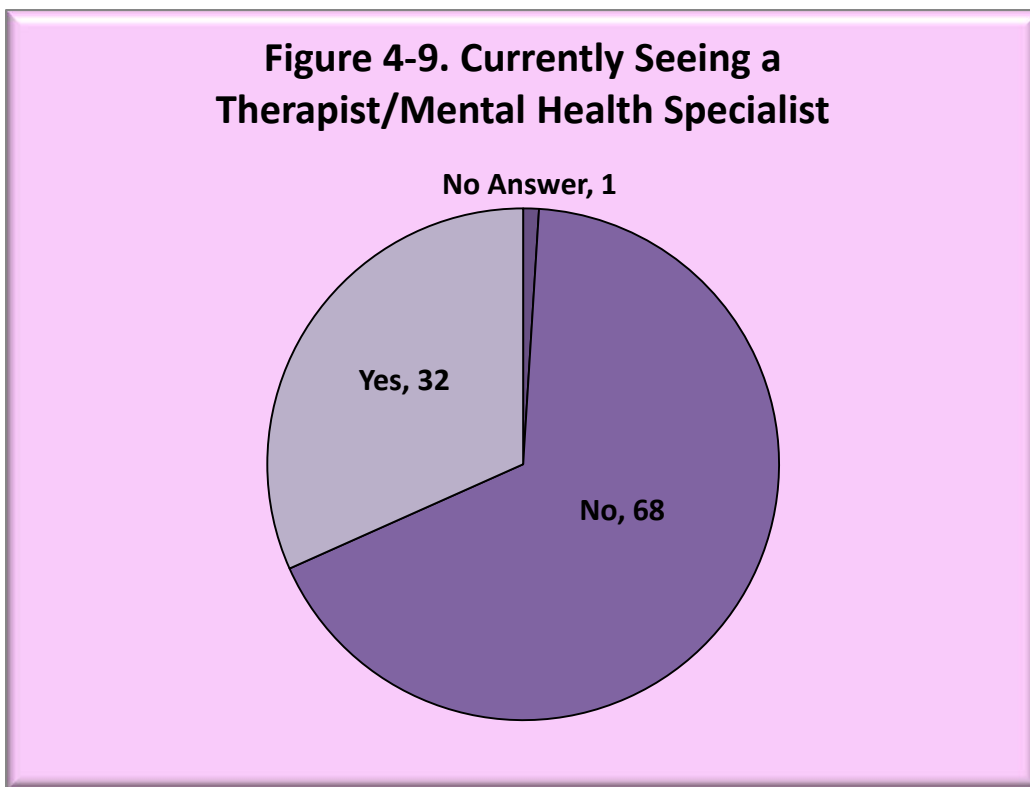
4-A. Mental Health and Reporting Depression:

75 Trans Latinas in this study reported feeling depressed in the last 12 months.

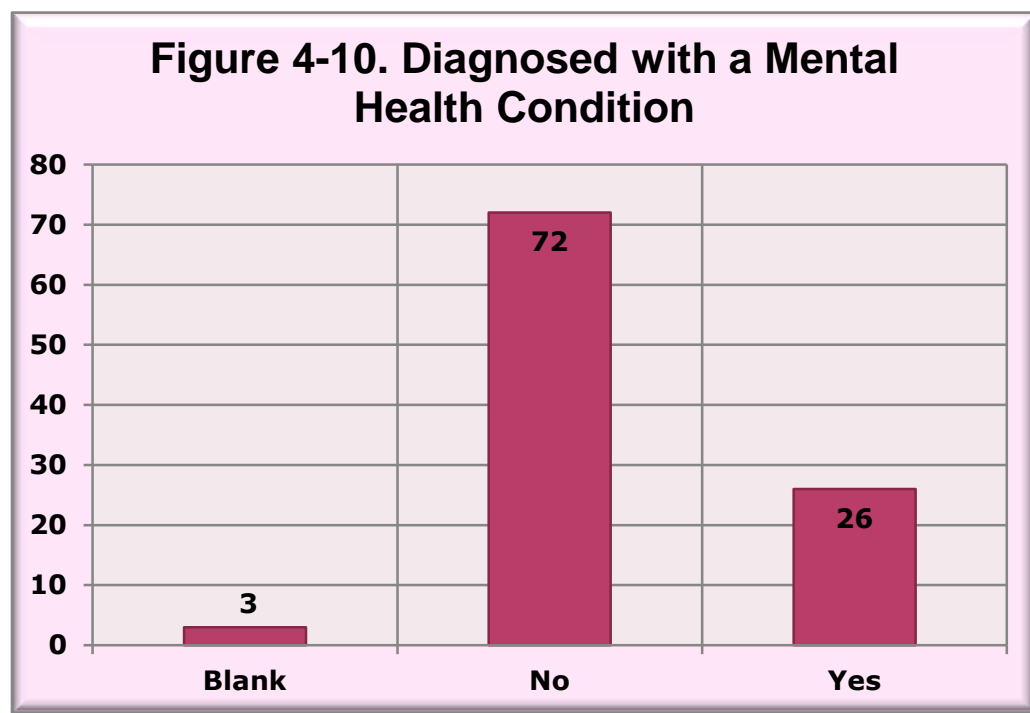


Despite the high number of self-reported feelings of depression, and the high value respondents place on mental health, only 32 participants were seeing a mental health specialist at the time this survey was conducted.





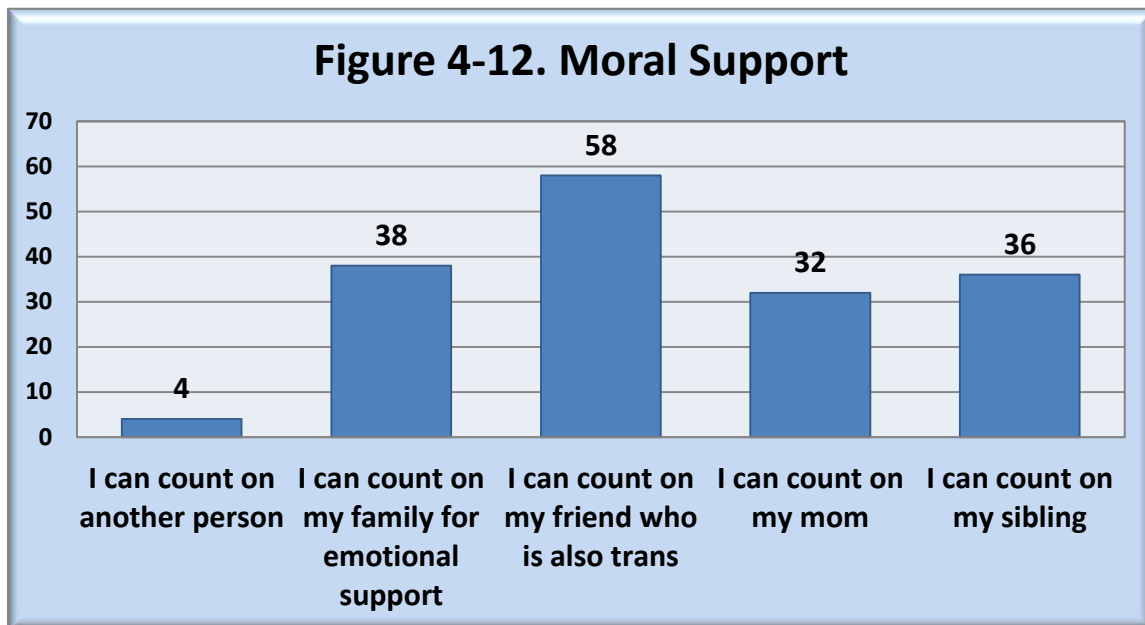
In this report, 26 participants communicated that they had been diagnosed with a Mental Health Condition.



The majority of respondents relied on the moral and emotional support of family and friends in order to cope with depression.

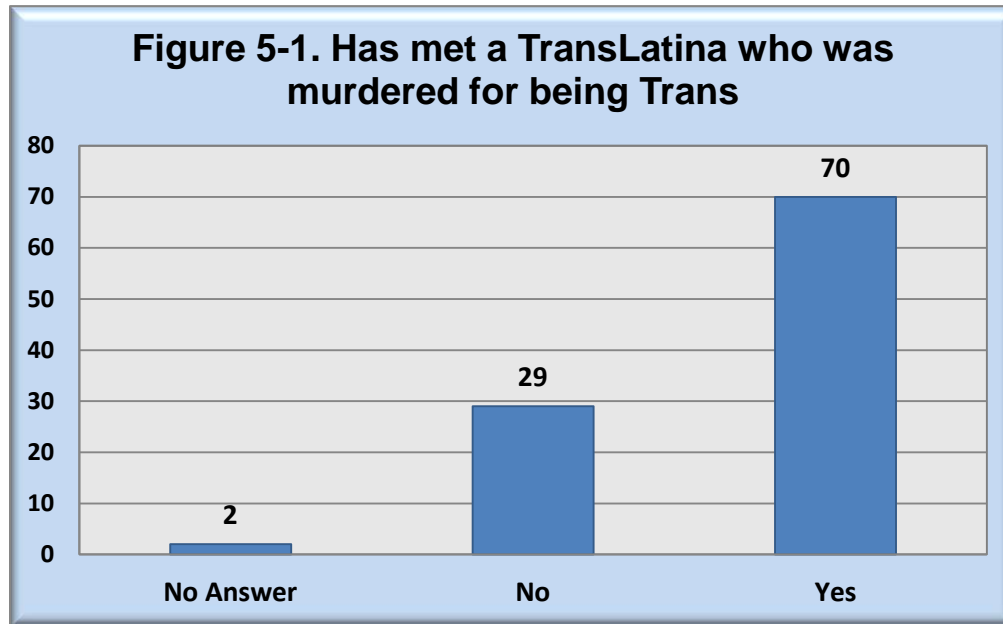


It is important to note that more than half of all participants, 58, reported receiving moral support from another Trans friend. This finding is significant because it reflects the importance that peer support has on the mental well-being of Trans Latina Immigrants. Having safe spaces to provide peer support is crucial for this community. It is also noteworthy to see that family plays an important role in their lives and many of them seek the understanding and acceptance of relatives and community members. More resources should be allocated for family counseling and community involvement in order to eliminate transphobia and the violence Trans people endure at the hands of relatives and neighbors who misunderstand Trans identity.

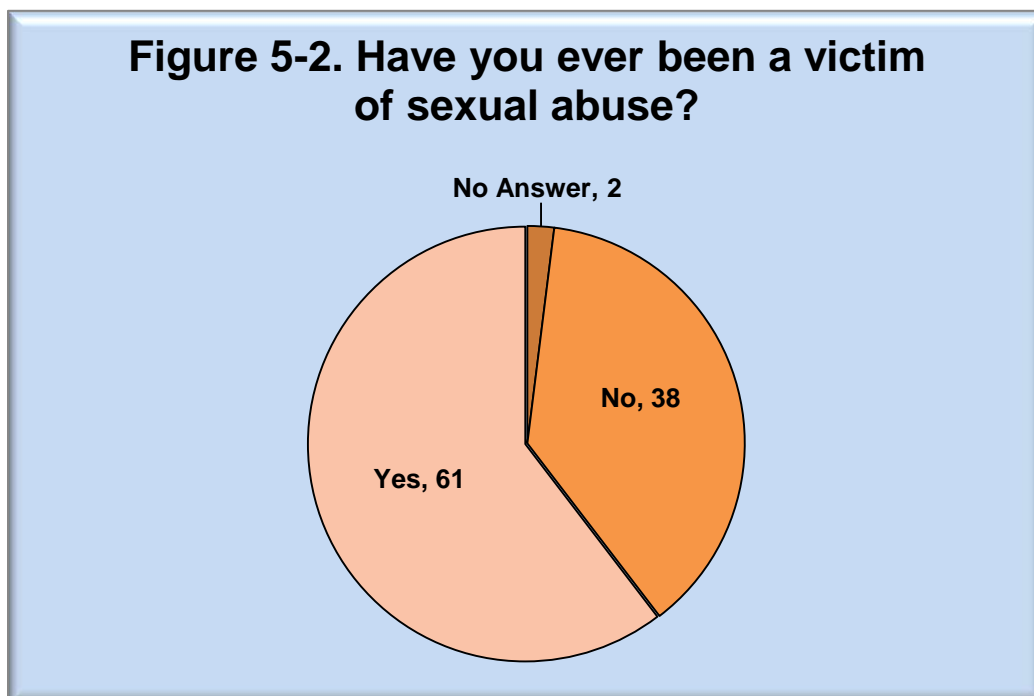


5. Experiences with and Responses to Interpersonal and Structural Violence

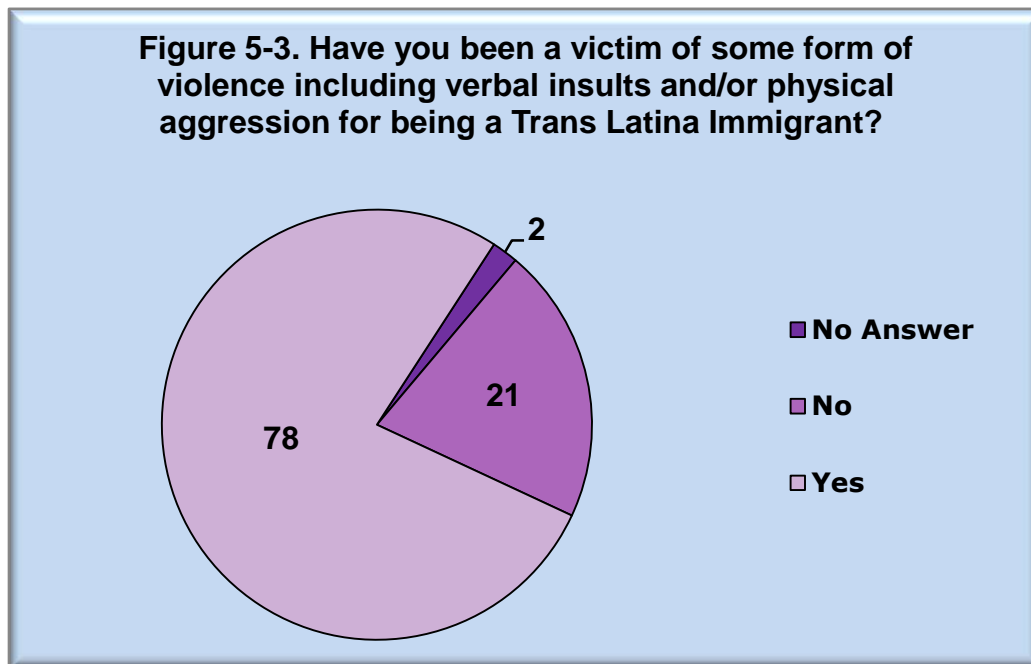
Trans Latina Immigrants in this study have experienced and witnessed multiple forms of violence. Sixty-nine percent (69 %) (70 participants) have met another Trans Latina who was murdered because of her gender identity.



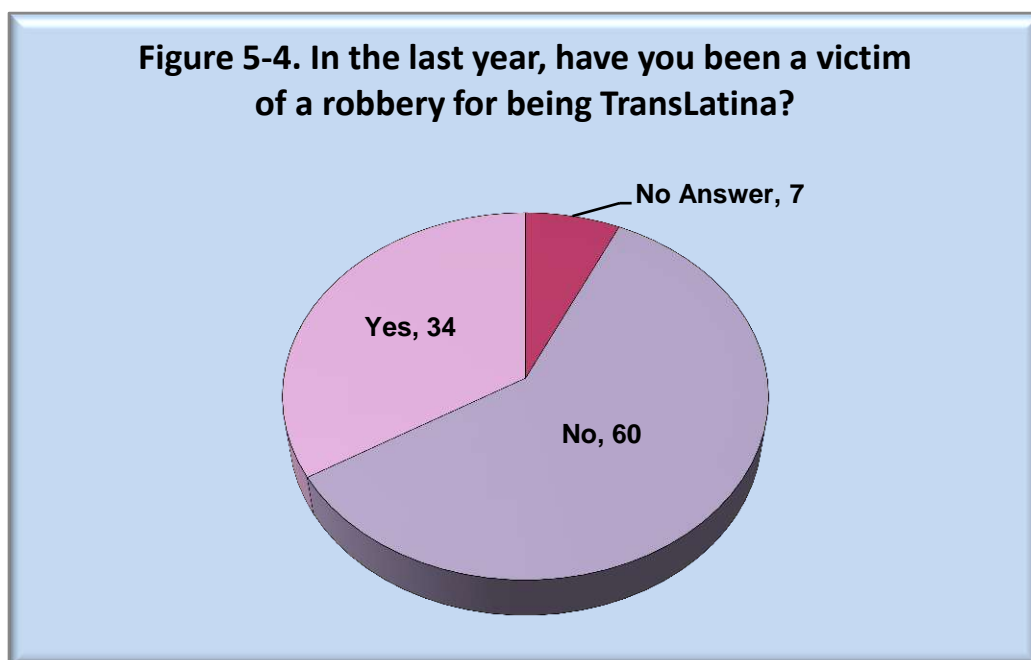
Sixty-one percent (61%) of all participants have been victims of sexual abuse.



Seventy-eight percent (78%) have experienced random acts of violence such as being insulted or physically attacked on the street.

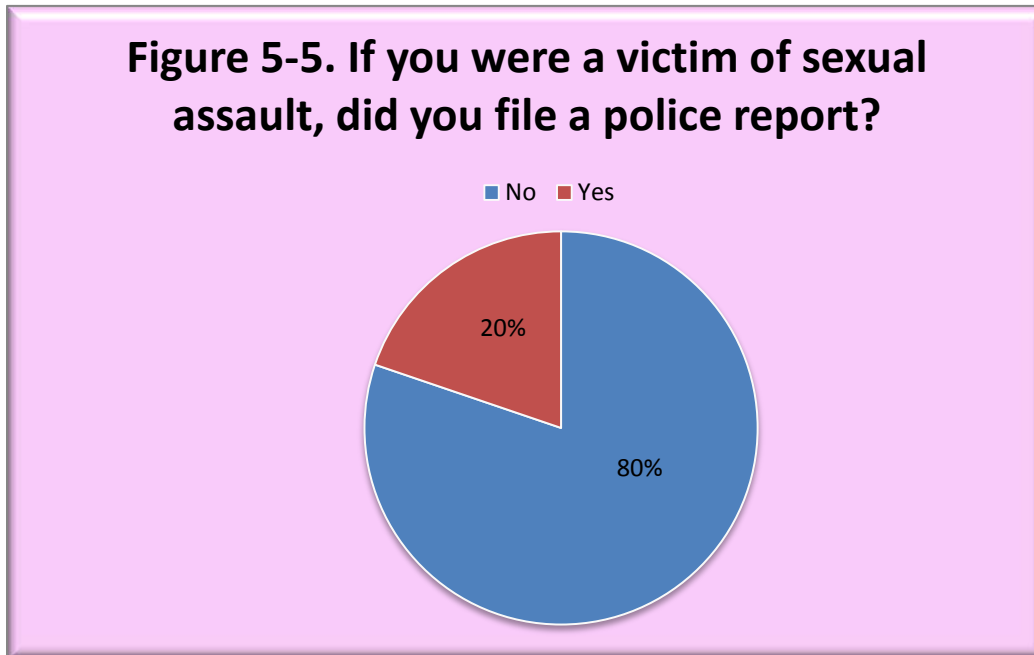


In the last year, thirty-four percent (34%) have been robbed for being Trans Latina.



5-A. Justice and Support from Local Authorities and Legislature

Despite the high level of crime and harassment they endure on a regular basis, eighty percent (80%) of those who suffered sexual violence in the last year, did not report it to the police.



Seventy-seven percent (77%) of those who suffered other forms of crime did not report it to the police.



Recommendations:

The following are recommendations for researchers, policy makers, Trans and Latin@ serving organizations. These recommendations are also particularly intended for grant writers, program developers, scholars, social service providers, law enforcement officials, and Latin American consulates in the U.S.

Research

- When conducting research within communities, one of the most sustainable and respectful forms of engagement is community-based participatory research. In “Using Community-Based Participatory Research to Address Health Disparities,” Nina B. Wallerstein and Bonnie Duran, identify community-based participatory research (CBPR), “as an alternative research paradigm, which integrates education and social action to improve health and reduce health disparities.” The authors add, “more than a set of research methods, CBPR is an orientation to research that focuses on relationships between academic and community partners, with principles of colearning, mutual benefit, and long-term commitment and incorporates community theories, participation, and practices into the research efforts.”¹⁰

The TransVisible Research Team ensured that CBPR principles were practiced throughout the research and writing process. Collaboration with Karla Padrón and Darlene Calderon, two greatly committed allies of the Trans Latin@ Coalition, facilitated the cooperative and respectful manner in which the study was conducted. Responsibility and decision-making power were shared with all involved parties. The collection of data for this study and the writing of the report became opportunities for all research participants to meaningfully engage with one another and learn together. For example, actual members of the community elaborated instruments and research tools; in pilot interviews, members of various TransLatina communities were asked to name the most important issues to address in this research. Also, the research team is composed of members of the community who have extensive experience working with, and interviewing other Trans Latinas.

All members of the TransVisible Research Team collectively own this report, which assembles the most prominent features of the data gathered. Committing to CBPR principles required time, patience, cultural awareness, openness, humor, and a bit of humility. This approach, although not quick, has proven to enrich all members of the TransVisible Research Team.

- To have successful investigative projects focusing on the lives of Trans Latin@ immigrants, we strongly recommend that researchers continue to implement community-based participatory research (CBPR) principles in all aspects of their research and knowledge production. When CBPR principles are implemented, knowledge is produced with and for the community. The collaborative nature of this approach creates an environment where knowledge production is valued and

¹⁰ Wallerstein, N., & Duran, B. (2006). Using community-based participatory research to address health disparities. *Health Promotion Practice*, 7(3), 312-323.



respected. Relationships with members of the community are prioritized before, during, and after the research is conducted. Adhering to CBPR principles also means researchers make a contribution to the people whose life they are investigating, an offering that enhances the community's wellbeing. In this particular study, the researchers and volunteers donated their time, energy, and creativity to make this report possible. This report is both an offering and a call for action. The TransVisible Research Team requests that information found in this report be used to improve the life chances of members of the Trans Latin@ Immigrant community.

- We recommend that organizations and institutions of higher learning continue to provide support for additional research projects in order to access a larger pool of TransLatin@ participants. It is important to assess additional needs and perspectives of this community so that service providers and policy makers get a better understanding of the needs of this community and ensure that members of the community can access much needed resources.
- We recommend that scholars conduct further research in areas such as family acceptance, the importance of religious institutions that support Trans Immigrants, the significance of spirituality in conversations of acceptance and justice, access to health care, HIV incidence and prevalence, the impact of sex work in the lives of TransLatin@s, as well as matters that contribute to depression and suicide.



Training

It is important to understand the issues and situations that Trans Latina women face daily. This entails being aware of the history and context of their particular immigration narrative, which takes into account the reasons why they flee their countries. We recommend tailoring specific trainings that reflect the needs of this community, including better ways to address those needs in a culturally equitable manner.

- We recommend that medical providers in emergency rooms, local, county, and state facilities be trained on Trans health in order to provide competent health care to all members of the Trans Latin@s community.
- There is a need to educate Latin American Consulates in the United States about policies related to name change in the United States. Trainings must be tailored to the needs of consulates and the needs of Trans Latin@s. These needs may include, respectful treatment during name-changing procedures, access to accurate and up-to-date bilingual pamphlets regarding name-changing protocol, and access to a safe and, if desired, confidential environment to conduct business.
- Organizations that serve Latin@ communities should be trained on the specific issues and needs of Trans Latin@s and design culturally competent services and programs for Trans Latin@s.
- Empowering marginalized communities is important. Institutions that have the ability to provide resources should ensure that these resources are available to empower Trans Latin@s. As stated in this report, many Trans Latin@s who are Immigrant do not understand legislation that protects them. Resources should be allocated to provide training and education about legislation that protects TransLatin@ Immigrants residing in the U.S.
- Trans Latin@s must be well informed about the procedures required for them to access legal documents that reflect their name and gender identity in the state where they reside. We recommend that community forums be arranged to grant Trans Latin@s educational workshops about their rights to access documentation. These sessions/ workshops should be bilingual and include a list of affordable sites and resources to access these services.
- Obtaining legal documentation is critical for the TransLatin@ community; we must provide training and education on the latest immigration matters that affect the community. Specifically, we must teach TransLatin@ Immigrants how to apply for legal status. We recommend that service providers and legal workers continuously inform TransLatin@s about possible paths to legalization and extend assistance in filling out paperwork for legalization.
- We recommend providing Train Other Trainers (TOT) opportunities for Trans Latin@ Immigrant leaders. This will allow them to share this knowledge with other Trans Immigrants who would strongly benefit from accessing various forms of training and information. We strongly recommend for institutions and foundations to make resources available for TOT's to be able to provide these educational trainings to Trans Latin@s.



- We strongly recommend that various stakeholders in the Latin@ community, and organizations that serve Trans people, assist Trans Latin@ Immigrants to access and navigate educational systems in the U.S. Educational systems are very complicated and make it difficult for this community to make career changes and advances.
- We recommend that all educators work to end transphobia, xenophobia and other forms of marginalization. This work entails being well informed about the ways in which society rewards gender-conformity while punishing those who are understood as transgressors of the gender binary. No educator, school official, or student should accept violence against Trans people and Immigrants, whether verbal, or physical, as normal. All educational facilities should take active measures to protect the autonomy and dignity of all students, including those who are Trans, Immigrants, people with disabilities, people of color, and all other students who are understood as “different” from the norm.



Education

Education is one of the issues affecting the TransLatin@ community the most. We recommend that service providers and community educators provide accurate information regarding the local educational opportunities for members of this community. Members of the TransLatin@ community must have the opportunity to attend schools that are safe, affordable, close to their neighborhoods, (or accessible by public transit), and accredited to teach various skills, trades, and subjects that would prepare students for personal and professional advancement.

- We strongly recommend for potential employers to extend equal opportunities to members of the TransLatin@ community regardless of the person's ability to "pass" or comply with gender norms. If applicants are transitioning while seeking employment, employers should hire them no matter where the applicants are in their transition process.
- Potential employers should have the liberty to provide employment to Trans Latin@s whether or not gender identity discrimination is considered a factor in that state's legislature.
- As members of the Latin@ community, we know Trans Latin@s to be responsible individuals who are able to hold a wide range of jobs in various sectors of the labor force. If you have the ability, open a paid position at your organization, agency, or place of business and strongly advocate for the hiring of Trans Immigrants.
- All employers must provide adequate health care coverage including transition related medical services to Trans Latin@s.



Access to Identification Documents

- No one should experience any type of verbal abuse or ridicule when seeking documents that match their gender identity. Identification documents are important to validate one's existence in society. In addition, these are incredibly necessary to access employment. Department of Motor Vehicles (DMV) personnel, and other institutions that provide identification documents, should be well informed about state legislation authorizing the distribution of identification documents that support the needs of members of the Trans community and those who are gender non-conforming.
- Trans Latin@s should have the ability to access documents that reflect their name and gender identity.
- We recommend for the Department of Motor Vehicles (DMV) personnel in all states to obtain sensitivity training to better serve Trans and other gender non-conforming people. In this manner, Trans individuals and other gender non-conforming people will not be as reluctant to walk into a facility to seek services.
- We recommend for policy makers to continue to advocate for Trans People in all states so they will be able to obtain identification documents that reflect their gender identity.



Employment

As stated in this document, most TransLatin@ Immigrants came to the U.S. in search of the American Dream. Employment is a key element to one's survival. Obtaining well- paid employment opportunities for Trans Latin@s is highly encouraged. Trans Latin@s, like many other Immigrants, are eager to employ their work ethic in order to provide for themselves and their families.

- We strongly recommend for potential employers to extend equal opportunities to members of the TransLatin@ community regardless of the person's phase or stage in their transition process.
- Potential employers should have the liberty to provide employment to Trans Latin@s whether or not gender identity discrimination is considered a factor in that state's legislature.
- As members of the Latin@ community, we know Trans Latin@s to be responsible individuals who are able to hold a wide range of jobs in various sectors of the labor force. If you have the ability, open a paid position at your organization, agency or place of business and strongly advocate for the hiring of Trans Immigrants.
- Employers must provide adequate health care coverage including transition related medical services to Trans Latin@s.
- Provide information about obtaining documents required to obtain a job that is safe and well-paid.



Health Care

Patients' Rights ensure that all people seeking treatment are treated with respect and dignity. In the United States, these rights also entitle a patient to be treated in their language. Thus, we urge medical service providers to practice this principle to the fullest. For TransLatin@s in the U.S., accessing medical services that follow the principles of patients' rights would mean, among other things, that they would not be denied medical services on the basis of gender presentation, socio-economic status, nationality, ability, or language. Furthermore, patients who were treated under these principles would feel welcome, safe, and respected during all phases of their treatment.

- We recommend that medical providers in emergency rooms, county, and state facilities be trained on Trans health to be able to provide competent health care to Trans Latin@s and their needs. We strongly suggest that at least one person, (who is knowledgeable about Trans health care) is schedule to work on any given shift.
- Based on testimonies provided in this report, many Trans Latin@s fear accessing medical services even when they are very ill. Therefore, we recommend that medical establishments provide a safe space where Trans Latin@s can comfortably speak of their medical conditions. And, consciously advertise a welcoming environment for this community.
- We recommend that medical service providers allow TransLatin@ patients to speak of their bodies on their own terms and understanding. Medical service providers must understand that a person's gender identity is autonomous and not up for a diagnosis.
- A patient's gender presentation may not "align" with the patient's genitalia. At all times, we ask that medical practitioners ask their patients to identify their preferred gender identity.
- We recommend that medical practitioners advocate for their patients' gender autonomy. We ask that professionals in the medical community use their knowledge to ensure that patients requiring hormones, and/or surgical procedures have affordable, safe, and respectful access to them.
- We recommend that medical personnel take a more active role to ensure the safety of Trans people who come to seek services. Please make certain that no one is bullied, shamed, or pushed out of a medical facility because of race, gender identity, ability, or language. We suggest that personnel display positive images of Trans people of color in their lobby and educate the community while they are waiting to receive services. We strongly suggest that personnel lead by example, treating all people with respect and making a culture of acceptance, understanding, and non-violence in the clinic, emergency room, or hospital.



Reporting Crime and Law Enforcement

Trans people in this study often communicated that they did not feel secure and comfortable speaking with the authorities to report a crime committed against them. Many reported feeling ridiculed or devalued by law enforcement officials. In this manner, crime committed against members of the Trans Latin@ community is rarely reported, documented, and resolved. In an effort to provide Trans Latina Immigrants with a sense of justice, we make the following suggestions to law enforcement personnel.

- We recommend that law enforcement personnel get trained on the needs of this community and recognize that a person has the right to an autonomous gender identity. We recommend that law enforcement follow protocols that secure the integrity of all people they encounter and to provide Trans people with fair and equitable treatment.
- We recommend that law enforcement personnel become familiar with victims' rights and provide assistance to Trans people who have been victimized. In addition, it would be wise for law enforcement personnel to provide Trans Immigrants with a list of free or low cost immigration services and resources. We recommend for law enforcement agencies to know and understand that Trans Latin@s have the right to be protected and to live in communities that are safe. Law enforcement agencies should not blame Trans Latin@ Immigrants for the violence they experience on a regular basis. Law enforcement officers should not assume that Trans people "deserve" to be attacked for being who they are. Law enforcement agencies should be sensitive, courteous, and serve everyone in an ethical manner. If a Trans person is victimized, they should have the opportunity to seek help and expect to be treated fairly. We ask law enforcement personnel to make this a reality.



Appendix 1 - Survey

- Survey #
Interviewer
Date of Interview
City, State Zip of interview
1) Zip Code
2) Country of Origin
3) Age Group
4) Gender Identity
4a) Other Identity:
5) Sexual Preference
5a) Other Sexual Preference:
6) Language Spoken
6a) Other Language:
7) Do You Have a Driver's License?
7a) If no:
7b) other explanation:
8) Do You Have Identification?
9) Is your Identification from the U.S.?
10) Is Your Identification From Your Country of Birth?
11) Are You Currently in School?
11a) If No:
11b) Other Reason
12) Level of Education?
12a) Other:
13) Childhood Memory of Schooling
14) Current Education Aspirations
15) If You Would Like to Return to School in the Future, What Would You Like to Study and Why?
15a) Was the Box Checked?
15b) Explanation:
16) Can You Return to School at this Moment?
16a) Other Reason:
17) If you Return to School, Do you Have Someone to Guide/Advise You?
17a) Please Explain:
18) Do you have a Friend or Family Member who's Currently in CC or Univ?
18a) If Yes, Specify:
19) What are the Barriers to Trans Latina's Access to Education?
20) Have you Ever Filled Out a Financial Aid Form?
21) (If you answered yes to question 20,) Was your Application the FAFSA/Govt Funded?
22) (If you answered yes to question 20,) Was Your Financial Aid Granted?
23) At What Age Did you Come to the U.S.?
23a) In What Year Did you Come?
24) List Reasons for Coming to U.S.:
25) In General, do you Believe to have Better Opportunities in the U.S.?
26) What Opportunities has the U.S. Granted you that were not Possible in your Country of Birth?
28) Do you know how a Trans Latina w/o Papers can Access Legal Documents (Work Permit & Social Security Card)?
29) What do you Think are the Obstacles for a Trans Latina Immigrant?
29a) Others:
30) Difficulty Obtaining Secured & Well Paid Employment [1-10]
31) Education for my Future & Personal Development [1-10]
32) Legal Documents that Reflect my Name & Gender Identity [1-10]
33) Safe & Affordable Housing [1-10]
34) Competent Medical Services with Integrity & Respect [1-10]
35) To Belong to a Community that Respects Me [1-10]
36) Describe your Rights as a Human Being
37) Which of these Rights are Respected in your Daily Life?
38) Do you Know Which Organizations can help you in the Event of Mental, Physical or Emotional Violence?
38a) If so, please describe:
39) Do you Know Which Organizations can help you in the event of discrimination in Employment, Housing, or Schooling?
39a) Please describe:
40) Have you ever Joined Immigrant Marches or Demonstrations?
40a) Yes, I have joined because:
40b) No, I have not joined because:
41) Do you Feel Safe and Welcome in Organizations that Help Latina/o Immigrants?
41a) Yes because:
41b) No because:
42) Have you Been Supported by National Organizations that Defend the Human/Civil Rights of Trans Latina/os?
42a) How So:
42b) Why Not:
43) Do you Feel Supported by the Local Authorities?
43a) Please Explain How:



- 44) Do you Know the Laws that Protect you Locally?
44a) Please Explain:
45) What Advice would you give to a Trans Latina who is Thinking about Moving to the U.S. to Live?
46) What are your Needs in Terms of Residency and Citizenship?
46a) Other Needs
47) How Important is it to Have Immigration Papers?
48) What Difference do you Notice between the Treatment of a Trans Latina with Papers and One without?
49) What changes would you like to see in immigration reform to the benefit of TransLatinas/os? Please explain:
50) Do you Plan to go Back to Live in the Country of your Birth? (Y/N)
50a) Please Explain:
51) Are you currently employed? (Y/N)
51a) If your answer is Yes, What is your Profession?
52) Is your employer Latina/o? (Y/N)
52a) If your employer is not Latina/o, please tell us the ethnicity of your employer?
53) Are you satisfied with your job?
53a) Another explanation:
54) Have you been harassed or fired for being a TransLatina? (Y/N)
54a) If your answer is Yes, please explain what happened:
55) In your opinion, what are the employment possibilities for a TransLatina living in the U.S.? Please explain
56) How much do you earn monthly?
57) Are you involved in the Sex Industry? (Y/N)
57a) If your answer is Yes, in what context?
58) Is the sex industry your employer?
58a) If your answer is yes, Please mark one of the following:
58b) Other
59) Do you have medical insurance through your job?
60) If a trans woman does not have legal documents to work, what type(s) of jobs can she have?
61) Does your family depend on you financially? (Y/N)
61a) If your answer is yes, how much do you give them a month?
62) If you don't have medical insurance through your employment, What do you do when you get sick?
62a) Other:
63) In the last twelve months, have you had a medical exam?
63a) If your answer is no, how long ago did you see a doctor?
64) Do you know where to go if you need to see a doctor?
64a) Mark another option:
65) Do you have medical insurance?
65a) If your answer is no, please explain what you do when you get sick?
65b) Other:
66) Have you been diagnosed with a physical condition?
66a) I have a physical disability. Explain:
66b) What is your ability /disability status? (see options)
66c) Another explanation:
67) Have you ever injected any substance to enhance your physical appearance?
67a) If your answer is yes, Please tell us the substance:
67b) Another Explanation:
67c) Please tell us in what Country you First Injected:
68) Have you ever felt discriminated at a clinic for being TransLatina?
68a) If your answer is Yes, Please Explain How:
69) Do you know what your rights are in terms of receiving medical services?
69a) If your answer is No, Please Explain what you do when you feel discriminated?
70) What do you think of mental health? (see options)
70a) Another Explanation:
71) Are you currently seeing a therapist or another mental health specialist?
71a) If your answer is yes, Please specify the mental health specialist:
71b) Another type of specialist:
72) In the last twelve months, Have you felt depression?
72a) If your answer is Yes, Please explain the level:
72b) Another Explanation
73) Have you been diagnosed with a mental health condition?
73a) What was your diagnosis?
73b) Another condition:
74) Do you think that female hormones are part of your mental well-being?
74a) If your answer is Yes, Please mark all that apply:
74b) Another reason:
75) Do you have the emotional support of a friend, partner or family member?
75a) If your answer is Yes, Please explain who provides this support?
75b) Another Person:
76) Throughout your life, have you ever been a victim of violence (including insults and beatings) on account of being TransLatina?
76a) If your answer is Yes, please tell us in what country and when:
76b) Please mark all that apply in regards to this violence:
76c) Another explanation of violence suffered:
77) How many times are you insulted on a daily basis for being trans?
77a) I am not insulted
77b) Another explanation:



- 78) What are the places in which you have been insulted for being TransLatina?
78a) In other places, Please specify:
79) Do you feel respected as a person from the majority of people?
79a) Please explain:
80) In the last year, Have you made any police report for being a victim of violence on account of being TransLatina?
80a) If your answer is Yes, Please check the appropriate box(es).
80b) Another explanation:
81) Have you met another TransLatina who has been murdered for being trans?
81a) If your answer is Yes, Please explain in your own words what happened
82) Have you been affected by this incident?
82a) If your answer is Yes, Please explain how:
83) Do you know what your rights are in the event that you are victim of some type of violence including beatings and insults?
83a) If your answer is yes, Please explain your knowledge of these rights
83b) Another explanation
84) Do you think there are laws in the U.S. to protect TransLatinas/os?
84a) If your answer is Yes, Please explain your knowledge of these laws?
85) Have you ever been a victim of sexual abuse or have had sex against your will?
85a) If your answer is Yes, Please explain:
85b) Another explanation
86) If you have been a victim of sexual assault, Have you made a police report?
86a) If your answer is no, Please explain what you see fit:
86b) Another explanation:
87) If you have been victim of a sexual assault, Have you received some type of help or support?
87a) If your answer is Yes, Please check the appropriate boxes:
87b) Another explanation
88) If no one has helped you, how have you recovered?
89) In the last year, Have you been a victim of robbery for being TransLatina?
89a) If your answer is Yes, please check the appropriate box(es).
89b) Another explanation
90) In the last twelve months, have you been denied legal services for being TransLatina?
90a) If your answer is Yes, Please explain how:
91) Have you ever been victim of domestic violence?
91a) If your answer is Yes, please specify:
92) Please tell us about some type of questions that are important for TransLatinas that we have not covered in this survey.



Appendix 2 – Figures

Demographics and Migration:

Figure A. Country of Origin

Figure B. Reasons for Coming to the U.S.

Figure C. Age Group

1. Access to U.S. Identification Documents:

Figure 1-1. Gender Identity by Age Group

Figure 1-2. In Possession of a U.S. Driver's License

Figure 1-3. Difficulty Accessing Legal Documents that Reflect my Name and Gender Identity

Figure 1-4. Importance of Having a Legal Immigration Status

2. Education:

Figure 2-1. Currently in School

Figure 2-2. Reasons Not Currently in School:

Figure 2-3. Do you have a friend or family member in community college or university?

3. Employment:

Figure 3-1. Currently Employed

Figure 3-2. Yearly Earned Income

Figure 3-3. Percentage of Participants Medically Insured Through Employment

Figure 3-4. Harassed or Fired for Being TransLatina

Figure 3-5. Family Depends on Participants Financially

Figure 3-6. Employed by the Sex Industry

4. Medical Services:

Figure 4-1. Diagnosed with a Physical Condition

Figure 4-2. Has Some Form of Medical Insurance

Figure 4-3. When I Need to See a Doctor:

Figure 4-4. Discriminated at a Clinic for Being TransLatina

Figure 4-5. Do you Think Female Hormones are Part of Your Mental Well-Being?

Figure 4-6. Injected Any Substance to Enhance Physical Appearance



Figure 4-7. Felt Depressed in the Past 12 Months

Figure 4-8. Opinion of Mental Health

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Appendix 3 – The International Bill of Gender Rights¹¹

Preface by Phyllis Randolph Frye

The International Bill of Gender Rights (IBGR), adopted July 4, 1996, in Houston Texas, is derived from two earlier documents, both of which sought to articulate basic human rights for transgender people. JoAnn Roberts had drafted and disseminated a “Bill of Gender Rights” in 1991. Working independently and without knowledge of Roberts’s efforts, Sharon Stewart published a proposal for a “Gender Bill of Rights” in the 1991 annual meeting newsletter of the International Foundation for Gender Education. Following the first annual meeting of the International Conference on Transgender Law and Employment Policy in August 1992, Stewart began the work of drafting an expanded Gender Bill of Rights that incorporated her proposal as well as Roberts’s work. A first draft presented in August 1993 at the ICTLEP’s second annual meeting was extensively revised and refined in committee. Major contributors to the 1993 committee’s efforts included Susan Stryker, Jan Eaton of Virginia, Martine Rothblatt, and Phyllis Frye. The IBGR was reviewed and amended at subsequent annual meetings of ICTLEP in 1994, 1995, and 1996. The IBGR was reviewed and amended, led by Stewart, at subsequent annual meetings of ICTLEP in 1994, 1995, and 1996.

The IBGR strives to express fundamental human and civil rights from a gender perspective. However, the ten rights enunciated below are not to be viewed as special rights applicable to a particular interest group, that is, transgender people. Nor are these rights limited in application to persons for whom gender identity and role issues are of paramount concern. All ten sections of the IGBR are universal rights that can be claimed and exercised by every human being regardless of sex or gender.

The IBGR is a theoretical expression that has no force of law absent its adoption by legislative bodies or recognition of its principles by courts of law, or by administrative agencies and international structures such as the United Nations.

In recent years the IBGR’s principles have been embodied in various legislative initiatives designed to protect the rights of transgender people. Municipalities in widely scattered sections of the United States have adopted several of these initiatives. Meanwhile, the rights of transgender people are gaining increased recognition and protection in countries such as Canada, South Africa, Australia, Great Britain, and throughout Western Europe.

¹¹ JoAnn Roberts, Sharon Stuart, ICTLEP Committee, “The International Bill of Gender Rights,” in *Transgender Rights*, ed. Paisley Currah, Richard M. Juang, and Shannon Price Minter (Minneapolis: University of Minnesota Press, 2006), 327.



THE INTERNATIONAL BILL OF GENDER RIGHTS

#1: The Right To Define Gender Identity

All human beings carry within themselves an ever-unfolding idea of who they are and what they are capable of achieving. The individual's sense of self is not determined by chromosomal sex, genitalia, assigned birth sex, or initial gender role. Thus, the individual's identity and capabilities cannot be circumscribed by what society deems to be masculine or feminine behavior. It is fundamental that individuals have the right to define, and to redefine as their lives unfold, their own gender identities, without regard to chromosomal sex, genitalia, assigned birth sex, or initial gender role.

Therefore, all human beings have the right to define their own gender identity regardless of chromosomal sex, genitalia, assigned birth sex, or initial gender role.

#2: The Right to Free Expression of Gender Identity

Given the right to define one's own gender identity, all human beings have the corresponding right to free expression of their self-defined gender identity.

Therefore, all human beings have the right to free expression of their self-defined gender identity; and further, no individual shall be denied Human or Civil Rights by virtue of the expression of a self-defined gender identity.

#3: The Right to Secure and Retain Employment and to Receive Just Compensation

Given the economic structure of modern society, all human beings have a right to train for and to pursue an occupation or profession as a means of providing shelter, sustenance, and the necessities and bounty of life, for themselves and for those dependent upon them; further, all human beings have the right to secure and retain employment and to receive just compensation for their labor regardless of gender identity, chromosomal sex, genitalia, assigned birth sex, or initial gender role.

Therefore, individuals shall not be denied the right to train for and to pursue an occupation or profession, nor be denied the right to secure and retain employment, nor be denied just compensation for their labor, by virtue of their chromosomal sex, genitalia, assigned birth sex, or initial gender role, or on the basis of a self-defined gender identity or the expression thereof.

#4: The Right of Access to Gendered Space and Participation in Gendered Activity

Given the right to define one's own gender identity and the corresponding right to free expression of a self-defined gender identity, no individual should be denied access to a space or denied participation in an activity by virtue of a self-defined gender identity which is not in



accord with chromosomal sex, genitalia, assigned birth sex, or initial gender role.

Therefore, no individual shall be denied access to a space or denied participation in an activity by virtue of a self-defined gender identity which is not in accord with chromosomal sex, genitalia, assigned birth sex, or initial gender role.

#5: The Right to Control and Change One's Own Body

All human beings have the right to control their bodies, which includes the right to change their bodies cosmetically, chemically, or surgically, so as to express a self-defined gender identity.

Therefore, individuals shall not be denied the right to change their bodies as a means of expressing a self-defined gender identity; and further, individuals shall not be denied Human or Civil Rights on the basis that they have changed their bodies cosmetically, chemically, or surgically, or desire to do so as a means of expressing a self-defined gender identity.

#6: The Right to Competent Medical and Professional Care

Given the individual's right to define one's own gender identity, and the right to change one's own body as a means of expressing a self-defined gender identity, no individual should be denied access to competent medical or other professional care on the basis of the individual's chromosomal sex, genitalia, assigned birth sex, or initial gender role.

Therefore, individuals shall not be denied the right to competent medical or other professional care on the basis of chromosomal sex, genitalia, assigned birth sex, or initial gender role, when changing their bodies cosmetically, chemically, or surgically.

#7: The Right to Freedom From Involuntary Psychiatric Diagnosis and Treatment

Given the right to define one's own gender identity, individuals should not be subject to involuntary psychiatric diagnosis or treatment.

Therefore, individuals shall not be subject to involuntary psychiatric diagnosis or treatment as mentally disordered, dysphoric, or diseased, on the basis of a self-defined gender identity or the expression thereof.

#8: The Right to Sexual Expression

Given the right to a self-defined gender identity, every consenting adult has a corresponding right to free sexual expression.

Therefore, no individual's Human or Civil Rights shall be denied on the basis of sexual orientation; and further, no individual shall be denied Human or Civil Rights for expression of a self-defined gender identity through private sexual acts between consenting adults.

#9: The Right to Form Committed, Loving Relationships and Enter Into Marital Contracts

Given that all human beings have the right to free expression of self-defined gender identities, and the right to sexual expression as a form of gender expression, all human beings have a corresponding right to form committed, loving relationships with one another, and to enter into marital contracts, regardless of their own or their partner's chromosomal sex, genitalia, assigned birth sex, or initial gender role.

Therefore, individuals shall not be denied the right to form committed, loving relationships with one another or to enter into marital contracts by virtue of their own or their partner's chromosomal sex, genitalia, assigned birth sex, or initial gender role, or on the basis of their expression of a self-defined gender identity.

#10: The Right to Conceive, Bear, or Adopt Children; The Right to Nurture and Have Custody of Children and to Exercise Parental Capacity

Given the right to form a committed, loving relationship with another, and to enter into marital contracts, together with the right to express a self-defined gender identity and the right to sexual expression, individuals have a corresponding right to conceive and bear children, to adopt children, to nurture children, to have custody of children, and to exercise parental capacity with respect to children, natural or adopted, without regard to chromosomal sex, genitalia, assigned birth sex, or initial gender role, or by virtue of a self-defined gender identity or the expression thereof.

Therefore, individuals shall not be denied the right to conceive, bear, or adopt children, nor to nurture and have custody of children, nor to exercise parental capacity with respect to children, natural or adopted, on the basis of their own, their partner's, or their children's chromosomal sex, genitalia, assigned birth sex, initial gender role, or by virtue of a self-defined gender identity or the expression thereof.

Testimonies From Participants:

"I am a strong woman and I have surpassed many abuses. I will always be myself, even if society mistreats me."

"Having schools that are sensitive to our identities is important. People need to believe in us as women who have an action plan and want to get an education to become someone in life."

"As a human, I have the right to express myself without fear in every aspect of my life."

"I have the right to life, a dignified job, housing, education, political protection, to have a family, health and freedom of expression."

"I would like to study sales. I have a way with words, I am articulate."

"I would like to study to become a drug and alcohol counselor."

"I came for the American Dream."



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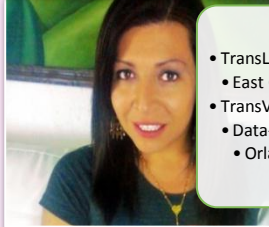
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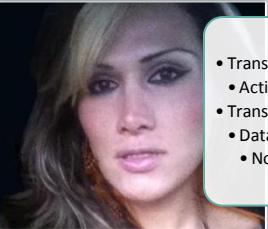
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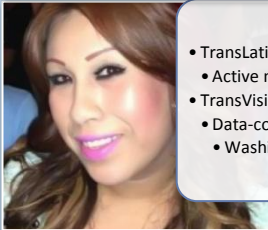
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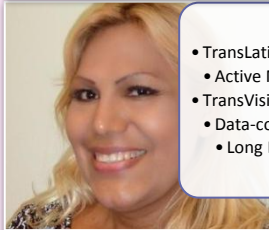
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EXHIBIT B

2020

U.S.

TRANSGENDER

SURVEY

Report on the
Experiences of
Latino/a Respondents



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Introduction

The 2015 U.S. Transgender Survey (USTS) is the largest survey examining the experiences of transgender people in the United States, with 27,715 respondents nationwide. The USTS was conducted by the National Center for Transgender Equality in the summer of 2015 and was offered online in English and Spanish. The results provide a detailed look at the experiences of transgender people across a wide range of categories, such as education, employment, family life, health, housing, and interactions with the criminal justice system.

The Report of the 2015 U.S. Transgender Survey documented the experiences of USTS respondents, including differences based on demographic and other characteristics.¹ Among the most important findings was that many respondents were impacted by the compounding effects of multiple forms of discrimination, and

transgender people of color who completed the survey experienced deeper and broader forms of discrimination than white USTS respondents and people in the U.S. population overall.

This report focuses on the unique experiences of the 1,473 USTS respondents who identified as Latino/a or Hispanic,² highlighting disparities between the experiences of Latino/a transgender people, other USTS respondents, and the U.S. population.³ While the findings in this report reflect a range of Latino/a transgender people in the United States, the survey likely did not fully capture the experiences of those who were most affected by factors that may limit access to online surveys, such as factors related to language, education, economic and housing stability, and disabilities. All findings in this report are presented as weighted percentages.⁴

Key Findings

- **21% of Latino/a respondents were unemployed**, three times the rate among Latino/a people in the U.S. population (7%).
- **43% of Latino/a respondents were living in poverty**, compared to 18% of Latino/a people in the U.S. population.
- **31% of Latino/a respondents have experienced homelessness at some point in their lives and 14% experienced homelessness in the past year because of being transgender.**
- **48% of Latino/a respondents have been sexually assaulted at some point in their lifetimes and 12% of Latino/a respondents were sexually assaulted in the past year.**
- **59% of Latino/a respondents said they would feel somewhat or very uncomfortable asking the police for help**, compared to 53% of white respondents in the USTS sample.
- **32% of Latino/a respondents who saw a health care provider in the past year reported having at least one negative experience related to being transgender**, such as being refused treatment, being verbally harassed, being physically or sexually assaulted, or having to teach the provider about transgender people in order to get appropriate care.
- **1.6% of Latino/a respondents were living with HIV**, more than five times higher than the rate in the U.S. population (0.3%).
- **45% of Latino/a respondents experienced serious psychological distress in the month before completing the survey** (based on the Kessler 6 Psychological Distress Scale), nine times the rate in the U.S. population (5%).

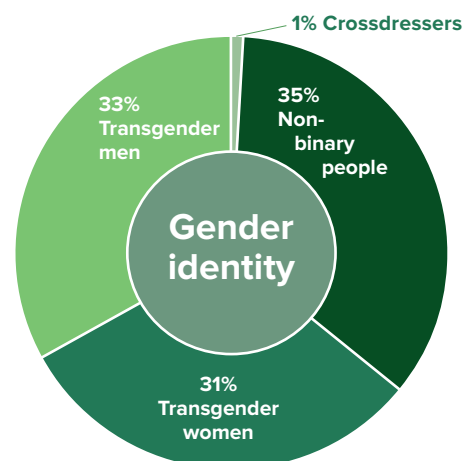
Portrait of Latino/a Respondents

This section outlines aspects of Latino/a respondents' identities and demographic characteristics, such as gender, age, geographic location, and educational attainment, to provide important context for their experiences.

Gender Identity

Thirty-five percent (35%) of Latino/a respondents were non-binary,⁵ 33% were transgender men, 31% were transgender women, and 1% identified as crossdressers⁶ (Figure 1).

Figure 1: Gender identity



Experiences with Transitioning

Sixty-one percent (61%) of Latino/a respondents were currently living full time in a gender that was different from the one on their original birth certificates, referred to in this report as having transitioned. This included 72% of transgender men and women and 42% of non-binary respondents. More than one in five (21%) respondents who had transitioned did so before the age of 18, nearly half (47%) transitioned between the ages of 18 and 24, 22% transitioned between ages 25 and 34, and 11% transitioned at age 35 or older.

Respondents were asked how much time had passed since they began transitioning. Nearly one-third (29%) began their transition within one year of taking the survey, 38% transitioned 2 to 5 years prior, 15% transitioned 6 to 9 years prior, and 18% transitioned 10 or more years prior.

Outness

Respondents were asked whether different groups of people in their lives knew that they were transgender to determine if they were “out” about their transgender identity to family members, friends, supervisors and coworkers, classmates, and health care providers. Specifically, they were asked whether all, most, some, or none of the people in each of those groups knew they were transgender.

Results for outness to any particular group reflect only those respondents who had people from that group in their lives. Overall, 7% reported that they were out to all of the people in their lives, across all groups of people, 44% were out to most, 46% were out to some, and 2% were out to none of the people in their lives.

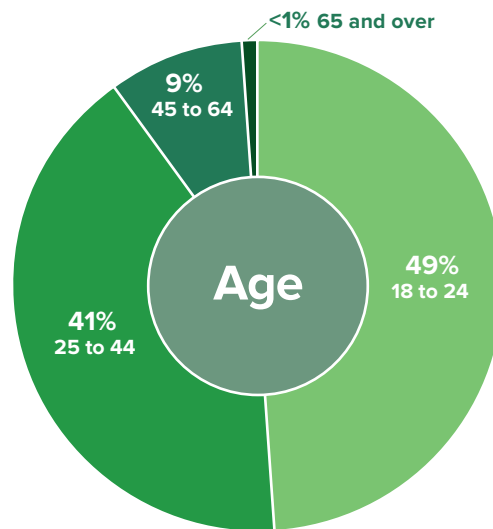
Sixty percent (60%) of respondents were out to all or most of the immediate family that they grew up with, and 36% were out to all or most of their extended family. Respondents were less likely to

be out to at work or school: approximately one-half reported that none of their current supervisors (50%) or coworkers (42%) knew that they were transgender, and 51% reported that none of their classmates at their current school knew they were transgender.

Age

Most respondents were between the ages of 18 and 24 (49%) or 25 and 44 (41%) (Figure 2).

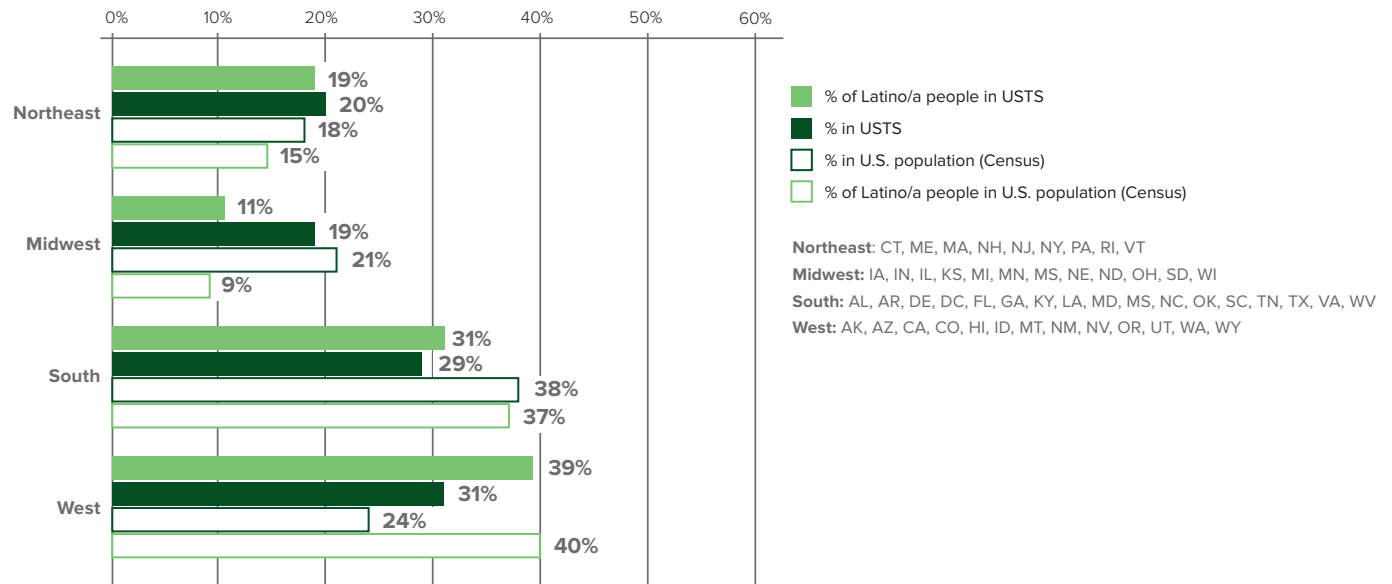
Figure 2: Age



Location

Respondents lived in 48 states, the District of Columbia, and Puerto Rico. The geographical distribution of USTS Latino/a respondents differed from the distribution in the USTS sample overall but was generally similar to the distribution of Latino/a people in the U.S. population. Latino/a respondents were more likely to live in the West (39%) than respondents in the USTS sample overall (31%), similar to the trend in the U.S. population, where Latino/a people were more likely to live in the West (40%) than the U.S. population overall (24%)⁷ (Figure 3).

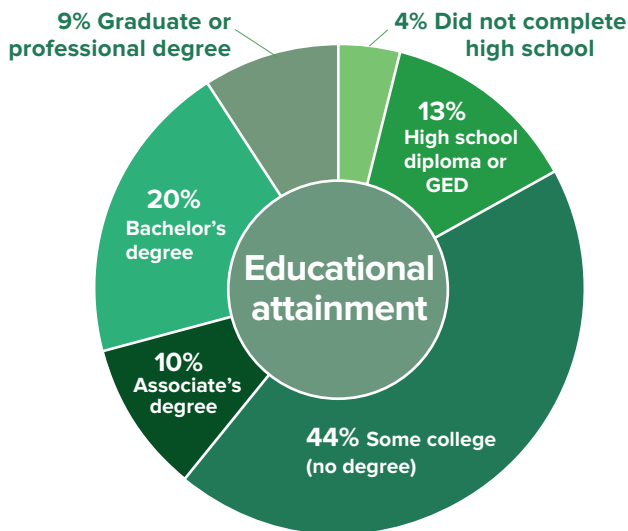
Figure 3: Location by region



Educational Attainment

Respondents were asked about the highest level of education that they had completed. Seventeen percent (17%) had a high school diploma or GED or did not complete high school. Forty-four percent (44%) had completed some college but had not obtained a degree, and 29% had received a bachelor’s degree or a higher degree (Figure 4).

Figure 4: Educational attainment



Disability

Respondents received questions about their disability status based on questions from the American Community Survey (ACS) in order to compare the USTS sample to the U.S. population. Disabilities listed in the ACS included (1) being deaf or having serious difficulty hearing, (2) being blind or having serious difficulty seeing even when wearing glasses, (3) having serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition, (4) having serious difficulty walking or climbing stairs, (5) having difficulty dressing or bathing, and (6) having difficulty doing errands alone, such as visiting a doctor’s office or shopping because of a physical, mental, or emotional condition. Forty percent (40%) of Latino/a respondents indicated that they had one or more disabilities listed in the ACS, similar to the rate in the USTS sample overall (39%). In contrast, only 15% in the U.S. population had a disability listed in the ACS.⁸

Respondents were also asked if they identified as a person with a disability to better capture disabilities that were not included in the ACS. One in four (25%)

Latino/a respondents identified as people with disabilities, compared to 28% in the USTS sample overall. The term “people with disabilities” used in this report refers to respondents who identified as people with disabilities.

Relationship Status

Twenty-seven percent (27%) of respondents were living with a partner, 20% were partnered and living separately, 51% were single, 1% were in a polyamorous relationship, and 1% had a relationship status that was not listed. Respondents were asked about their current legal marital status for the purpose of comparison to the U.S. population. Fourteen percent (14%) of Latino/a respondents were currently married, in contrast to 46% of Latino/a people in the U.S. population.⁹ Eighty-one percent (81%) of respondents had never been married, which is nearly twice the rate among Latino/a people in the U.S. population (42%).

Sexual Orientation

Respondents were asked which terms best described their sexual orientation. Respondents were most likely to identify as queer (21%), straight (19%), or pansexual (19%). They also identified as gay, lesbian, or same-gender-loving (13%), bisexual (13%), and asexual (11%).

Citizenship and Immigration Status

Respondents were asked about their citizenship or immigration status. Ninety-two percent (92%) of Latino/a respondents were citizens, including 7% who were naturalized citizens. Latino/a respondents also reported a range of immigration statuses, including being permanent residents (3%), undocumented residents (2%), Deferred Action for Childhood Arrival (DACA) recipients (1%), and visa holders (1%).

Family Life and Faith Communities

Family Life

Eighty-seven percent (87%) of respondents were out as transgender to a current or former partner. Of those who were out to a current or former partner, 24% had a partner end their relationship solely or partly because they were transgender, including 10% who had a partner end their relationship solely because they were transgender. Nearly two-thirds (62%) of respondents who had children were out to one or more of their children, and 15% of those respondents had a child stop speaking to them or spending time with them after coming out as transgender.

Sixty percent (60%) of respondents who were out to at least some of the immediate family they grew up with reported that their family was generally supportive, 19% had unsupportive families, and 21% had families that were neither supportive nor unsupportive. Nearly one-half (49%) experienced at least one form of family rejection outlined in the survey, such as having a family member who stopped speaking to them for a long time or ended the relationship, experiencing violence by a family member, or being kicked out of the house for being transgender (Table 1).

Table 1: Forms of family rejection

(of those out to immediate family)	% of Latino/a people in USTS	% in USTS
Stopped speaking to them or ended relationship	28%	26%
Did not allow them to wear clothes that matched gender	32%	27%
Sent them to a professional to stop them from being transgender	16%	14%
Were violent towards them	12%	10%
Kicked them out of the house	11%	8%
One or more experiences listed	49%	44%

Transgender women (37%) were more likely to have an immediate family member stop speaking to them for a long time or end a relationship because they were transgender, compared to transgender men (30%) and non-binary people (14%). Transgender women (16%) were more likely to experience violence by a family member because they were transgender than non-binary people (13%) and transgender men (10%). Transgender women (15%) were also more likely to have been kicked out of the house than transgender men (10%) and non-binary people (6%).

Additionally, 12% of those who were out to their immediate family ran away from home because they were transgender, with transgender women (17%) being more likely to have run away than transgender men (10%) and non-binary people (10%).

Although approximately half of those who were out to their immediate family reported at least one experience of rejection from a family member, 81% reported that at least one immediate family member supported them through one or more specific acts, such as using their preferred name or pronouns, giving them money to support their transition, or helping them to change the name or gender on an identity document (Table 2).

Table 2: Supportive family behaviors

(of those out to immediate family)	% of Latino/a people in USTS	% in USTS
Told respondent they respect or support them	66%	65%
Used their preferred name	56%	58%
Used the correct pronouns	54%	55%
Stood up for them with family, friends, or others	38%	36%
Did research to learn how to best support them	29%	33%
Gave money to help with gender transition	19%	18%
Helped them change their name and/or gender on an identity document	11%	10%
Supported them in another way	10%	11%
One or more experiences listed	81%	82%

Faith Communities

Nearly two-thirds (62%) of Latino/a respondents had been part of a spiritual or religious community (“faith community”) at some point in their lives. Of these, more than one in five (21%) left a faith community because they were rejected as a transgender person. That experience was more likely among transgender women (33%) than transgender men (22%) and non-binary people (13%). Thirty-seven percent (37%) of those who had been rejected by a faith community found a new faith community that welcomed them as a transgender person.

More than one-quarter (27%) of respondents who had ever been part of a faith community were part of one in the year prior to taking the survey. These respondents reported a range of experiences within their faith communities. Ninety-seven percent (97%) experienced one or more accepting behaviors from members of their faith community, such as having a community leader or member who accepted them or made them feel welcome as a transgender person or being told that their religion or faith accepts them as a transgender

person. However, 20% had one or more experiences of rejection, such as being asked to stop coming to services or faith community

functions or having a community member tell them that being transgender is a sin or that their religion does not approve of them.¹⁰

Income and Employment

Unemployment

More than one in five (21%) Latino/a respondents were unemployed, compared to 15% in the USTS sample overall. The unemployment rate among Latino/a respondents was more than four times higher than the unemployment rate in the U.S. population overall (5%)¹¹ and three times the rate among Latino/a people in the U.S. population (7%) (Figure 5).¹² The unemployment rate differed by gender, with transgender Latinas (27%) being more likely to be unemployed (Figure 6). Respondents with disabilities (27%) were also more likely to be unemployed.

Figure 5: Unemployment

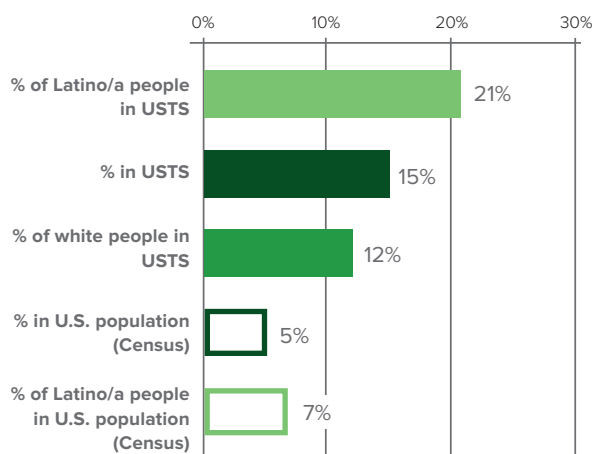
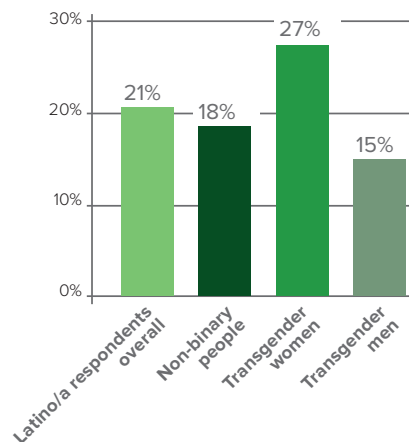


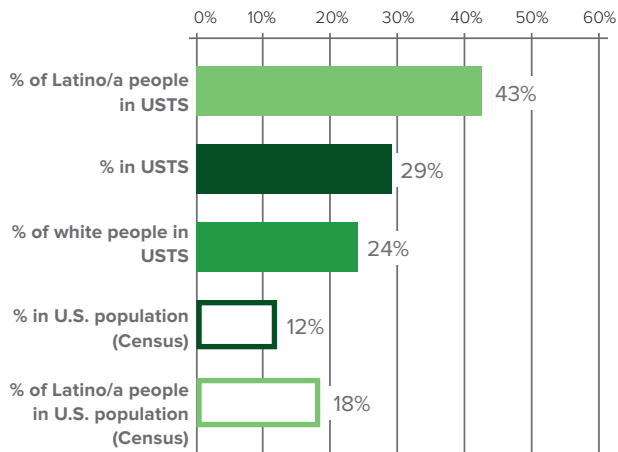
Figure 6: Unemployment (by gender)



Poverty

More than four out of ten (43%) Latino/a respondents were living in poverty,¹³ compared to 29% in the USTS sample overall. This was substantially higher than the poverty rate in the U.S. population overall (12%)¹⁴ and the poverty rate among Latino/a people in the U.S. population (18%) (Figure 7).¹⁵ The poverty rate was higher among transgender women (45%) and non-binary people (43%) than among transgender men (36%).

Figure 7: Living in poverty



Sources of Income

Latino/a respondents' most common source of income was from their own employment or a partner's employment alone (40%), compared to those in the USTS sample overall (36%). More than one-third (35%) of Latino/a respondents reported that they received income from multiple sources, in contrast to 45% in the USTS sample overall. One in ten (10%) Latino/a respondents reported that their sole source of income was Supplemental Security Income (SSI) or disability benefits, compared to 9% in the USTS sample overall (Table 3).

Table 3: Current sources of income

Sources of income	% of Latino/a people in USTS	% in USTS
Employment only (from their own employment, partner's employment, or self-employment)	40%	36%
Supplemental Security Income (SSI) or disability benefits only	10%	9%
Pension or retirement income only	3%	3%
Unemployment benefits or public cash assistance program only	2%	1%
Pay from sex work, drug sales, or other work that is currently criminalized only	2%	1%
Other sources only	6%	3%
No income	2%	2%
Multiple sources	35%	45%

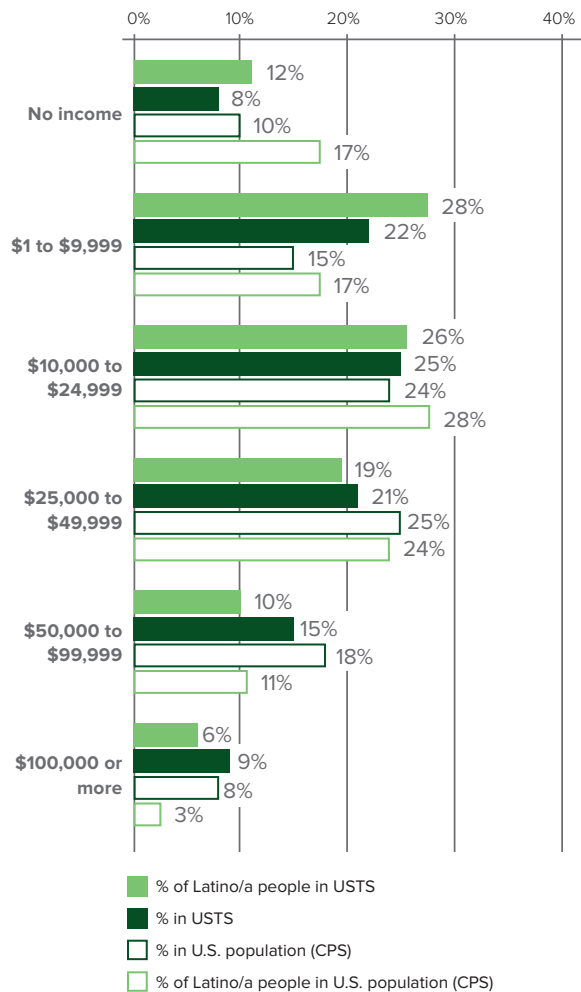
Military Service

Seven percent (7%) of Latino/a respondents have served in the military, including respondents who were currently serving in the military on active duty (<1%) and those who were currently on active duty for training in the Reserves or National Guard (1%). Six percent (6%) of respondents were veterans, similar to the rate in the U.S. population overall (8%), but higher than the rate among Latino/a people in the U.S. population (3%).¹⁶

Individual and Household Income

Respondents reported their annual individual and household income levels from 2014, the last full year prior to completing the survey. More than one-quarter (28%) of Latino/a respondents reported an *individual income* of \$1 to \$9,999, compared to 22% in the USTS sample overall.

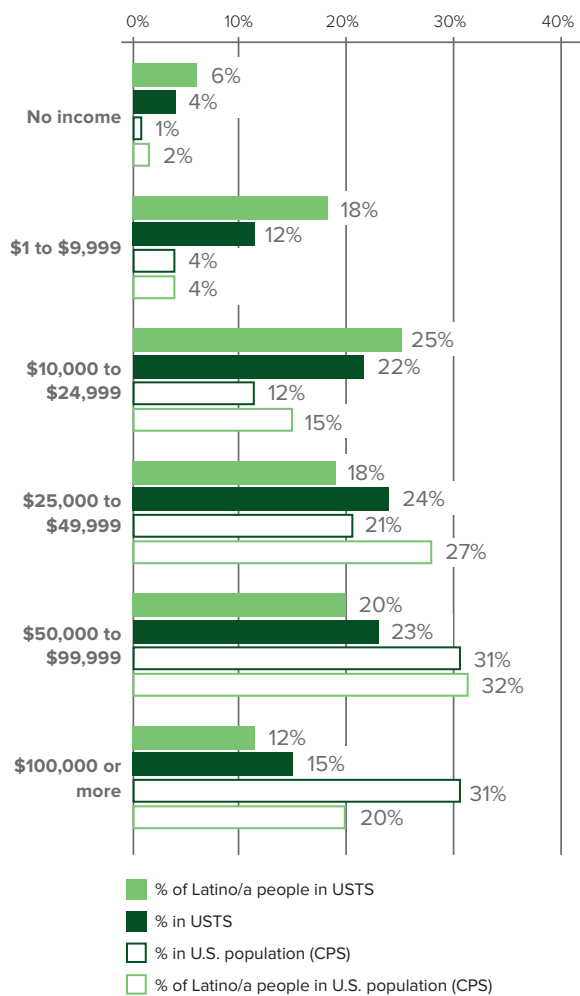
Figure 8: Annual individual income (2014)



Latino/a respondents were also substantially more likely to report this low individual income than Latino/a people in the U.S. population (17%)¹⁷ (Figure 8).

Nearly one in five (18%) Latino/a respondents reported a *household income* of \$1 to \$9,999, compared to 12% in the USTS sample overall, and nearly five times the rate among Latino/a people in the U.S. population (4%) (Figure 9).

Figure 9: Annual household income (2014)



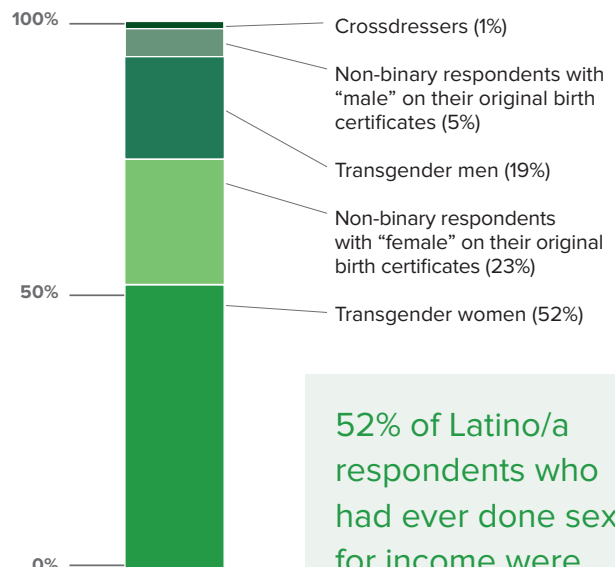
Sex Work and Other Underground Economy Work

Nearly one-quarter (22%) of Latino/a respondents have participated in the underground economy for income at some point in their lives, including in sex

work, drug sales, and other currently criminalized work, similarly to 20% in the USTS sample overall. One in ten (10%) Latino/a respondents participated in the underground economy for income in the past year.

Thirteen percent (13%) of Latino/a respondents participated in sex work for income, compared to 12% in the USTS sample overall and 9% of white respondents. Examining the composition of those who have done sex work, transgender women represent more than one-half (52%) of Latino/a respondents who have done sex work for money in their lifetimes. Although Latinas represent a disproportionately high percentage of those who have done sex work, it is also important to recognize that non-binary people with “female” on their original birth certificates and transgender men account for a large proportion of those who have done sex work. Non-binary people with “female” on their original birth certificates represent nearly one-quarter (23%) of respondents who have done sex work for money in their lifetimes, and transgender men represent 19% (Figure 10).

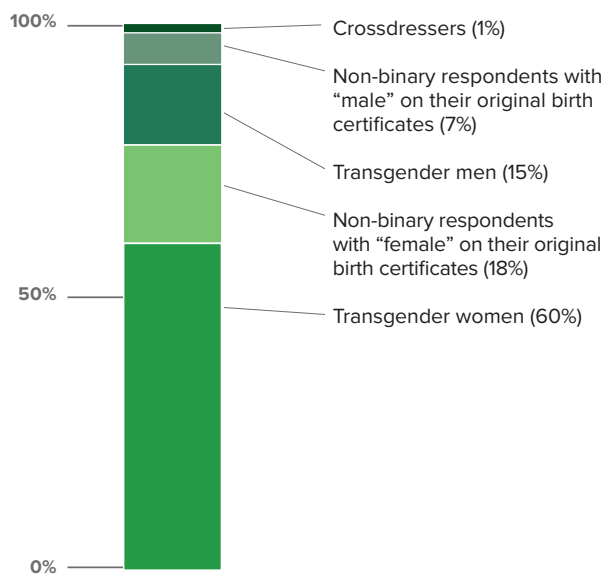
Figure 10: Gender identity of those who have done sex work for income in their lifetimes



52% of Latino/a respondents who had ever done sex for income were transgender women.

Six percent (6%) of Latino/a respondents participated in sex work for income in the past year. Examining the makeup of those who did sex work for income in the past year, transgender women represent more than one-half (60%), 18% were non-binary people with “female” on their original birth certificates, and 15% were transgender men (Figure 11).

Figure 11: Gender identity of those who have done sex work for income in the past year



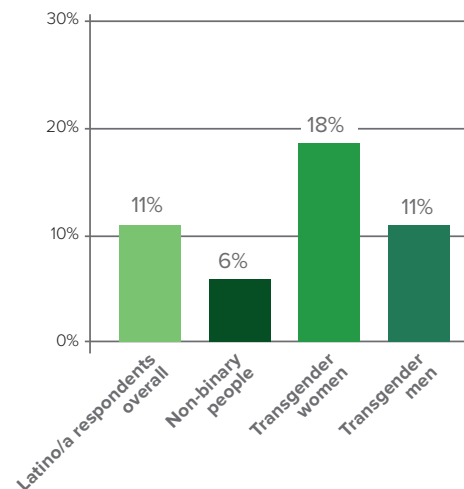
One in five (20%) respondents participated in sex work for money, food, a place to sleep, or other goods or services, compared to 19% in the USTS sample overall and 16% of white respondents.

Survey respondents were asked if they had ever interacted with police either while doing sex work or when police thought they were doing sex work. Of Latino/a respondents who had interacted with the police while doing or thought to be doing sex work, 84% reported some form of police harassment, abuse, or mistreatment, including being verbally harassed, physically attacked, or sexually assaulted by police, compared to 86% in the USTS sample overall and 82% of white respondents.

Experiences in the Workplace

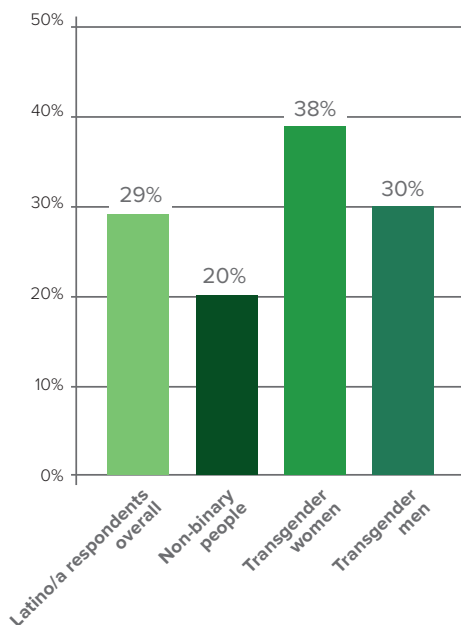
Fifteen percent (15%) of Latino/a respondents who have ever been employed reported losing a job at some point in their lives because of being transgender. This represents 11% of all Latino/a respondents, compared to 13% all respondents in the USTS. Transgender women (18%) were more likely to report being fired because of being transgender (Figure 12).

Figure 12: Ever lost job because of being transgender (by gender)



In the past year, 29% of those who held or applied for a job during that year reported being fired, being denied a promotion, or not being hired for a job they applied for because of being transgender, compared to 27% in the USTS sample overall. Transgender women (38%) were more likely to report this experience than transgender men (30%) and non-binary people (20%) (Figure 13).

Figure 13: Fired, denied promotion, and/or not hired in the past year because of being transgender (by gender)



Many respondents who had a job in the past year reported that they had been verbally harassed (14%), physically attacked (1%), and sexually assaulted (2%) at work during that year because of being transgender. More than one-quarter (27%) of respondents who were employed reported other forms of mistreatment based on their gender identity or expression during the past year, such as being forced to use a restroom that did not match their gender identity, being told to present in the wrong gender in order to keep their job, or having a boss or coworker share information about their transgender status with others without their permission.

Education

Nearly three-quarters (74%) of Latino/a respondents who were out or perceived as transgender at some point between Kindergarten and Grade 12 (K–12) experienced mistreatment, such as being verbally harassed, prohibited from dressing according to their gender identity, disciplined more harshly, or physically or sexually assaulted because people thought they were transgender. More than half (52%) of those

who were out or perceived as transgender in K–12 were verbally harassed, 24% were physically attacked, and 16% were sexually assaulted in K–12 because of being transgender. Sixteen percent (16%) faced such severe mistreatment as a transgender person that they left a K–12 school, and 7% were expelled from school (Table 4).

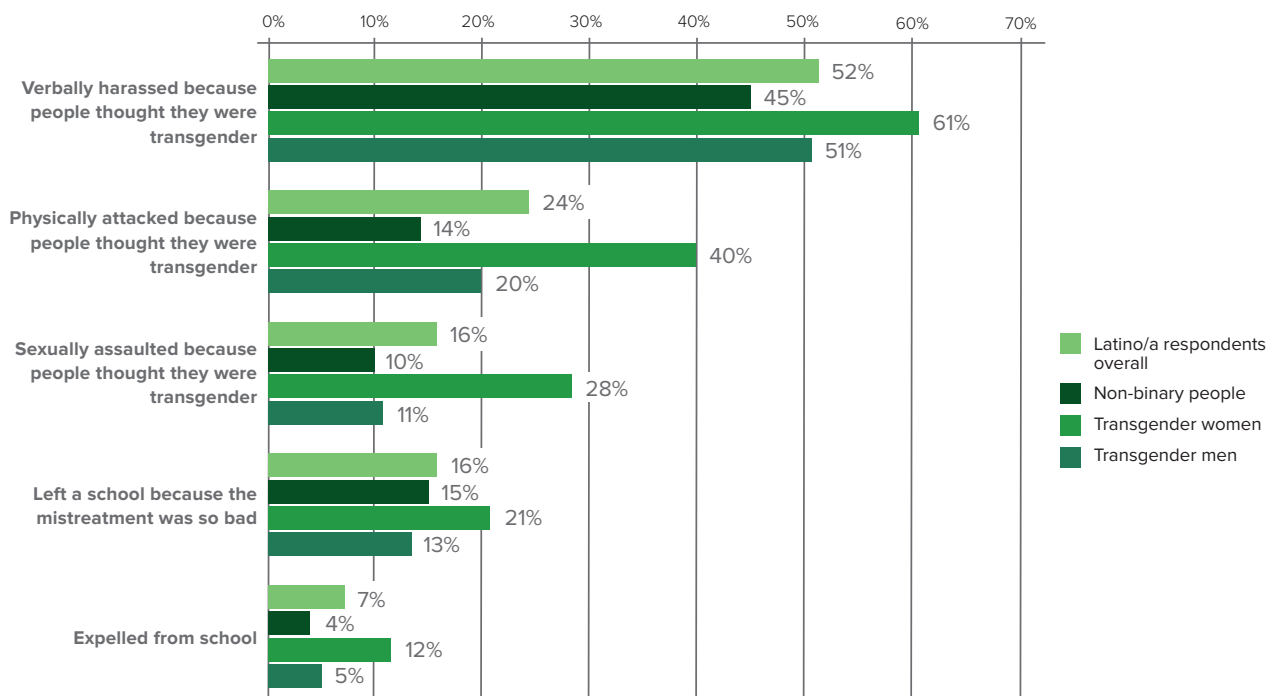
Table 4: Experiences of people who were out as transgender in K–12 or believed classmates, teachers, or school staff thought they were transgender

Negative experiences in school (out of those who were out or perceived as transgender)	% of Latino/a people in USTS	% in USTS
Not allowed to dress in a way that fit their gender identity or expression	55%	52%
Verbally harassed because people thought they were transgender	52%	54%
Disciplined for fighting back against bullies	35%	36%
Physically attacked because people thought they were transgender	24%	24%
Believe they were disciplined more harshly because teachers or staff thought they were transgender	24%	20%
Left a school because the mistreatment was so bad	16%	17%
Sexually assaulted because people thought they were transgender	16%	13%
Expelled from school	7%	6%
One or more experiences listed	74%	77%

Transgender women were more likely to have been verbally harassed (61%), physically attacked (40%), and sexually assaulted (28%) because people thought they were transgender in K–12. Transgender women were also more likely to have left a school because of mistreatment (21%) and to have been expelled from school (12%) (Figure 14).

Latino/a respondents also reported high levels of mistreatment in post-secondary schools. Nearly one-quarter (23%) of those who were out or perceived as transgender in college or vocational school were verbally, physically, or sexually harassed because of being transgender.

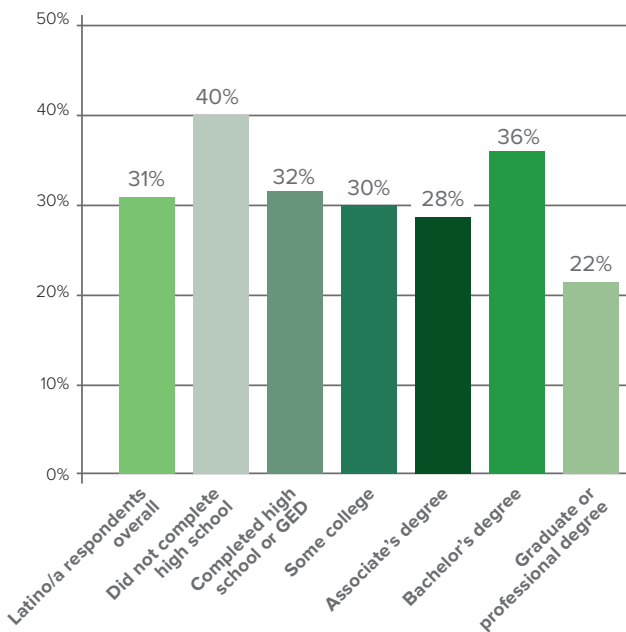
Figure 14: Experiences of people who were out as transgender in K–12 or believed classmates, teachers, or school staff thought they were transgender (by gender)



Housing, Homelessness, and Shelter Access

Nearly one-third (31%) of Latino/a respondents have experienced homelessness at some point in their lives. The rate of homelessness differed by educational attainment, with respondents who did not complete high school (40%) being more likely to have experienced homelessness (Figure 15). People with disabilities (39%) were also more likely to have experienced homelessness in their lifetimes.

Figure 15: Lifetime homelessness rate (by educational attainment)



In the past year, one-third (33%) of respondents experienced some form of housing discrimination or instability, such as being evicted from their home or denied a home or apartment because of being transgender.¹⁸ Fourteen percent (14%) experienced homelessness in the past year because of being transgender, 6% were denied a home or apartment, and 6% were evicted because of being transgender (Table 5).

Table 5: Housing situations that occurred in the past year because of being transgender

Housing situation (out of those to whom situation applied)	% of Latino/a people in USTS	% in USTS
Had to move back in with family or friends	23%	20%
Slept in different places for short periods of time	17%	15%
Had to move into a less expensive home or apartment	16%	13%
Experienced homelessness	14%	12%
Denied a home or apartment	6%	6%
Evicted from a home or apartment	6%	5%
One or more experiences listed	33%	30%

More than one in five (22%) respondents who experienced homelessness in the past year avoided staying in a shelter because they feared being mistreated as a transgender person.

Public Accommodations

Respondents reported being denied equal treatment or service, verbally harassed, or physically attacked at many places of public accommodation—places that provide services to the public, like retail stores, hotels, and government offices. In the past year, out of respondents who visited a place of public accommodation where staff or employees thought or knew they were transgender, 30% experienced at least one type of mistreatment. This included 15% who were denied equal treatment or service, 23% who were verbally harassed, and 1% who were physically attacked because of being transgender (Table 6).

Transgender women (21%) were more likely to have been denied equal treatment or service compared to transgender men (11%) and non-

binary people (12%). Transgender women (27%) and non-binary people (26%) were more likely to have experienced verbal harassment than transgender men (17%).

Table 6: Experiences in places of public accommodation in the past year due to being transgender

Experience at a place of public accommodation (out of those who believe staff knew or thought they were transgender)	% of Latino/a people in USTS
Denied equal treatment or service	15%
Verbally harassed	23%
Physically attacked	1%
One or more experiences listed	30%

Harassment and Violence

Overall Experiences of Unequal Treatment, Harassment, and Physical Attack

Nearly one-half (48%) of respondents reported being denied equal treatment, verbally harassed, and/or physically attacked in the past year because of being transgender. Fifteen percent (15%) were denied equal treatment or service in a public place and 45% were verbally harassed in the past year because of being transgender. Nearly one in ten (9%) were physically attacked in the past year because of being transgender (Table 7).

Transgender women (49%) and non-binary people (48%) were more likely to be verbally harassed in

the past year because of being transgender than transgender men (40%). Transgender women (12%) and non-binary people (10%) were also more likely to be physically attacked in the past year because of being transgender, compared to transgender men (7%).

Table 7: Denial of equal treatment or service, verbal harassment, and physical attack in the past year because of being transgender

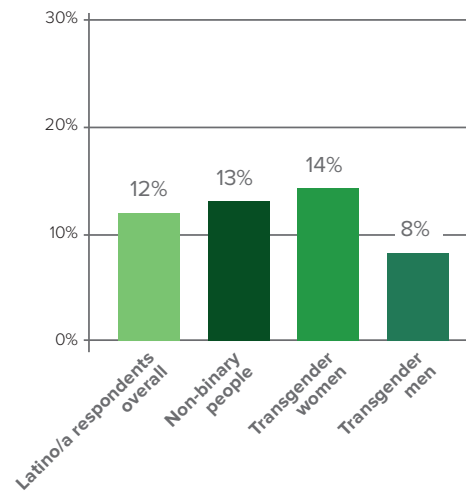
Experience in the past year due to being transgender	% of Latino/a people in USTS
Denied equal treatment or service	15%
Verbally harassed	45%
Physically attacked	9%
One or more experiences listed	48%

Sexual Assault

Nearly half (48%) of Latino/a respondents have been sexually assaulted at some point in their lifetimes, compared to 47% in the USTS sample overall and 45% of white respondents. People with disabilities (60%) reported a substantially higher rate of sexual assault in their lifetimes. Non-binary people with “female” on their original birth certificates (55%) were also more likely to have been sexually assaulted in their lifetimes (Figure 16).

Twelve percent (12%) of Latino/a respondents were sexually assaulted in the past year, compared to 10% in the USTS sample overall and 9% of white respondents. Transgender women (14%) and non-binary people (13%) were nearly twice as likely to have been sexually assaulted in the past year as transgender men (8%) (Figure 17). More than one-quarter (28%) of respondents who worked in the underground economy (such as in sex work, drug sales, and other currently criminalized activities) in the past year were sexually assaulted during that year.

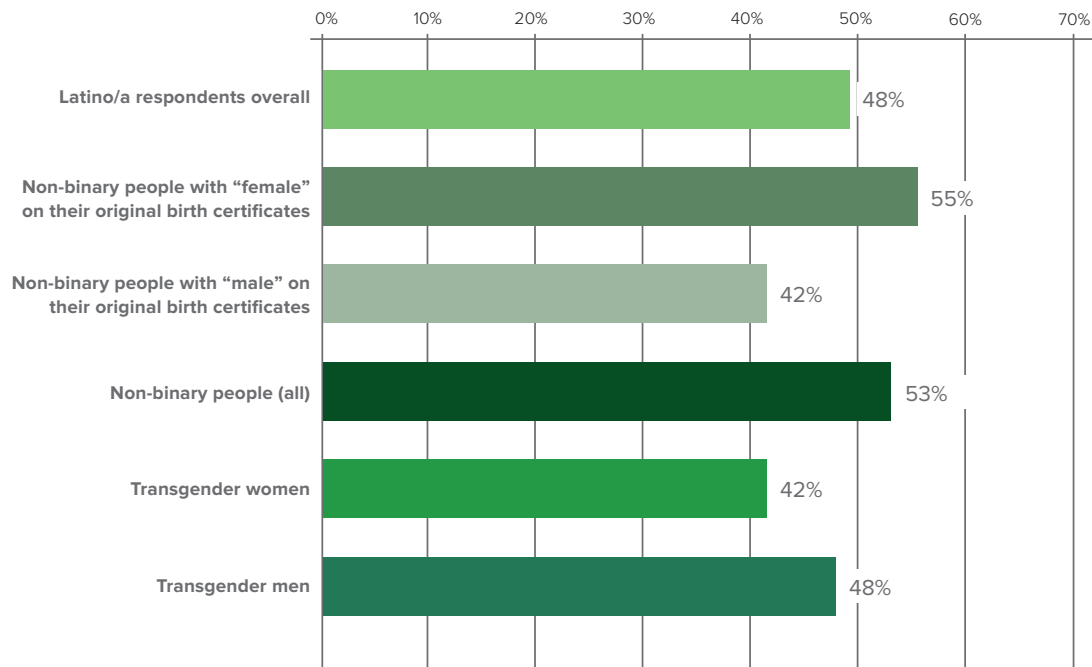
Figure 17: Sexual assault in the past year (by gender)



Intimate Partner Violence

Fifty-four percent (54%) of respondents experienced some form of intimate partner violence, including acts of coercive control¹⁹ and physical violence. Transgender men (58%) were more likely to have experienced some form of

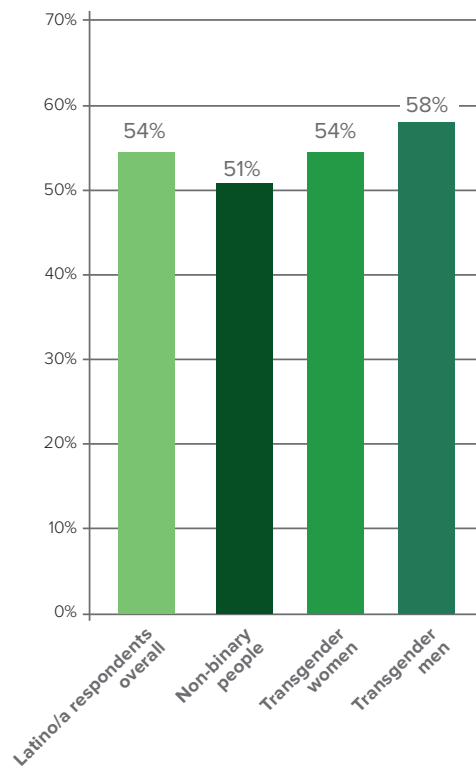
Figure 16: Sexual assault in lifetime (by gender)



intimate partner violence (Figure 18). Nearly three-quarters (74%) of respondents who have worked in the underground economy experienced intimate partner violence, and people with disabilities (62%) were also more likely to have experienced intimate partner violence.

More than one-quarter (27%) of respondents reported acts of coercive control by an intimate partner related to their transgender status, including being told that they were not a “real” woman or man, threatened with being “outed” by having their transgender status revealed to others, or prevented from taking their hormones. Forty-three percent (43%) experienced physical violence by an intimate partner.

Figure 18: Experienced intimate partner violence (by gender)



Police Interactions, Prisons, and Immigration Detention

Latino/a respondents experienced high levels of mistreatment and harassment by police. In the past year, out of respondents who interacted with police or other law enforcement officers who thought or knew they were transgender, 66% experienced some

form of mistreatment, compared to 58% of USTS respondents overall and 55% of white respondents. This included being verbally harassed, repeatedly referred to as the wrong gender, or physically or sexually assaulted (Table 8).

Table 8: Mistreatment by police or other law enforcement officers in past year

Experience of mistreatment in the past year	% of Latino/a people in USTS		% of white people in USTS
	% in USTS	% in USTS	% in USTS
Officers kept using the wrong gender pronouns (such as he/him or she/her) or wrong title (such as Mr. or Ms.)	55%	49%	46%
Verbally harassed by officers	29%	20%	17%
Officers asked questions about gender transition (such as about hormones or surgical status)	26%	19%	16%
Officers assumed they were sex workers	14%	11%	8%
Physically attacked by officers	5%	4%	2%
Sexually assaulted by officers	5%	3%	2%
Forced by officers to engage in sexual activity to avoid arrest	1%	1%	<1%
One or more experiences listed	66%	58%	55%

Fifty-nine percent (59%) of Latino/a respondents said they would feel somewhat or very uncomfortable asking the police for help if they needed it, compared to 57% of respondents in the USTS sample overall and 53% of white USTS respondents (Figure 19). Non-binary people (73%) were more likely to be uncomfortable asking the police for help, in contrast to transgender men (55%) and women (52%) (Figure 20). Nearly three-quarters (73%) of people with disabilities were uncomfortable asking the police for help.

Four percent (4%) of Latino/a respondents were arrested in the past year, compared to 2% in the USTS sample. Two percent (2%) of Latino/a respondents were incarcerated—held in jail, prison, or juvenile detention—in the past year, compared to 0.9% in the U.S. population overall.²⁰

Latino/a respondents who were held in jail, prison, or juvenile detention in the past year faced high rates of physical and sexual assault by facility

Figure 19: Comfort asking the police for help

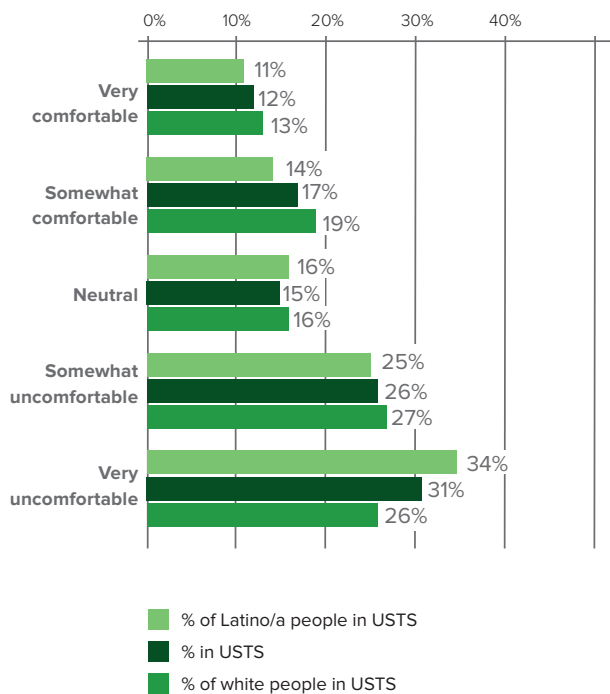
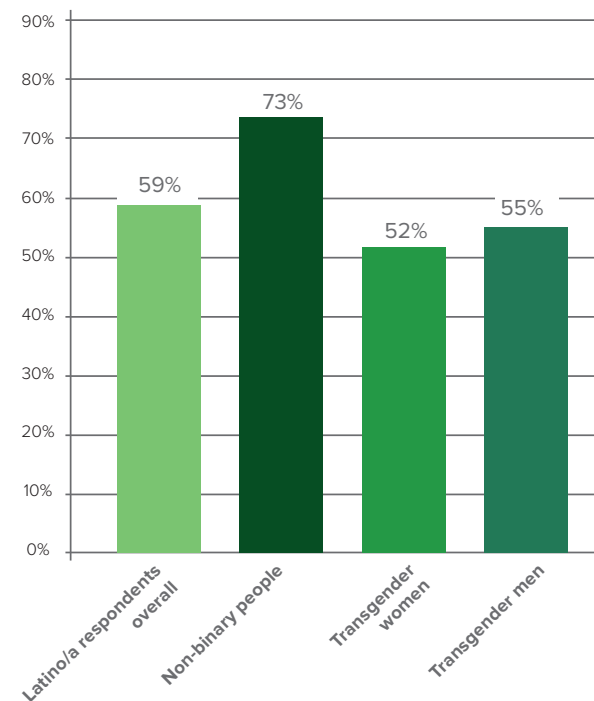


Figure 20: Somewhat or very uncomfortable asking the police for help (by gender)



staff and other inmates. In the past year, 18% were physically assaulted by *staff or other inmates*, compared to 23% in the USTS sample overall. More than one-quarter (27%) were sexually assaulted by *staff or other inmates*, compared to 20% in the USTS sample overall.

Fourteen percent (14%) of Latino/a respondents were sexually assaulted by *facility staff* in the past year during their time in jail, prison, or juvenile detention, compared to the rate in the USTS

sample overall (11%). This was seven times higher than the rate in the incarcerated U.S. population in prisons (2%) and in jails (2%).²¹

Additionally, five percent (5%) of Latino/a respondents who were not U.S. citizens at the time of their birth have been held in immigration detention, such as in an Immigration and Customs Enforcement (ICE) detention center or a local jail just for immigration court proceedings. This represents 1% of all Latino/a respondents.

Health

Insurance

Seventeen percent (17%) of Latino/a respondents did not have health insurance, compared to 14% in the USTS sample overall and 12% of white respondents. This was higher than the rate in U.S. population overall (11%) but lower than the rate among Latino/a people in the U.S. population (25%).²² The most common forms of insurance reported by Latino/a respondents included coverage they or a family member received through an employer (50%), followed by Medicaid (16%) (Table 9).

One-quarter (25%) of respondents experienced a problem in the past year with their insurance related to being transgender, such as being denied coverage for care related to gender transition or being denied coverage for other kinds of health care because they were transgender.

Experiences with Providers

Nearly one-third (32%) of respondents who saw a health care provider in the past year reported having at least one negative experience related to being transgender. This included being refused treatment, being verbally harassed, being

Table 9: Type of health insurance or health coverage plan

Health insurance source	% of Latino/a people in USTS	% in USTS	% in U.S. population (ACS)
Insurance through current or former employer or union (belonging to respondent or a family member)	50%	53%	56%
Medicaid	16%	13%	15%
Insurance they or someone else purchased directly from an insurance company or through a health insurance marketplace (such as healthcare.gov)	14%	14%	16%
Medicare	2%	5%	22%
VA	2%	2%	3%
TRICARE or other military health care	1%	2%	3%
Another type of insurance	6%	6%	---

physically or sexually assaulted, or having to teach the provider about transgender people in order to get appropriate care.

In the past year, more than a quarter (26%) of respondents did not see a doctor when they needed to because of fear of being mistreated as a transgender person, and 37% did not see a doctor when needed because they could not afford it.

HIV Status

Fifty-four percent (54%) of Latino/a respondents had been tested for HIV, a rate similar to the USTS sample overall (55%) but higher than in the U.S. population (34%).²³ Among those who had not been tested, 83% of Latino/a respondents said that it was primarily because they were unlikely to have been exposed to HIV. Latino/a respondents who had not been tested were slightly less likely to cite this reason than USTS respondents overall (86%) and those in the general U.S. population (86%).²⁴

Among Latino/a respondents, 1.6% reported that they were living with HIV, compared to the rate in the USTS sample overall (1.4%) and among white respondents (0.4%). This was more than five times higher than the rate in the U.S. population (0.3%)²⁵ and more than three times higher than the rate among Latino/a people in the U.S. population (0.5%).²⁶ Transgender women (4.4%) were nearly three times more likely than Latino/a USTS respondents overall to be living with HIV (Figure 21) and respondents who did not complete high school (9.3%) were nearly six times more likely to be living with HIV (Figure 22). Additionally, 52% of Latino/a respondents were HIV negative, and 46% had not been tested or did not know the results of their HIV test.

Psychological Distress

Forty-five percent (45%) of Latino/a respondents experienced serious psychological distress in the month before completing the survey (based on

1.6% of Latino/a USTS respondents were living with HIV.

- **4X** higher than the rate among white USTS respondents (0.4%)
- **5X** higher than the rate in the U.S. population overall (0.3%)
- **3X** higher than the rate among Latino/a people in the U.S. population (0.5%)

4.4% of transgender Latinas were living with HIV, 15X the rate in the U.S. population (0.3%).

Figure 21: Living with HIV (by gender)

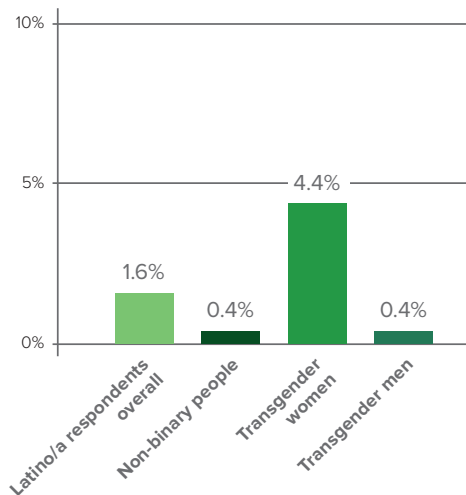
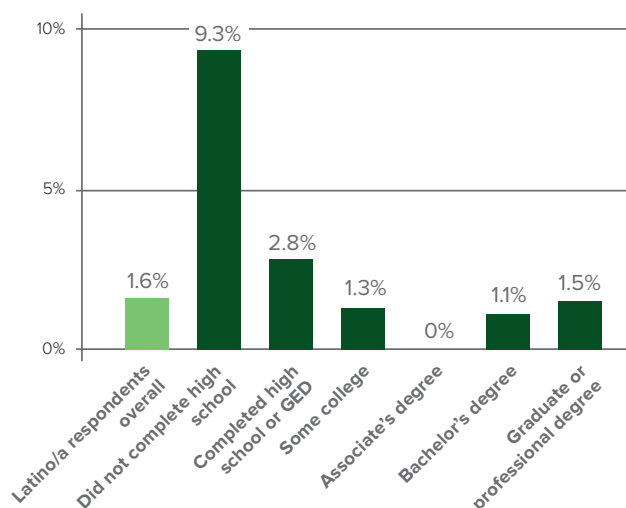


Figure 22: Living with HIV (by educational attainment)



the Kessler 6 Psychological Distress Scale),²⁷ nine times higher than the rate in the U.S. population (5%) and the rate among Latino/a people in the U.S. population (5%).²⁸

Conversion Therapy

One in eight (12%) reported that a professional, such as a psychologist, counselor, or religious advisor, tried to stop them from being transgender.

Suicidal Thoughts and Behaviors

Nearly half (45%) of Latino/a respondents have attempted suicide at some point in their lives, compared to 40% in the USTS sample overall and 37% of white respondents. This rate was nearly ten

times higher than the rate in the U.S. population (4.6%).²⁹ Latino/a respondents with disabilities (60%) were substantially more likely to have attempted suicide in their lifetimes.

Nearly one in ten (9%) Latino/a respondents attempted suicide in the past year, compared to 7% in the USTS sample overall and 6% of white respondents. This rate was fifteen times higher than the rate in the U.S. population (0.6%) and the rate among Latino/a people in the U.S. population (0.6%).³⁰ Latino/a respondents with disabilities (14%) were more likely to have attempted suicide in the past year.

Identity Documents

Only 10% of respondents reported that *all* of their identity documents (IDs) had the name and gender they preferred, while 71% reported that *none* of their IDs had the name and gender they preferred. The cost of changing IDs was one of the main barriers respondents faced, with 42% of those who have not changed their legal name and 38% of those who

have not updated the gender on their IDs reporting that it was because they could not afford it.

More than one-third (35%) of respondents who have shown an ID with a name or gender that did not match their gender presentation were verbally harassed, denied benefits or service, asked to leave, or assaulted.

Experiences of Multiracial Latino/a Respondents

In addition to respondents who identified as Latino/a alone in the USTS, 549 respondents identified as multiracial and Latino/a or “a racial/ethnic identity not listed” and Latino/a. This section provides a brief overview of the experiences of these respondents, referred to here as multiracial Latino/a respondents. Additional research is needed to further examine the experiences of multiracial respondents.

- 21% of multiracial Latino/a respondents were unemployed.
- 50% were living in poverty.
- 23% of multiracial Latino/a respondents who have been employed reported losing a job at some point in their lives because of being transgender.
- In the past year, 34% of those who held or applied for a job during that year reported being fired, being denied a promotion, or not being hired for a job they applied for because of being transgender.
- In the past year, 17% were denied equal treatment or service in a public place and 57% were verbally harassed because of being transgender.
- In the past year, 12% were physically attacked because of being transgender and 15% were sexually assaulted. More than half (59%) have been sexually assaulted at some point in their lives.
- In the past year, out of respondents who interacted with police or other law enforcement officers who thought or knew they were transgender, 78% experienced some form of mistreatment. This included being verbally harassed, repeatedly referred to as the wrong gender, physically assaulted, or sexually assaulted.
- 80% of those who were out or perceived as transgender at some point between Kindergarten and Grade 12 (K–12) experienced some form of mistreatment, such as being verbally harassed (58%), physically attacked (31%), or sexually assaulted (16%) in K–12 because of being transgender.

Experiences of Multiracial Latino/a Respondents (continued)

- 42% of multiracial Latino/a respondents have experienced homelessness at some point in their lives.
- 20% experienced homelessness in the past year because of being transgender.
- In the past year, 29% of multiracial Latino/a respondents did not see a doctor when they needed to because of fear of being mistreated as a transgender person, and 43% did not see a doctor when needed because they could not afford it.
- 34% of those who saw a health care provider in the past year reported having at least one negative experience related to being transgender, such as being refused treatment, being verbally harassed, being physically or sexually assaulted, or having to teach the provider about transgender people in order to get appropriate care.

Endnotes

1. James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality. Available at: www.USTransSurvey.org.
2. Throughout this report, respondents who identified as Latino/a or Hispanic are referred to as Latino/a. For additional information about terminology and conventions used throughout the report, see the *Guide to Report and Terminology* chapter in the full USTS report. The findings for Latino/a respondents reflect the experiences of respondents who identified as Latino/a alone and do not include the experiences of those who identified as multiracial and Latino/a. Some findings for respondents who identified as multiracial and Latino/a are included on page 22 of this report.
3. The U.S. Census Bureau defines and asks about race and ethnicity separately, with ethnicity being categorized as “Hispanic or Latino” and “Not Hispanic or Latino.” U.S. Census Bureau surveys, such as the Decennial Census, American Community Survey, and Current Population Survey, first ask whether a respondent is of Hispanic or Latino origin to determine their ethnicity and then ask respondents their race. See e.g., U.S. Census Bureau. (2017). *Race and Ethnicity*. Available at: <https://www.census.gov/mso/www/training/pdf/race-ethnicity-onepager.pdf>. In contrast, USTS respondents received a question about their “racial/ethnic identity” and could select “Latino/a/Hispanic” as a racial/ethnic category. Therefore, comparisons to Latino/a people in the U.S. population presented throughout this report should be interpreted with caution.
4. The number of Latino/a respondents (n=1,473) is an unweighted value. All reported percentages are weighted to allow for comparison to the U.S. population when appropriate. Findings related to income, unemployment, and poverty are weighted differently than other reported percentages. For more information on the weighting procedures used to report 2015 U.S. Transgender Survey data, see the full survey report. Findings from statistical tests are not included in this report.
5. “Non-binary” is a term often used to describe people whose gender is not exclusively male or female, including those who identify with a gender other than male or female, as more than one gender, or as no gender.
6. Due to a low sample size, it was often not possible to include the experiences of crossdressers in gender-based comparisons in this report.
7. U.S. Census Bureau. (2015). *2015 American Community Survey 5-Year Estimates: Sex by Age*. Available at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_SPT_B01001&prodType=table.
8. U.S. Census Bureau. (2015). *2015 American Survey 1-Year Estimates: Disability Characteristics*. Available at: http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_S1810&prodType=table. Calculations were completed by the research team.
9. U.S. Census Bureau. (2015). *2015 American Community Survey 1-Year Estimates: Sex by Marital Status by Age for the Population 15 Years and Over (Hispanic or Latino)*. Available at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_B12002&prodType=table. These findings include adults who are currently married and living with a spouse and those who are married but separated, based on the ACS definitions. See the full report for more information. The percentage of Latino/a people in the U.S. who are currently married and who have never been married include those who are 15 years of age and older, in contrast to the USTS sample, which includes respondents who are 18 and older. Therefore, the comparison to USTS Latino/a respondents should be interpreted with caution.
10. Latino/a respondents’ experiences of rejection also included being asked to meet with faith leaders or seek medical help to stop them from being transgender.
11. Bureau of Labor Statistics. (2015). *The Employment Situation—August 2015*. Available at: http://www.bls.gov/news.release/archives/empsit_09042015.pdf; Bureau of Labor Statistics. (2015). *The Employment Situation—September 2015*. Available at: http://www.bls.gov/news.release/archives/empsit_10022015.pdf.
12. The unemployment rate by race and ethnicity among adults in the U.S. population was calculated by the research team using CPS data available via the CPS Table Creator (<http://www.census.gov/cps/data/cpstablecreator.html>). CPS Table Creator data utilizes data from the March 2015 Current Population Survey Annual Social and Economic Supplement, in which the overall U.S. unemployment rate was 5.5%. See the full USTS report for more information about unemployment rate calculations and interpretation.
13. “Living in poverty” means living at or near the poverty line. The research team calculated the USTS poverty measure using the official poverty measure, as defined by the U.S. Census Bureau. USTS respondents were designated as living in poverty if their total family income fell under 125% of the official U.S. poverty line. See the full report for more information about this calculation.
14. Proctor, B. D., Semega, J. L., & Kollar, M. A. (2016). *Income and Poverty in the United States: 2015*. (p. 13). Washington, DC: U.S. Census Bureau. Available at: <https://www.census.gov/content/dam/Census/library/publications/2016/demo/p60-256.pdf>.

15. Proctor, B. D., Semega, J. L., & Kollar, M. A. (2016). *Income and Poverty in the United States: 2015*. (p. 55). Washington, DC: U.S. Census Bureau. Available at: <https://www.census.gov/content/dam/Census/library/publications/2016/demo/p60-256.pdf>.
16. U.S. Census Bureau. (2015). *American Community Survey 1-Year Estimates: Veteran Status*. Available at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_S2101&prodType=table.
17. U.S. Census Bureau (2014). *Current Population Survey Annual Social and Economic Supplement*. Available at: <https://www.census.gov/data/tables/time-series/demo/income-poverty/cps-pinc/pinc-01.2014.html>.
18. For each form of housing discrimination or instability listed, respondents could select “does not apply to me” if the housing situation could not have happened to them in the past year. For example, those who did not attempt to rent or buy a home in the past year could not have been denied a home or apartment, and were instructed to select “does not apply to me” for that question. The results for each form of discrimination or instability do not include those who answered “does not apply to me.”
19. Intimate partner violence involving coercive control included acts of intimidation, emotional and financial harm, and physical harm to others who were important to respondents.
20. Kaeble, D. & Glaze, L. (2016). *Correctional Populations in the United States, 2015*. (p. 4). Washington, DC: Bureau of Justice Statistics. Available at: <https://www.bjs.gov/content/pub/pdf/cpus15.pdf>.
21. Beck, A. J., Berzofsky, M., Caspar, R., & Krebs, C. (2013). *Sexual Victimization in Prisons and Jails Reported by Inmates 2011–12*. DC: Bureau of Justice Statistics. Available at: <https://www.bjs.gov/content/pub/pdf/svpjri1112.pdf>. Rates of physical assault by facility staff was not available. The Bureau of Justice Statistics (BJS) presents data separately for people incarcerated in state and federal prisons and people incarcerated in jails, but they do not present data for those held in juvenile detention facilities. Data from the U.S. incarcerated population in this section is provided as a benchmark for experiences among USTS respondents and should be interpreted with caution. See full report for more information about this comparison.
22. U.S. Census Bureau. (2015). *2015 American Community Survey 1-Year Estimates: Health Insurance Coverage Status by Age (Hispanic or Latino)*. Available at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_B27001&prodType=table.
23. Centers for Disease Control and Prevention. (2015). *BRFSS Prevalence & Trends Data*. Available at: <http://www.cdc.gov/brfss/brfssprevalence>.
24. Centers for Disease Control and Prevention. (2016). *2015 National Health Interview Survey: Sample Adult File*. Available at: https://www.cdc.gov/nchs/nhis/nhis_2015_data_release.htm.
25. Centers for Disease Control and Prevention. (2015). Diagnoses of HIV infections in the United States and dependent areas, 2015: Table 20b. *HIV Surveillance Report* (vol. 27). Available at: <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2015-vol-27.pdf>. The HIV Surveillance Report provides data for those who were living with diagnosed HIV infection in the U.S. population in 2014. The U.S. population data includes those who are 15 years of age and older and does not include the rate for adults aged 18 and older alone, so it was not possible to exactly match the USTS sample with the U.S. population data. See the full report for more information on use of the U.S. population figure.
26. Centers for Disease Control and Prevention. (2015). Diagnoses of HIV infections in the United States and dependent areas, 2015: Table 20b. *HIV Surveillance Report* (vol. 27). Available at: <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2015-vol-27.pdf>. See also note 25.
27. The Kessler Psychological Distress Scale, or K6, uses a series of questions to assess psychological distress based on how often in the past 30 days respondents felt so sad that nothing could cheer them up, nervous, restless or fidgety, hopeless, that everything was an effort, or worthless. See the National Health Interview Survey for additional information about the K6 mental health screening instrument and measure of serious psychological distress in adults (available at: http://www.healthindicators.gov/Indicators/Serious-psychological-distress-adults-percent_50055/Profile).
28. Center for Behavioral Health Statistics and Quality. (2016). *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 8.87B. Rockville, MD: Substance Abuse and Mental Health Services Administration. Available at: <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.pdf>.
29. Kessler, R. C., Borges, G., & Walters, E. E. (1999). Prevalence of and risk factors for lifetime suicide attempts in the National Comorbidity Survey. *Archives of General Psychiatry*, 56(7), 617–626.
30. Center for Behavioral Health Statistics and Quality. (2016). *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 8.73B. Rockville, MD: Substance Abuse and Mental Health Services Administration. Available at: <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.pdf>.

2015 U.S. Transgender Survey: Report on the Experiences of Latino/a Respondents

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October 2017



The full report and Executive Summary of the 2015 U.S. Transgender Survey are available at www.USTransSurvey.org.

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