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Physical and Mental Health Concerns of Emerging LatinE Gender Diverse Adults

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Physical and Mental Health Concerns of Emerging LatinE Gender Diverse Adults

Cover Page Footnote

"Physical and Mental Health Concerns of Emerging LatinE Gender Diverse Adults in South Florida"
Undergraduate Research Journal Humanities Based Research Shaileen Barberena College of Arts,
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Physical and Mental Health Concerns of Emerging LatinE Gender Diverse Adults

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Barriers to healthcare access are apparent in minority groups including ethnic, racial, gender, and sexual minorities. Most of the barriers experienced by these groups are centered on discrimination, cost, and lack of cultural competence which, in effect, leads to physical and mental health disparities. Multiple studies have reported the health concerns of gender diverse people, but few have discussed the concerns of gender diverse people who also identify as Hispanic/LatinE. As immigration rates continue to rise and gender minorities become more socially acceptable, the health concerns of this population become increasingly difficult to ignore. This proposal aims to answer the following research questions for Hispanic/LatinE gender minorities: 1) *What physical health concerns are important to address?* 2) *What mental health concerns are important to address?* Previous studies have suggested increasing education on gender identity for healthcare workers. Improving education within these services would result in greater gender affirming care while also aiding in closing the health disparities of these groups. Implementing support groups and increasing discussion is also necessary for improving the mental wellbeing of this population. Further research is needed to determine the importance of ethnicity in this population's wellbeing. We predict physical health concerns will be largely focused on ethnic identity, and mental health concerns will be largely focused on gender identity. We propose recruiting Hispanic gender nonconforming participants for one-on-one semi-structured interviews. Coding methods for data analysis would reveal themes for health concerns specific to gender diverse LatinE individuals.

Keywords: *LatinE, Hispanic, gender, transgender, healthcare, mental health, access*

As more individuals come out as transgender or gender nonconforming, the need to evaluate this population's health concerns has become increasingly apparent. Sexually diverse people, such as lesbian, gay, and bisexual groups, have been studied in the literature for decades, but gender nonconforming groups have only recently become included. Despite transgender movements occurring concurrently with the gay rights movement, the problems faced by gender diverse groups were overshadowed by the more outspoken issues of sexually diverse groups at the time. While much credit is given to the Stonewall riots for liberating sexually diverse communities, not many know of the previous Cooper Do-nuts or Compton's Cafeteria riots which were initiated by the transgender and drag queen communities (Goldberg & Beemyn, 2021). It was not until the 1970's that the terms, "transgender" and "gender dysphoria," were coined; since then, research on transgender and other gender diverse groups finally began to shed light on the concerns of this population.

Gender diverse individuals experience increased amounts of abuse and discrimination in comparison to sexually diverse groups. Legislation for transgender rights has been enacted to include anti-discrimination laws for the workforce and education, as well as protection laws against hate crimes. Despite these measures, transgender and other gender diverse groups continue to face harassment and denial of services from police departments, healthcare providers, drug treatment facilities, and domestic violence shelters. Because gender identity is a newly recognized concept, healthcare providers have not adjusted their policies to equip themselves for handling or interacting with gender diverse groups. Lack of affirming care from health professionals can cause gender nonconforming people to avoid healthcare services out of fear of being discriminated against or misgendered (Glick et al., 2018).

Race and ethnicity also play a role in healthcare experiences. African American and Hispanic individuals are treated differently by healthcare providers and have reported greater amounts of discrimination than White individuals (Kattari et al., 2017). The language barrier between Hispanic individuals and non-Spanish speakers in America has been thoroughly examined. The United States falls behind in language education when compared to the rest of the world. According to the U.S. Census Bureau, roughly 20% of American students are bilingual as opposed to 56% of European students (Nardelli, 2014). Unlike European countries, the United States does not require foreign language courses for graduation, and many public schools do not even provide the option. This lack of language education can cause rejection of cultures and the ostracism non-English speaking immigrants. In addition to promoting discrimination, language barriers greatly affect the Hispanic community's ability to communicate their healthcare services and insurance needs.

Although recent literature details multiple health concerns of gender and ethnic minorities separately, little is known about the even smaller subset of people that identify as both Hispanic and gender nonconforming. Because Spanish is a gendered language, some speakers have begun using the more gender inclusive term, *Latine*, over *Latinx*. Even though *Latinx* is still used more than *Latine*, gender diverse groups recognize *Latine* as a term better suited to the Spanish language for its ability to be pronounced with ease. Gender diverse *Latine* individuals must live with the emotional struggle of their gender identity along with the obstacles in place for ethnic minorities in the United States. In their respective countries, gender

diverse Latine individuals may experience greater rates of harassment, abuse, and discrimination. Latin countries are behind in recognizing same-sex marriage with some countries still having it banned in their constitutions. A recent poll in the U.S. determined that only 2% of Latin residents use the term Latinx and that most prefer the terms Hispanic or Latino/a (Bendixen & Amandi International, 2021). While it is true that a good portion of Hispanic people do not know about gender inclusive terms, some may be purposely avoiding the terms out of fear of “coming out” and experiencing discrimination. There is a widespread view that Hispanic people in Latin America are less tolerant of sexually and gender diverse groups. This view may be explained by the persistence of religious and familial values which encourage an increasingly traditional culture; a culture often referred to as “machismo.” For this reason, obtaining support from family and friends is another difficulty Hispanic individuals face more than non-Hispanic gender diverse groups. Religion is a factor that shapes perceptions of mental health. Individuals who value their faith may confuse mental health with a spiritual issue or think that low mental health is associated with weak faith (Potoczniak et al., 2009). These misconceptions create stigmas against mental healthcare, a service that is essential to the wellbeing of gender diverse people.

This literature review aims to determine the physical and mental health concerns of Hispanic transgender and gender nonconforming groups in the Americas. The results in this literature review aid in closing the gaps in our understanding of the gender diverse community in the United States, but further research is needed to determine the importance of ethnicity in this population. Hispanic people are just as likely as non-Hispanics to be same-sex attracted and gender nonconforming. Because immigration from Latin America to the United States continues to rise, the healthcare concerns of this growing population cannot be ignored. Remedies for transgender youth have included public policies, psychoeducation for families and schools, and positive coping mechanisms. The purpose of this review is to gather answers to the following question: “What are the physical and mental health concerns of Hispanic gender diverse groups in America?” Our discussion begins with barriers to healthcare services faced by gender diverse groups, followed by a summary of physical and mental health disparities within these groups, and concludes with an analysis of the added ethnic barriers faced by Hispanic gender diverse individuals.

Literature Review

Healthcare Access

When discussing the topic of healthcare services for gender diverse people, three areas of concern have consistently been reported: fear of discrimination, a lack of educated or affirming healthcare providers, and limited access due to financial or structural barriers. Studies on transgender individuals have resulted in at least a third of the sample reporting discrimination in healthcare (Rodriguez et al., 2018; Bradford et al., 2013). A study on transgender adults found a significant correlation between experiencing discrimination and being recognized as transgender (Rodriguez et al., 2018). Other factors that have been noted to be associated with discrimination include geographic context, assigned gender, economic status, race and ethnicity, insurance status, gender transition indicators, and substance use (Bradford et al., 2013). Sex work and other street economy jobs, areas that gender nonconforming people are highly involved with, are also

found to be associated with discrimination (Rodriguez et al., 2018). Repeated exposure to discrimination may cause gender diverse individuals to avoid healthcare services, putting them at risk for undiagnosed health problems. A study on transgender women found that experiences with discrimination made participants twenty times more likely to delay care (Glick et al., 2018). Statistical analysis in another study on gender diverse individuals found that delaying healthcare out of fear of discrimination is associated with a 0.26-point decrease in general health (Seelman et al., 2017).

Several studies report a gap in education on gender identity in healthcare providers. A study on transgender and non-binary people revealed 24.31% of participants had to educate a healthcare provider on gender identity (Kattari et al., 2020). In a study where 43% of transgender respondents reported being out to their primary care provider, 20% reported having to educate the providers on transgender health needs (Bradford et al., 2013). Physicians were unfamiliar with specific examples of transgender health needs, including hormone dosage, reproductive health, and health concerns related to transitioning (McPhail et al., 2016). Although most physicians are open to learning about transgender health, some opt to deny care and direct transgender patients to a more educated clinic (McPhail et al., 2016). This reduces the number of clinic options available to gender diverse groups and can make it difficult to access healthcare needs. The need to educate a healthcare provider is correlated with a greater likelihood of experiencing depression and suicidal thoughts (Kattari et al., 2020). This alarming finding emphasizes the need for gender-affirming care to protect not only physical health but mental health as well.

While discrimination can be one factor that limits gender diverse individuals from accessing healthcare, other barriers have been reported as well. Some transgender-related health services that are difficult to obtain include hormone therapy, transition-related procedures, counseling, and reproductive healthcare (Bradford et al., 2013). A sample of transgender individuals found that in the last 12 months, 23.6% of participants were unable to access transition-related care and 5.8% were denied treatment by a provider (White Hughto et al., 2017). A separate sample found that 26% of transgender participants had been denied healthcare services and that only 67.1% of them currently had a primary care provider (Kenagy, 2005). Not being able to access transition-related care is associated with a low education level, low economic status, private insurance status, having educated a provider, and having experienced discrimination in the past (White Hughto et al., 2017). Besides struggling to find affirming providers and clinics experienced in transition-related care, cost is another main concern. A sample of transgender individuals found that 51.5% of respondents were not able to access one or more transition-related or general healthcare services due to cost (Kenagy, 2005). In the same sample, 39.1% of male-to-female participants were not able to gain access to one or more services due to cost versus 73% of female-to-male participants (Kenagy, 2005). One study on transgender and non-binary individuals investigated the association between transgender-related insurance denials and insurance types. When compared to private insurance, those with Medicaid were 1.22 times more likely to be denied hormone therapy and 1.54 times more likely to have no in-network providers for surgery (Bakko & Kattari, 2020). Compared to private insurance, those with military insurance were 1.53 times more likely to be denied transition-related surgery (Bakko & Kattari, 2020). Other relationships that

have been found in experiencing insurance denials include identifying as transgender versus non-binary and living in the Midwest or South versus the Northeast (Bakko & Kattari, 2020).

Physical Health

Studies show that gender and sexually diverse groups are disproportionately affected by physical health disparities, some of which include obesity, physical limitations, increased risk for cardiovascular disease, cancer, and disability (Conron et al., 2010; Williams & Mann, 2017). These health concerns are the result of several factors such as substance abuse, discrimination, and limited access to healthcare and/or resources. Substance abuse rates of alcohol, tobacco, marijuana, and other drugs are reportedly higher among gender diverse youth. A study on a sample of transgender high school students found a 65% recent use of alcohol, 71% use of marijuana, and 23% use of illicit drugs as opposed to the general high school population which had a 39% recent use of alcohol, 23% use of marijuana, and 3-9% use of illicit drugs (Reisner et al., 2014).

One concern that has come about from studies on substance abuse is HIV infections. Recreational drug use, especially stimulant use, among gay men is associated with increased infection rates of HIV and other sexually transmitted infections (Mayer et al., 2008). A survey conducted on male youth who have sex with men found a significantly higher prevalence of HIV infection (7.2%) with an increased rate in African American (14.1%), mixed race (13.4%), and Latine youth (6.9%) compared to 3.3% of White youth (Ryan, 2003). The same study found the highest rates of HIV infection in transgender youth (14.3%). HIV consistently affects transgender individuals the most. One sample of transgender people in San Francisco found 27% of participants to be HIV positive while another sample in Washington, DC found 25% of participants to be positive (Kenagy, 2005). These numbers were drastically higher than the national estimate of 0.30-0.34% for the general population.

Although substance abuse is prevalent in gender diverse populations, encounters with discrimination and lack of affirming care have been reported against drug treatment programs. Studies have described experiences with facilities forcing gender diverse people to use birth-assigned rooms, showers, or clothing with some individuals being outright denied by the program (Kattari et al., 2017). Additionally, discrimination against gender and sexually diverse groups leads to increased rates of physical and sexual abuse. A study on a sample of 350 transgender individuals reported 27% of participants had experienced violence and forced sex, and 38% had been physically attacked since the age of 13 (Bradford et al., 2013). In a separate analysis of transgender individuals, 53.8% reported having been forced to have sex, 56.3% reported violence in their homes, and 51.3% reported having been physically abused (Kenagy, 2005). Similar to drug treatment facilities, discrimination has been noted in domestic violence and rape crisis centers (Kattari et al., 2017). Discrimination in medical facilities may discourage gender and sexually diverse groups from seeking health care, causing underlying diseases to go undiagnosed. For example, anal cancer is a health concern for men who have sex with men (Mayer et al., 2008), and obesity, a major risk factor for cardiovascular disease, is reported in higher rates among lesbian women (Conron et al., 2010).

Mental Health

Multiple studies have found mental health disparities in gender diverse populations including suicidal behavior and ideation (Veale et al., 2017), distress, depression, anxiety (Budge et al., 2013a; Sun et al., 2016), and eating disorders (Avila et al., 2019; Diemer et al., 2019). When a sample of transgender individuals were asked if they had ever attempted suicide, 30.1% responded “yes” with two-thirds of those respondents stating it was due to their transgender identity (Kenagy, 2005). A study on Canadian transgender youth found that for 14-18-year-olds, participants had a five times greater risk of suicidal thoughts compared to the general population (Veale et al., 2017). Three-fourths of transgender 14-18-year-olds reported self-harming within the past year as opposed to less than one-fifth of the general population (Veale et al., 2017). The same study reported lower levels of mental health and higher rates of self-harm in non-binary youth compared to transgender people.

Depression and anxiety have repeatedly been shown to disproportionately affect transgender individuals. A study found depressive symptoms in 51.4% of transgender women and 48.3% of transgender men, and anxiety in 40.4% of transgender women and 47.5% of transgender men (Budge et al., 2013a). Transgender people are more likely to report depressive symptoms than non-transgender sexually diverse individuals (Sun et al., 2016). The prevalence of eating disorders in gender diverse populations has shown varied results, with some studies indicating a greater risk for disordered eating rather than an eating disorder (Diemer et al., 2018). However, transgender youth have reportedly taken part in weight manipulation for gender-affirming purposes and for menstrual suppression (Avila et al., 2019) which could lead to the development of an eating disorder. A study on gender diverse individuals observed a 3.16 times chance of being diagnosed with an eating disorder in non-binary people as opposed to those with a binary identity (Diemer et al., 2018).

Gender nonconforming individuals face increased amounts of discrimination, harassment, and stigma from several institutions. These experiences directly impact emotional health and can lead to negative coping mechanisms or behaviors that may affect overall health. Gender diverse youth report higher levels of bullying and harassment in schools (Bradford et al., 2013; Bauermeister et al., 2016). In one study, more than a third of transgender respondents reported negative experiences and hostility in high school (Bradford et al., 2013). Another study found gender diverse youth have a fourfold higher risk of experiencing bullying and harassment compared to their male cisgender peers (Reisner et al., 2014). Discrimination in schools is associated with greater absenteeism and dropout rates in transgender youth (Bauermeister et al., 2016). Furthermore, links between bullying and past and/or regular use of substances have been found in gender diverse youth (Reisner et al., 2014). One study found that the most important predictors of depressive symptoms in gender and sexually diverse individuals were discrimination and social acceptance (Sun et al., 2016).

These results indicate a need for social support and acceptance to preserve the emotional health of this population. Studies have shown that social support for gender diverse individuals is associated with decreased levels of depression and anxiety (Budge et al., 2013a; Bazargan & Galvin, 2012). Emotional hardship during transitioning can result from a lack of support from romantic partners, family, and children

(Budge et al., 2013b). Unsurprisingly, the most effective coping mechanism used among gender diverse individuals during their transition is seeking social support and resources (Budge et al., 2013b). In fact, those who had lost support from all prior relationships have stated that support from other transgender people is enough to positively influence emotional health (Budge et al., 2013b). A sample of transgender youth found associations between parental support and greater life satisfaction, less depressive symptoms, and lower perceived burden from being transgender (Simons et al., 2013). Family support is linked to a greater likelihood of living as one's affirmed gender and greater quality of life (Weinhardt et al., 2019). Family support may depend on gender identity, which was the case in one sample where non-binary participants were less likely to receive family support than agender or transgender participants (Fuller & Riggs, 2018). Support from friends has also shown positive effects including quality of life, connectedness, pride, and meaning in life (Weinhardt et al., 2019).

Ethnicity

Very little is known about Hispanic gender diverse groups, but recent studies have found that these individuals experience higher rates of discrimination and greater difficulty in accessing healthcare. A study on gender nonconforming individuals found racial and ethnic differences in discrimination in multiple healthcare services including mental health centers, drug treatment programs, domestic violence shelters, and rape crisis centers (Kattari et al., 2017). Hispanic participants were more likely to experience discrimination than White participants by 17.9% in mental health centers, 10.4% in drug treatment programs, 15.6% in domestic violence shelters, and 12.6% in rape crisis centers (Kattari et al., 2017). Hispanic participants were more likely to experience discrimination in every service than any of the other races studied (White, African American, Asian Pacific Islander, and Native American participants). In another sample of Hispanic gender diverse groups, all participants reported negative experiences with a healthcare provider due to their race/ethnicity or their gender identity (Howard et al., 2019). Most of these participants stated they would have been treated better if they were White and transgender. In addition to discrimination, gender diverse individuals report being stereotyped by healthcare providers on their race and/or gender identity. Assumptions made by providers about transgender people of color include HIV status, drug use, and sex work (Howard et al., 2019). A majority of participants in this study admitted to seeking out gender-affirming providers and having more positive experiences with them, but one participant mentioned that their racial identity was not affirmed (Howard et al., 2019). In fact, many participants preferred a provider of color with 36% of them admitting to seeking out providers of their own race or ethnicity (Howard et al., 2019). Thus, gender diverse Hispanics and transgender people of color are concerned with finding not only gender-affirming providers but culturally competent providers as well.

The Hispanic community faces the same barriers to healthcare access as non-Hispanic gender diverse people along with some ethnic-specific barriers. One shared barrier between the two is cost. A study on transgender individuals found that Hispanic participants are more likely to be uninsured and experience cost barriers, and less likely to have a primary provider than non-Hispanic participants (Lett et al., 2020). In a sample of Hispanic transgender individuals, undocumented participants reported a need for documentation

papers and legal aid (Gonzalez et al., 2020). Participants described how not having documentation papers limited access to resources more than their gender identity already did. Documentation papers can limit access to medical care, food, work, and housing; one participant stated that limited work options cause undocumented people to turn to street economy jobs (Gonzalez et al., 2020). Obtaining legal aid is difficult for the Hispanic community because there is the risk of deportation and a greater likelihood of being denied. One Hispanic transgender participant stated that an undocumented transgender woman is more likely to experience police brutality and deportation than a naturalized citizen who has better access to legal aid (Gonzalez et al., 2020). A study on transgender women in Argentina found associations between avoiding healthcare and experiences with police violence, discrimination from healthcare workers, and internalized stigma (Socias et al., 2014). Another study on transgender women in Latin America recounts several human rights violations and discrimination from schools, police, and healthcare workers (Lanham et al., 2019). In healthcare settings, participants reported being blamed for their problems because of their gender identity, sexuality, or sexual activity (Lanham et al., 2019). Participants reported discrimination by other patients, being given lower priority by healthcare workers, and having their HIV status assumed based on their gender identity (Lanham et al., 2019). Accessing assistance from law enforcement appeared to be more difficult for transgender people in Latin America. Transgender women from different Latin countries have reported being refused assistance and blamed for the crimes committed against them, physical and emotional abuse, sexual exploitation, and sexual abuse from the police (Lanham et al., 2019).

The differences in physical and mental health disparities between Hispanic and non-Hispanic gender diverse individuals are inconclusive. One study on transgender individuals found that Hispanic participants were more likely to report HIV risk factors than White participants, but less likely to report depression (Lett et al., 2020). The lower rates of depression among Hispanic transgender participants were attributed to cultural differences in understanding and willingness to report mental illness (Lett et al., 2020). Other samples did find lower mental health among transgender people of color in which they were 2.25 times more likely to experience suicide ideation than White participants (Seelman et al., 2017). A sample of sexually and gender diverse Hispanics found 73.7% of participants experienced some form of racial discrimination in the last 12 months (Sun et al., 2016). Racial discrimination has been found to be associated with a greater likelihood of depressive symptoms (Sun et al., 2016). A study on transgender youth found that transgender people of color did not differ significantly from White transgender youth in depressive symptoms and suicidality, but did have lower levels of school connectedness (Vance et al., 2021). Like non-Hispanic gender diverse youth, social support from family and friends is crucial to Hispanic youth. Interestingly, transgender people of color report extended family members as an important source of support, often being the first to know about their gender identity before immediate family members (Potoczniak et al., 2009). Participants of this study stated that having a family with strong religious backgrounds influenced negative reactions toward their gender or sexual orientation (Potoczniak et al., 2009). Reactions toward mental healthcare vary with some Hispanic youth admitting that their parents looked to counseling to help “fix” their orientation,

or refused counseling completely (Potoczniak et al., 2009). The variability in these results suggests a need for further analysis of transgender ethnic and racial minorities.

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