

CONVIRTIENDOME EN MI:  
THE MATERIALIZATION OF SELF IN LATINO TRANSGENDER MEN

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A Thesis

Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Master of the Arts  
in Psychological Sciences

Northern Arizona University

December 2023

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## ABSTRACT

### CONVIRTIENDOME EN MI:

### THE MATERIALIZATION OF SELF IN LATINO TRANSGENDER MEN

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Transgender-identifying individuals and members of racial and ethnic minority groups belong to marginalized populations that may experience health inequity, discrimination, and prejudice in the United States. However, there is very little research on the intersection of men who are both Latino and transgender. This study explored the lives of Latino transgender men: How they have constructed their gender identity over time and how their identities as both Latino and transgender have influenced their views on their transition journey. Thirteen semi-structured interviews with self-identified Latino transgender men between the ages of 19 and 63 were conducted. Thematic analyses from interview data revealed three main themes: family and culture, female-to-male invisibility, and transition process. Individuals highlighted the importance of family and culture when talking about self-identification and overall well-being. Additionally, participants noted the lack of visibility for transgender men which was beneficial for passing privilege but harmful in terms of positive media depictions and representation. Finally, men talked about their personal experience with transitioning both medically and socially and how this lifelong process shaped them into the resilient men they are today.

*Keywords:* Latino, Qualitative Research, Thematic Analysis, Transgender

## **Acknowledgments**

Quiero tomarme el tiempo para agradecer a mi hermosa familia. Ma y pa, los amo con todo mi corazón. Gracias por darme la fortaleza y el apoyo que necesito para seguir adelante. Este logro es más suyo que mío. Celi y Alyson, las amo muchísimo. Algún día me gustaría ser tan inteligente y fuerte como ustedes. Aylin Kiwi, mi hermanita que quiero tanto, gracias por esperarme estos últimos dos años. Los domingos son aburridos sin ti. Tía Lili, Tío Armando, y Amanda Toby gracias por todo su apoyo. A mi amiga Paula, gracias por todos tus años de amistad y por mostrarme las películas de Crepúsculo. Finalmente, a Harper mi compañera de vida, gracias por estar ahí en cada paso del camino. Tu amor incondicional, apoyo, y animo durante mi estancia en Flagstaff me ayudo a superar los días más difíciles. Gracias por creer en mi.

Este proyecto se lo dedico a todos mis participantes y a la comunidad trans Latina. Nuestra voz importa. Nunca dejen de luchar. Un mejor futuro es posible.

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## **Gender Identity Development: Lived Experiences of Latino Transgender Men**

Societies place an enormous emphasis on gender, a component of self that is used by most persons to describe themselves. The gender of a child affects many aspects of their life from the time of birth (if not pre-birth, if parents or family members believe they know the sex of the fetus), including how their parents interact with them, the names they are given, and how they are dressed. As they get older, the gender of a child will affect how classmates and other adults interact with them (Bussey, 2011; Bussey & Bandura, 1999). Assumptions, expectations, and stereotypes of and about gender are picked up through these gendered encounters, and during the course of an individual's life, their gender identity develops and evolves. It is implicitly assumed that gender identity will emerge in a way that matches with biological sex, such that genetic XY males will develop boy-(and later man-) associated identities and genetic XX females will develop girl-(and later woman-) identities (Diamond et al., 2011; Money & Ehrhardt, 1972). When children and adults find that their sense of gender contradicts their sex assigned at birth, distress and discomfort can develop (Diamond et al., 2011; Levine, 1999).

Transgender is an umbrella term used to describe individuals whose self-identification as male, female, both, or neither does not match their assigned sex at birth (Olson et al., 2011). Cisgender is a term used to describe a person whose gender identity corresponds to their sex assigned at birth. Transgender men, or female-to-male transgender persons (FTM), are natal females who have a gender identity that is male (Olson et al., 2011; Pollock & Eyre, 2011). Some transgender persons seek surgery or hormones to bring their body into alignment with their gender identity while others have no desire to medically transition. There are transgender individuals who are comfortable with a strictly social transition, which may include factors that are reversible, such as the adoption of preferred gender hairstyles, clothing, play, choosing a new name, or using other pronouns (Olson et al., 2011; Real-Quintanar et al., 2020). Gender identity

is the personal conception of one's own gender. A person's gender identification is frequently conveyed through their conduct, attitudes, and personality qualities that are commonly attributed to, expected of, or preferred by members of one gender in a specific community and historical period (Beek et al., 2016).

Due to their embodiment of numerous marginalized social identities, Latino transgender men are particularly understudied in social, psychological, and medical studies (Lett et al., 2021; Pollock & Eyre, 2011). Social identity refers to how we perceive ourselves in relation to others based on our shared characteristics, which may include factors like race, gender, and socioeconomic status (Billig & Tajfel, 1973). Given that individuals have numerous social identities, researchers take a systematic approach to study how various forms of identification impact the experiences of individuals. Intersectionality is a theoretical framework that can be used to analyze persons with multiple (marginalized) social identities (e.g., transgender, racial and ethnic minorities) in the context of the complex social inequalities that lead to discrimination (Crenshaw, 1989; Lett et al., 2021). Intersectionality theory was developed to address the non-additivity of sex/gender and race/ethnicity effects but can be applied to other domains, opening up the possibility of studying health and wellness at various intersections of identity, social position, oppression or privilege processes, and policies or institutional practices (Bauer, 2014; Crenshaw, 1989). Research indicates that transgender persons perceive and perform gender in conjunction with other social positions including race, class, and sexuality (deVries, 2012; 2014).

While there is ample literature investigating numerous components of gender and gender identity, there are proportionately few works on transgender persons' experiences with gender and their gender development (Grossman & D'Angelo, 2006; Pazos, 1999). The transgender population has been an underserved, marginalized, and largely invisible community (Eisenberg

et al., 2020; Grossman & D'Angelo, 2006; Lombardi, 2001; Pazos, 1999). Since the 1950s, the media have depicted transgender people negatively, labeling them social deviants or aberrant (Capuzza, 2016). Similar to sexual orientation minorities, transgender persons face stigmatization, physical and mental abuse, high rates of incarceration, and economic and social marginalization (Olson et al., 2011; Simons et al., 2013). Historically, transgender men have been less studied and are less visible than transgender women (Hoffkling et al., 2017; Pollock & Eyre, 2011; Shires & Jaffee, 2015). While this lack of visibility may offer safety or ease of passing, it also prevents the needs of transgender men from being understood and addressed (Pazos, 1999; Pollock & Eyre, 2011).

### **Gender Identity and the Diagnostic and Statistical Manual of Mental Disorders**

In ways that might be similar to or parallel the historical lenses of homosexuality, the medical study of transgenderism started in the 19th century (Drescher, 2010). In 1886, German sexologist Richard von Krafft-Ebing recorded examples of (what are now identified as) gender dysphoria and gender-variant persons born to one sex but living as members of the other; he also wrote about transgenderism, labeling it a psychological disorder and mental disturbance (Bauer, 2013; Beemyn; 2013; Drescher, 2010). Through the 1940s, the majority of the literature on gender nonconformity was written by non-transgender medical practitioners who based their research on client case studies and treated gender nonconformity as a pathology. One exception to this was the German physician and sexologist Magnus Hirschfeld, who is credited with being the first researcher to distinguish homosexual desires from (what was then described as) transsexual desires. Hirschfeld also coined the term transvestite and found that these persons – wearing clothing of a different gender or embodying other-gender behavior, often for the

purposes of sexual interest and arousal – did not display forms of psychopathology (Beemyn, 2013; Drescher, 2010; Timm & Taylor, 2020).

In 1952, George Jorgensen, an American World War II veteran, traveled to Denmark to undergo a series of gender affirmation surgeries. Adopting the name Christine Jorgensen, she returned to the United States and the publicity surrounding her transition was covered extensively by media (Drescher, 2010; Slagstad, 2021). The coverage of Jorgensen’s transition, which was first covered by the New York Daily News in 1952, eventually led to a greater public, medical, and psychiatric awareness of a scientific concept known as gender identity (Beemyn, 2013; Drescher, 2010; Slagstad, 2021). While her transition sparked public and professional outrage, the physicians who took part in Jorgensen’s sexual reassignment surgery published a report on their care of her in the *Journal of the American Medical Association* (Drescher, 2010; Hamburger et al., 1953). Christine Jorgensen’s story influenced how researchers viewed transsexuality, with an emphasis on the causes (or causal relationship) among sociomedical elements that influence transsexuality rather than the experience (or meaning) of transsexuality (Vidal-Ortiz, 2008). Jorgensen’s successful medical transition bolstered the work of sexologists, psychiatrists, and medical (surgical) physicians who were already providing care for their transgender patients (Beemyn, 2013; Drescher, 2010; Slagstad, 2021; Vidal-Ortiz, 2008).

The widespread media coverage of persons such as Christine Jorgensen led to a greater understanding of gender dysphoria and the desire of gender dysphoric persons to transition (Beek et al., 2016; Capuzza, 2016; Drescher, 2010). Transsexualism, as it was then called, was included in the ICD-9<sup>1</sup> in 1975 and the DSM-III (1980) (Beek et al., 2016; Drescher, 2010). The inclusion

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<sup>1</sup> The International Classification of Diseases is a globally used medical classification that is utilized for clinical, epidemiological, and health management purposes. In 1975, with the publication of the ICD-9 the diagnosis of transsexualism was first described as a sexual deviation (Sol et al., 2018).

of transsexualism in the DSM was backed up by the clinical and research contributions of John Money, Harry Benjamin, Robert Stoller, and Richard Green (Drescher, 2010). All of these men criticized the dominant psychiatric perspective of the time, which ignored transgender identities as a unique psychological condition. A DSM diagnosis resulted from these men's pioneering work in establishing gender clinics, providing transgender patients with medical and surgical treatment, and ultimately challenging the narrative that transsexualism was the same as sexual orientation or transvestism (Beek et al., 2016; Drescher, 2010; Drescher, 2015).

John Money, a psychologist and sexologist, began publishing his theories regarding gender identity development in the 1950s. Money proposed that an individual's perception of being male or female was acquired and that this acquisition was predominantly influenced by external environmental influences (Money et al., 1955). Money is cited for initiating the term *gender role*, which he defined as what persons do to disclose a status of man or woman, regardless of the person's anatomical sex (Money, 1985). Based on his studies with intersex persons, Money (1957) believed that an individual's gender identity largely was set by the ages of three-to-five and that changing one's gender identification later in life was difficult, if not impossible. Because of the pessimism around changing an adult's gender identification, there was only one treatment option for improving the well-being of the affected individual: sex reassignment surgery. In the mid-1960s, Johns Hopkins University launched the first university-affiliated interdisciplinary gender clinic offering sex reassignment to transsexuals seeking therapy, in response to Money's theoretical work and clinical and research discoveries (Drescher, 2010; Money et al., 1955; Money et al. 1957; Money, 1985).

Harry Benjamin, a physician and sexologist, is credited with raising awareness for transsexual individuals in medical spaces (Benjamin, 1966; Ihlenfeld, 2004). Starting in 1938,

Benjamin provided hormone treatment to transgender-identifying persons in a time when standard psychiatry and medicine labeled gender incongruent individuals as confused homosexuals, neurotics, transvestites, or schizophrenics. (Benjamin, 1966; Drescher, 2010; Green, 2009; Ihlenfeld, 2004). Benjamin argued that psychotherapeutic attempts to change gender identity were “futile” and that transsexualism was a biological disorder (Benjamin, 1966, p. 28). In his effort to cure transsexualism, Benjamin believed that the body must be aligned with the mind and, therefore, treated his patients with estrogen medication, surgery, or both (Benjamin, 1966). Person (2008) stated, “by 1972, Benjamin had diagnosed, treated, and befriended at least a thousand of the ten thousand Americans known to be transsexual. In the process, he had come to be regarded not only as the discoverer but also as the patron saint of transsexuals” (p. 260). In 1979, the recently founded Harry Benjamin International Gender Dysphoria Association (HBIGDA) was named after Benjamin in commemoration of his early support for the medical treatment of transsexualism. Subsequently, the HBIGDA would produce standards of care for treating transgender people (Drescher, 2010; Green, 2009).

Robert Stoller was a preeminent member of both the American psychiatric and psychoanalytic establishments of his time and, like Money and Benjamin, Stoller’s theorizing about gender evolved from working with both intersex (those whose anatomy or genetic profile do not fit into a male/female sex binary) and transsexual patients (Beemyn, 2013; Slagstad, 2021; Stoller, 1968). In contrast to Benjamin’s essentialist views, Stoller (1967) argued that adult transsexualism was caused, in at least certain situations, by childhood familial dynamics. Stoller believed that transsexualism occurred because of constant encouragement of certain masculine or feminine qualities by the parents of a transsexual individual (Stoller, 1967). Richard Green researched cross-gender behavior in children as a medical student at Johns Hopkins, where he

was mentored by John Money. Green received his psychiatric training under Robert Stoller as a UCLA resident, and afterward built a close friendship with Harry Benjamin (Drescher, 2010; Green, 2009). Stoller and Green were two of the most well-known psychiatrists who backed the American Psychological Association's decision to remove homosexuality from the DSM-II. They also sat on the DSM-III Psychosexual Disorders Subcommittee, which suggested that transsexualism be included in the DSM-III (Beek et al., 2016; Drescher, 2010; Green, 2008). The pioneering scientific and clinical contributions of John Money, Harry Benjamin, Robert Stoller, and Richard Green were used to support the inclusion of transsexualism in the DSM.

A diagnosis of transsexualism was included in the diagnostic category of psychosexual disorder in the DSM-III. For the first time, the DSM-III added three gender identity disorders: transsexualism, gender identity disorder of infancy (GIDC), and atypical gender identity disorder (APA, 1980). With the publication of the DSM-III, there was a clearly defined set of criteria and symptoms that could be used to diagnose individuals with gender identity-related diagnoses for the first time in history, providing a framework that later revisions of the DSM relied on (Beek et al., 2016). The DSM-III-R (1987) placed transsexualism under a new section, instead of being a psychosexual disorder, it was now a "disorder usually first evident in infancy, childhood, or adolescence" (APA, 1987, p. 424). The shift in placement was prompted by the widely held, but at present considered inaccurate, belief that gender identity disorders almost always began in childhood (APA, 1987; Beek et al., 2016). In preparation for the release of DSM-IV, the gender identity disorder subcommittee began working and reviewing new material in the field of gender identity disorder (Beek et al., 2016). The panel concluded that a new diagnostic category, Gender Identity Disorders (GID), should be included in the DSM-IV (APA, 1994; Bradley et al., 1991). The DSM-IV also adopted a single diagnosis of GID that applied to children, adolescents, and

adults (APA, 1994). The current version of the Diagnostic and Statistical Manual of Mental Disorders, the DSM-V, was released after culling results of six years of literature studies, secondary analyses, study reports, field testing, and draft versions published on the DSM-V website for evaluation (APA, 2013; Beek et al., 2016). Main changes in the current version of the DSM include a new diagnosis name (i.e., gender identity disorder is now gender dysphoria) and gender dysphoria was separated from sections of paraphilias and sexual dysfunctions (APA, 2013). These changes aimed to reduce stigma by focusing on distress/dysphoria as the clinical problem and not on the individuals' identity (Beek et al., 2016; Zucker et al., 2013).

### **Gender Identity Today**

The term transgenderist was first used in the 1970s by Virginia Prince, the president of Tri-Ess, an organization for cross-dressers in North America (Ekins & King, 2006; Feinberg, 1996). The term was intended to distinguish between cross-dressing practices and the then-emerging medicalized identity of transsexuals (Papoulias, 2016). Transgender became an umbrella term for gender non-conformity in its activist reincarnation of the 1990s, enabling a broad coalition among various gender variant individuals (Ekins & King, 2006; Papoulias, 2016). Between the mid-1990s and the beginning of the 2000s, male to female (MtF) and female to male (FtM) were the two main terms used under the transgender umbrella. The terms trans man and trans woman, respectively, have since taken their place (Ekins & King, 2006). This preference for terms emphasizing gender identity and expression over terms emphasizing biological sex reflects a broader shift in understanding of transgender persons' sense(s) of self, and the rising acceptance of those who refuse medical intervention as members of the transgender community (Ekins & King, 2006; Timm & Taylor, 2020). Today, race, class, and sexuality have a place in the narratives of transgender individuals (Kunzel, 2014). The recent emergence of journals (e.g., *Transgender Studies Quarterly*, *International Journal of*

*Transgenderism*, and *Transgender Health*) dedicated to transgender studies marked the start of a diversified and active interdisciplinary topic (Kunzel, 2014).

### **The Controversy of Gender Identity in the DSM**

The main concern for persons opposing a gender identity diagnosis in the DSM is whether the diagnosis contributes to the already prevalent stigma. The controversy is between two major issues, stigma versus access to care. Those seeking a diagnosis removal aim to destigmatize gender non-conformity, yet access to medical treatment for any condition usually requires a narrative of documented pathology and this is especially the case for gender confirmation surgeries (many insurance companies require a diagnosis for surgeries or hormone therapy) (Drescher, 2013; Lev, 2013). Some transgender-identifying individuals and many professionals that work where clinical services are provided believe that the label does more harm than good and that pathologizing a person's identity can bring harmful consequences (Drescher, 2013; Lev, 2013). Non-binary gender identities, gender transformations, and transitions appear to be pervasive across human and nonhuman societies, throughout history, and across cultures, according to research in history, anthropology, and the biological sciences. Because of this, a transgender identity is not disordered, abnormal, strange, or unnatural. If the transgender identity is not pathological then a diagnosis is not necessary (Ault & Brzuzy, 2009; Lev, 2013). Persons in favor of the diagnostic category argue that because society expects gender-congruent roles and behavior, those who do not identify with the gender associated with their biological sex at birth are atypical and should be treated as such (Ault & Brzuzy, 2009). Gender dysphoria is primarily challenged as a diagnosis because of the belief that its symptoms primarily represent a conflict between the individual and our society.

## **Gender Identity Development**

There is presently no consensus on a psychological model that adequately characterizes transgender identity development. Devor's (2004) research on transsexual identity development identified 14 distinct stages (see Table 1). While having a model that outlines the stages of identity formation can be helpful to those that are trying to understand the process of self-exploration and discovery, it is important to acknowledge that this model cannot possibly apply to all transgender individuals. Certain stages may never be experienced by some persons, for example. It is possible for some people to go through some phases faster than others. While some individuals may go through these phases in a different order than others, some may go through some stages more than once, and the model may not even apply to some individuals at all.

Pollock and Eyre (2012) studied the specific gender development characteristics of a sample of transgender men. Pollack and Eyre (2012) identified three stages that were common among their transgender sample: (1) a growing sense of gender: school, puberty, sexuality, and exposure to diverse gender options impact upon each young person's sense of his own gender; (2) recognition of transgender identity: a young person experiences a growing sense of discomfort with his female birth gender and comes to recognize himself as transgender; and (3) social adjustment: after becoming aware of himself as transgender, a young person adapts to life as a male. Each individual is distinct and each person has their own unique way of experiencing the world, while some individuals may go through these stages in their own sequence, others may go through them several times. Although these stages cannot reasonably apply to everyone in the same (and usually linear) manner, this model outlines a commonly followed path that may be helpful and provide insight to those that wish to learn more about identity development.

## **Transgender Men**

Importantly, not all transgender men choose to transition, nor do they need to in order to identify as a transgender man. Female-to-male medical transition can include all or some of the following: medical transition (double mastectomy, phalloplasty, hormone replacement therapy, etc.), social transition (adopting a male name, male pronouns, etc.), and legal transition (a reissued birth certificate, new passport, etc.). For transgender men, one main goal of transitioning is passing. Passing refers to the ability of trans men to be seen as the gender they identify with (man, male, trans masculine, genderqueer, etc.), rather than to be seen as a woman based on the sex — female — they were assigned at birth (Rogers, 2019). Various studies have found that, within the trans man community, choosing not to medically transition is looked down upon, with some even believing that if someone chooses not to transition, they are not actually trans or not trans enough (Catalano, 2015; Rubin, 2003). These messages, coming from both within and outside trans communities, can be harmful to those who cannot or do not want to medically transition for various unique and personal reasons.

Transgender men who do medically transition and, thus, begin to pass as cisgender to others, can then choose to be stealth. Stealth refers to trans people who decide to live privately, or not disclose their trans status to others in their public lives (Rogers, 2019). Kade (2020) found that transgender men rarely disclose their trans identity especially when they are already accurately perceived as male. Because society awards privileges to those who are male or are socially seen as male, transgender men can hold and benefit from these privileges (Clements et al., 2022). And because they have spent some portion of their lives socialized as female (as girls, as women), transgender men have unique experiences and perceptions of male privilege. Clements and colleagues (2022) study found that male privilege, according to trans masculine individuals, made them feel safer, elicited assumptions of competence, liberated them from

traditional female gender role expectations, and helped them gain acceptance. Similarly, Abelson (2014) explored how transgender men experienced this newfound privilege and found that the biggest shift was their perceptions of safety. Transitioning allowed participants to feel safer, especially from sexual violence; they no longer had the same fears of walking alone at night, riding public transportation, navigating unfamiliar surroundings, or being sexually assaulted (Abelson, 2014; Clements, 2022). It is important to note that only white transgender participants felt like they benefited from male privilege. Participants who held other marginalized identities, like race or class, believed that male privilege did not exist because of these intersections (Clements, 2022; Rogers, 2019).

The way trans men experience gender interacts with a variety of their other traits, including sexual orientation, skin color, class, nationality, ability, race, ethnicity and more. Schilt (2006) found that race and ethnicity had a negative impact on the privileges trans men received in the workplace. Being trans men of color invoked various racial stereotypes and moderated the perceived privileges of masculinity, which made their experiences in the workplace extremely different from those of white transgender men. Additionally, the experiences of trans men of color, short trans men, and young trans men – all of whom do not fit the culturally-hegemonic definition of masculinity – shed light on how the interaction of gender, race, age, and physical traits might prevent some trans men from accessing gendered benefits typically reserved for cisgender men (Schilt, 2006). Despite the fact that the more recent research on populations of transgender men is multidisciplinary and multifaceted, very few of these studies can be applied to people who are not white. Numerous subjects are covered when looking for research articles with a main focus on transgender men, including the effects of hormone replacement therapy, disparities in mental health, discrimination, relationships, and the development of gender

identity. However, few of these studies have included people of color, much less Latino people (see Table 2).

### **Latino Population Research**

Gender roles dictate “that men and women enact congruent with the socially constructed ideals of masculinity and femininity” (Mahalik et al., 1998, p. 247). Religious and spiritual settings – including Judeo-Christian, African, and indigenous influences – substantially impact gender role construction for cisgender Latinos and Latinas (Miville et al., 2016). For many Latino- and Hispanic-identifying persons, there are certain principles that cut across most nationalities and social classes, such as the powerful impact of the Catholic Church and the parents’, siblings’, and relatives’ lifelong, passionate engagement in the lives and decisions of individual family members (García et al., 2008; Sánchez, 2014). It is then crucial to include religion, religiosity, and religious practices when talking about the Latino community because faith and faith-related practices are intertwined with cultural norms. Religion is reported to give or include guidance to a person’s actions, their sense of purpose and self-identity, and may serve as a source of strength starting in early childhood (García et al., 2008).

Religious and spiritual factors influence gender role creation among cisgender Latinos and Latinas (Heep, 2014; Miville, et al., 2016; Villegas, et al., 2010). For Latinas, *marianismo* refers to traditional female-based norms in which women are viewed as spiritually stronger than men. This norm that Latinas are expected to follow can have a long-term impact on their behavior and decisions to uphold their reputation of being a good woman within the values of the family and community (Miville, et al., 2016; Stevens & Soler, 1974; Villegas, et al, 2010). The concept of *machismo* is frequently associated with Latinos. Although the concept lacks a universal definition, typical descriptions stress negatively-described behavior and attitudes, such as being domineering and controlling (Miville, et al., 2016; Villegas, et al, 2010). This narrative

is inadequate as *machismo* relevant to the general Latino community also embodies essential societal functions like family protection and defense (Miville, et al., 2016; Villegas, et al., 2010). Both *machismo* and *marianismo* illuminate the traditional gender role construction, which, in turn, incorporates heteronormative family roles and behavior that Latinos and Latinas are expected to adopt as marital partners (Miville, et al., 2016). Given the weight of these gendered family responsibilities and community expectations, gender role development may be a strenuous process for cisgender Latinos and even more so for transgender Latino men who are inherently opposing the heteronormative, gendered roles of their communities.

Although research on the transgender Latino population is limited, sexuality research within this community can help researchers explore the attitudes and beliefs that are held toward the broader Lesbian, Gay, Bisexual, and Transgender (LGBT+) community. According to Sandfort and colleagues (2007), self-reported effeminate and gender non-conforming gay and bisexual Latino men had higher levels of mental distress. This is in part because effeminate gay and bisexual men experience higher rates of childhood sexual abuse, verbal and physical abuse, and rape by relatives and/or lovers compared to gender conforming gay and bisexual counterparts (Sandfort et al., 2007). Many Latino LGBT+ individuals wait until they are financially independent to come out for fear of being kicked out of their family homes. Research indicates that Latino LGBT+ youth experience homelessness at higher rates and for longer periods of time than their white counterparts. (Gattamorta & Quidley-Rodriguez, 2017; Lolai, 2015). The realization of a homosexual identity can create a mix of difficult and conflicting emotions for those who were taught that their identity is sinful or unacceptable. García and colleagues (2008) found that gay, lesbian, and bisexual Latino participants experienced rejection from their churches, as well as feelings of shame, guilt, and depression due to their sexuality.

When Latino gay men embrace their homosexuality, they defy the expectations that their families and society have of them which is seen as a betrayal of core values and the teachings of the Catholic Church (Sánchez, 2014). The value they set for their self and the values placed on them by others are then directly at odds as a result of this cultural norm.

Research on Latino-identifying transgender persons is minimal. The literature is mainly characterized by studies on discrimination and public opinion regarding transgender rights versus individual experiences and perspectives (Luhur et al., 2020; REDLACTRANS, 2014). Research outside of the United States, shows that Mexico is second only to Brazil when examining global reports of homicides against transgender individuals around the world, with transgender women being the most vulnerable (Luhur et al., 2020). In Argentina, the average life expectancy of a transgender woman is 35 years old, which is believed to be related at some level to their daily experiences of exclusion, discrimination, segregation, and violence (REDLACTRANS, 2014). Studies of transgender women in Peru reveal complex and suboptimal interactions with healthcare systems and services with issues of mistrust, experiences of mistreatment by healthcare personnel, barriers to medically monitored hormone use, procedures to body modifications, and general absence of medical gender-affirming care (REDLACTRANS, 2014; Reisner et al., 2021).

In the United States, transgender individuals with an intersection of an ethnic minority identity experience additional social threats (i.e., discrimination, stereotype threats) related to their ethnic identity. This double jeopardy contributes to mental and physical health disparities when compared to White transgender individuals (Gowin et al., 2017). Lett and colleagues (2021) explored health inequities in the United States transgender Hispanic population and found that health care access for transgender Hispanic individuals may be more limited than for

transgender white and cisgender Hispanic individuals. These examples highlight the need for more research on the Latino transgender male population.

### **Goal of Current Study**

This study explored the lives of transgender Latino men, including how they constructed (and continue to construct) their gender identity over time, and how their identities as both Latino and transgender have influenced their views on their transition journey. Transgender-identifying individuals and members of racial and ethnic minority groups belong to marginalized populations that experience (often) severe health inequity, discrimination, and prejudice in the United States. There is very little research on the intersection of two marginalized identities like those of Latino transgender men. The main objective of the study is to document and understand the life journey of a population that has been largely invisible in research settings. Not only are empirical investigations of this information necessary to reduce the stigma linked to this community, but the study may also serve as a source of knowledge for future therapeutic usage and attempts to improve gender-related educational initiatives and components of clinically-relevant care for medical or psychological interventions.

### **Methods**

#### **Participants**

Latino-identifying transgender men comprised the target sample in this study. The study was open to men at various points of their identification, transition, or lived experience as a Latino trans man. Recruitment was conducted in the San Diego and Los Angeles, California, areas as well as in online spaces. The two main justifications for the locations of the study are the familiarity of the researcher with these cities and the diversity that urban areas offer in contrast to the rural location where the researchers' institution (i.e., university) is located. For the purpose of recruiting participants, the student researcher used purposive sampling (Hennink et al., 2011)

through several recruitment techniques. The researcher contacted various LGBT+ groups and centers in the Southern California region and used social media sites like Facebook private groups and discussion fora like Reddit to enlist research participants.

The researcher attends and volunteers at a local LGBT+ center in San Diego, CA, which provided entrée to Latino trans men, trans' groups, or a community gatekeeper (e.g., an administrator of an online social networking or social support group). Because transgender-identifying individuals can be a challenging population to access, mainly due to [real and quite legitimate] safety and privacy reasons, the researcher utilized pre-existing relationships with local and national LGBT+ groups to serve as a connection to the community. The student researcher attended virtual and in-person events hosted by established LGBT+ organizations to establish trust and rapport with members of the transgender community. Additionally, online discussion groups and fora were used to recruit participants who may be stealth (a transgender person who is not open or public about their transgender status) or are otherwise only visible in online settings. Private Facebook groups and Reddit discussion fora are sites in which the recruitment flyer was posted.

In total, 13 participants ages 19 to 63 ( $M = 34.15$ ,  $SD = 16.37$ ) completed individual semi-structured interviews. All participants ( $n = 13$ ) indicated female as their sex assigned at birth and currently identified as either transgender men ( $n = 9$ ) or men ( $n = 4$ ). The men identified their sexuality as heterosexual/straight ( $n = 4$ ), bisexual ( $n = 3$ ), queer ( $n = 3$ ), gay ( $n = 1$ ), and two chose to self-describe as “not sure” and “gay with an exception.” Additionally, participants indicated that they lived in urban ( $n = 7$ ) or suburban cities ( $n = 6$ ). Pseudonyms were given to each participant that aligned with their gender identity.

### **Design and Procedure**

In order to learn more about the lived experiences of Latino transgender men, a

qualitative approach was used for this study. Qualitative data approaches are predicated on exploring and chronicling participants' lived experiences and provide rich narratives that quantitative data are not designed to represent (Hennink et al., 2011). The study used semi-structured interviews as the method for data collection. In order to explore participant thoughts, feelings, and beliefs, and learn more about personal and sometimes sensitive topics, it is important to allow the interviewee to construct their own narrative. An interview guide (see Appendix C) was used with the goal of creating a timeline for the development of gender identity. Participants' narrative data were audio/video recorded and then transcribed verbatim into written transcripts. To ensure accuracy, transcripts were audio-read checked twice. Following that, the researcher examined transcripts in order to further familiarize himself with the data. The researcher developed the basic coding categories at this phase. Preliminary analysis took place concurrently with data collection so that the interview guide was adjusted as needed if the data revealed new concepts.

Once qualitative data are fully transcribed it is important to verify the integrity of the transcript – an equivalent of cleaning the data, as might be used in quantitative studies. Data cleaning is locating and eliminating (or correcting) errors and discrepancies that have developed in the data collection process as a result of corrupted or incorrectly entered data. The identification of incomplete, incorrect, or irrelevant data is followed by their replacement, modification, or deletion. This is especially true with interview transcripts, which frequently contain repetitions, pauses, and side-bar comments. Depending on the qualitative approach used (e.g., discourse analysis, content analysis), these can be retained, modified, or eliminated from the transcript. It is vital to understand that cleaning does not involve changing the language used; rather, it entails removing any passages that have nothing to do with the nature of the interview.

Thematic analysis is an approach for analyzing qualitative data that involves looking through a data set to find, examine, and document recurring patterns or themes across the data corpus. When attempting to comprehend a group of events, thoughts, or perspectives present throughout a data collection, thematic analysis is a suitable and effective technique to apply. It is less appropriate to examine the distinctive meanings or experiences from a particular individual or data item because it is geared to look for common or shared meanings. Thematic analysis can implement either an inductive or deductive approach or can use both inductive and deductive approaches together. An inductive approach involves allowing the data to determine the researcher's themes while a deductive strategy allows the researcher to approach the data with some preconceived themes that they may expect to find reflected based on theory or existing knowledge. An inductive approach was used for the present study. Before the evaluation of specific codes and themes, it was critical to acquire a complete overview of all the data that were gathered, this is known as familiarization. Familiarization entailed listening to the audio and transcribing it, reading the text, and making some preliminary notes, and generally looking through the data to become familiar with it.

Next the data were coded. Coding entails underlining specific text segments, typically phrases or sentences, and creating labels or codes to describe the information they contain. As new interpretations of the story data emerged, the codes were adjusted again and again. Included in this step was also the revision of codes. This involved identifying codes that needed to be combined (e.g., 'surgeries,' 'testosterone,' and 'social transition,' were combined into the singular code 'transition process'). Memoing — taking lengthy notes apart from transcript coding — helps to solidify narrative interpretations. Coding divided a story into manageable chunks of information. Initial codes are combined to form bigger codes that better explain an

idea. Concepts are then grouped together to form categories. The data are analyzed for emergent themes that capture the informants' experiences with the concept of agreement (Maxwell, 2009; 2013).

## **Interviews**

All interviews were done one-on-one with a graduate researcher and a participant who had been informed about the study, provided consent to participate in the study by having read and signed an informed consent document, and agreed to participate in an interview. A HIPAA-approved video conferencing program was used for all interviews. The highest security Zoom program, known as Zoom for Health, was used to ensure participants' privacy and safety. Anonymity ensures the participants' privacy, it guarantees that no attention is called to a specific city where a transgender population may be more minimal than the others.

Identifying information in the interview was removed from the transcribed audio file and altered in the video file to better safeguard participants' identities. To keep survey data and interview recordings, the information technology/computer services division of the university allocated space on the mainframe server to place data; data could be accessed only by the interviewer (student researcher) and project advisor. Participants' names and other identifying information connected to the current study were not stored in the shares drive, but their contact information was required in order to conduct member checks.

Participants (also referred to as informants in qualitative studies, because persons inform the interviewer and the research of their experience) first completed a very brief survey of demographic data (see appendix D); these survey data were collected via Qualtrics. After a potential participant contacted the researcher to express interest in taking part of the study, the researcher scheduled a time with them to devote 1-2 hours for the interview. On the day of the scheduled survey and interview, the researcher provided the participant with a link to the

Qualtrics survey and Zoom meeting. Before beginning the survey, the participant was prompted with an online consent form after clicking the survey link. The researchers' and the Institutional Review Board's contact information was included in the permission forms (see Appendix E). Participants were instantly granted access to the online survey after providing informed consent to participate in the study. The survey was administered via Qualtrics, which included an anonymous URL link that was emailed to the participant. There were no names or personal identifying information in each survey, only a numerical identifier. Once the survey was completed the interviewer checked for completion and signed consent before proceeding with the interview.

The second part of the study consisted of an in-depth qualitative interview on topics including gender, dysphoria, culture, family dynamics, and religion. The interview took place over Zoom, with the participants choosing their own location and the researcher in an interview room at a university that had been outfitted (by artwork, furniture) to appear warmer (or less institutional looking). The student researcher began by welcoming the participant and thanking all persons for their time. The student researcher explained the interview would be recorded by Zoom's meeting-programmed recording device. The informed consent protocol (see Appendix E) also specified the interview as being recorded and participants actively permitted to the recording. After all research questions associated with the semi-structured interview were completed, the researcher answered any questions and then thanked the participant for their participation, time, and willingness to share their narrative. Participants were given the option to choose to discontinue the study at any time. Before terminating the interview session, the researcher asked the participants two questions. Participants were asked if they would be willing to participate in a member check following data interpretation. They were then asked to provide

an email for compensation purposes. A \$20 Amazon e-gift card was then sent to all participants upon completion of the interview. Twelve participants accepted the gift card and one participant asked to have the full amount donated to a local charity or organization. To honor the request of the one participant who requested the gift card value be donated to a charity, \$20.00 was donated to a community-based youth shelter.

### **Demographics**

Demographic information was collected along with survey data before the start of the interview. The demographic information collected included participant age, sex assigned at birth, current gender identity, sexual orientation, racial identity, relationship status, relationship identity, level of education completed, and family structure. The demographic information collected serves to characterize the sample and provide opportunity for interpretive analyses.

### **Measures**

**Qualitative Measures.** The purpose of the interview questions is to elicit narratives about gender development in the Latino transgender men. The goal of this research was to understand more intimately how culture, heritage, ethnicity, and gender identity intersect. Participants in the qualitative semi-structured interview were asked to describe their experience as a transgender and Latino-identifying man (including anticipated core domains of men's experience, such as coming out and gender identity development) and how these influenced or interacted with their current experience.

**Data Analysis.** All interviews were transcribed before the data were analyzed. Transcribing permits the researchers to familiarize themselves with the data (Nasheeda et al., 2019). Themes that were common to all cases, as well as those that were very distinct, were noted. The researcher used Braun and Clarke's (2006) guided approach to conduct thematic analysis.

Thematic analysis (TA) is one of various methods of qualitative data analysis. It can be used to

analyze any instance of spoken or written language as well as nonverbal cues like tone and body language. TA offers researchers flexibility in various forms such as: the kinds of research questions it can address, from intimate accounts of people's experiences and understandings to more general constructs in different social contexts; the kinds of data and documents examined; the amount of data analyzed; the choice of theoretical and/or epistemological framework applied; and the capability to analyze data using an inductive, data-driven approach or a deductive, theory-driven approach. Braun and Clarke's six-step process includes (1) familiarizing yourself with data, (2) generating initial codes, (3) the researcher reads throughout each transcript to immerse in the data, (4) reviewing themes, (5) defining and naming themes, and (6) producing the report. Clarke and Braun's thematic analysis is intended to be a recursive process rather than a linear one, meaning that later steps may force the researcher to go back and revisit earlier ones in light of fresh information or newly emerging themes that call for further research.

Qualitative data analysis begins with a process of immersion in the data (Braun & Clarke, 2013). Gaining a thorough understanding of all collected and interrogated data is known as familiarization. For the present study, this involved reading the text and taking some quick notes, listening to the audio and transcribing it, and re-reading the transcripts a second time to become familiar with the data. The researcher actively engages in the process of familiarization, reading the data critically and analytically to start interpreting its meaning. Data are then given early codes. Coding was aided by the use of Delve, a computer-assisted qualitative data analysis program. Coding is the process of highlighting particular text segments, usually phrases or sentences, and assigning labels or codes to them to indicate the information they contain. The codes are continually changed when new interpretations of the narrative information are discovered. Most significantly, coding separates a story into manageable informational

pieces. Larger, more comprehensive codes are created by combining smaller ones. The codes were both data-derived and researcher-derived. Data-derived codes oftentimes mirror the participants' language and concepts while researcher-derived codes allow the researcher to invoke implicit meanings that lie within the data (Braun & Clarke, 2013). At the end of the coding process, there were 183 codes that were then classified and arranged by categories (Family, Visibility, Transition, Coming Out, Community, Culture and Tradition, and Resilience).

The next step in the analytical process of working with textual data is to generate and then construct themes from the rounds of codes. Finding emerging themes in the data that reflect the informants' experiences is the goal. Braun and Clarke (2012) state that there is no formula for the number of themes a data set should have, only that the themes should be presented with sufficient depth and detail to effectively represent the intricacy of the data. Once all potential themes were listed, the researcher then reviewed the themes in relation to the coded data. Some codes were discarded, combined, or relocated under a "miscellaneous theme" until they found a spot under existing themes.

An initial thematic map was created. Themes were then examined and revised to identify fit. For example, one theme labeled "Transition" evolved into "Transition Process" to accurately describe the series of actions and steps it takes for transgender individuals to reach their desired goals or outcomes. The second thematic map reflected this evolution. Again, the researcher checks that the themes accurately and usefully summarize the data. Here, themes are compared to the data set once more. Some questions that are asked at this stage include; do the data truly support the themes created by the researcher? What can be altered to improve the effectiveness of our themes? The third and final thematic map was constructed after reconfiguration and reorganization of the themes (see Appendix F for all thematic map iterations).

## **Results**

Three key themes emerged from interpretive analyses of interview data participants identified as being a part of their transgender journey: (1) family and culture, (2) visibility and (3) the transition process. Sub-themes – that is, components of related themes evolving from coded data and which were combined or reconfigured for larger themes – were articulated in narratives and are discussed and shown in the thematic maps.

### **Family and Culture**

Participants discussed the significance of family and culture in the Latino community and how these pillars can encourage resilience, cohesion, and strength while also being an anchor that can hold back members of the transgender community from pursuing personal happiness. The men in our study made it clear that the term family in Latino culture encompasses more than just a nuclear unit; family also includes close friends, godparents, second cousins, in-laws, and more. This value highlights the strong bonds and network of support that exist within families. Zack, a 61-year-old Cuban-American, described this cultural value:

In the Latin community, particularly Cubans, your cousin's cousin's cousin is your cousin and it doesn't matter that they're related by marriage or whether it's blood, there's none of this second cousin, third cousin nonsense.

Family is more than just a collection of persons; it is also a source of psychological, material, and social support. The strong value placed on family has a significant impact on how Latino people live their lives. Participants discussed the importance of family when it came to their transition journey. Specifically, having them be a part of milestones like coming out, medically transitioning, or socially transitioning. When asked who he could lean on when it came to gender related issues, 22-year-old Daniel said this:

I feel like everyone in my [family] is pretty supportive. You know my um, the first time I was going to do my shot I was actually so scared. I was really scared. And my mom was like, 'I'm gonna call your aunt,' because my aunt had like nurse training through, in Mexico... And then when I had top surgery my mom was like, 'Well I'm just gonna call my cousin's wife to come and help you.'

Daniel acknowledged his initial embarrassment at having his family assist him during stages of his medical transition, but he also emphasized the significance of his family being there for him through the highs and lows of his journey. Daniel also recognized that this level of support was rare and for that he considered himself "quite lucky." Daniels situation was definitely rare among participants.

A more common theme was that of participants like Omar, a 63-year-old participant, who talked about the strained relationship he had with his family who never fully accepted him. He mentioned that this lack of support was "particularly painful" because Latino culture is known for being family oriented and he felt like he missed out on being a part of this "tight-knit" experience. Marco, a 23-year-old participant, had a similarly difficult experience with his own family. His mother even warned him that if he came out and transitioned his other family members would treat him like "a leper." Because of this, Marco made the painful decision to distance himself from important family events like the annual carne asada or holiday get-togethers. Both Marco and Omar felt as though they missed out on important family experiences because of their gender identity.

### **Religious Influence**

Informants discussed religion, and, specifically, Catholicism, and its role in their upbringing and overall cultural values. Eleven men brought up religion in a variety of contexts primarily when talking about their family and home life. Religion was mentioned when talking

about the influence it had on family dynamics, values, and traditions. June, a 19-year-old participant, was surprised to hear, “You’re going to hell” come out of his mother’s mouth when he first came out. He did not consider his family to be religious but explained that it was a “Catholic instinct” that would seep into family dynamics when his family disapproved of or did not understand the actions or beliefs of others. Although June was hurt and disappointed by his mother’s behavior, he knew that the comment did not reflect his mother’s true feelings and that with time his mother would come to terms with his identity. Miguel, a 22-year-old participant, talked about a similar experience he had with his parents. Although he was not raised in a religious household, and his parents did not regularly attend church, his parents still believed that “bad stuff” (i.e, others openness as identifying as LGBT+) was happening because young people did not attend church more often and were losing faith. While Miguel did believe that his parents would eventually come around because he is their son at the end of the day, he felt like religion played a role in their lack of initial acceptance.

Some of the men also talked about their own strained relationship with religion. At times, Latino culture revolves around religion, especially when it comes to holidays and traditions. Daniel shared his thoughts on this topic:

We’re definitely culturally Catholic. We make Quaresma, like all that food. We celebrate Christmas on the twenty-fourth. We do all that. We don’t do Dia de los Muertos... I think me being trans made me like really, for a while was really antagonistic towards religion. It made me uncomfortable, but I don’t know, I think things have cooled down.

Similarly, Pedro a 20-year-old participant, reflected on the role that religion had on his transgender identity. What came up were feelings of shame and guilt because his “strict Catholic upbringing” meant that his identity and religion were in direct conflict with each other. If Latino

culture and religion are intertwined then that means Latino culture can at times be homophobic or transphobic and that did not sit well with participants who identify as both transgender and Latino. Their relationships with religion, God, their family and even their culture were strained because of the idea that they had to follow the norms of being culturally and traditionally Catholic.

The subtheme of religious influence was derived from the codes Catholicism and Religion. This was an important subtheme to include because informants felt like religion played a role in the level of acceptance and support that was received from their family unit. Even when participants felt like their family was not religious, religious influence still seeped through. Because religion, family, and culture are intertwined, participants had to learn how to navigate their own gender identity journey while also trying to nurture and respect these longstanding norms.

### **Cultural Silence**

Another key element that was discussed in relation to family and culture was the concept of traditions, values, and language that are often passed down and taught within the family. Informants made it clear that family settings, like the home, were where they started to hear messages about other communities and groups of people. For many participants, LGBT+ topics were frowned upon or considered too taboo even for discussion. Some men cited religion as the source of these ideals while others attributed the lack of conversations to something that can be described as cultural silence. The silence surrounding LGBT+ topics in Latino culture contributes to a cycle of ignorance and invisibility. When these topics are not openly discussed, it was difficult for men to develop a thorough understanding of gender diversity or sexual orientation. Because of the lack of communication and intolerance that can result from absences of discussion about others, participants internalized these feelings of rejection and believed that

their family might not take to their gender identity in a positive or understanding way. Marco and Kevin commented on this:

My problem is like, I don't reach out for help when I probably should and I feel like a lot of that actually ties into like, me and my upbringing. I don't know, I feel like especially within like the Latine community it's like, you have to put on this like, facade of like everything's okay (Marco).

...not that people wouldn't have talked about [LGBT+ people] in my family. It was just more of a like, 'It's cool, you're gay, that's fine, but like, we don't even really talk about that. We're not opposed to it, we don't necessarily talk about it.' So like, nobody really even brought that as like a possibility in my world, if that makes sense (Kevin, 30).

The silence revolving LGBT+ topics also meant that these men went most, if not all, of their childhood lacking the knowledge and the language necessary to name what they were feeling. June described how this lack of exposure led him to have only very basic knowledge on LGBT+ topics and that it was especially hard to have these conversations in another language: "Um and it's just like difficult to even have the vocabulary to like talk about queer stuff in Spanish just because like I guess like for Mexicans it's super hard to talk about that."

Marco expressed a similar sentiment:

Um, but like with my abuelitos, I never really came out to them. I know that my mom spoke to them about it. But uh yeah, even to this day you know like I'm still like dead named and still like she/her pronouns and everything. And I feel like I just, I don't have the energy to come out and explain being transgender in Spanish and everything.

This feeling of defeat stemming from battling with cultural silence while trying to navigate their gender identity journey left many men feeling like they could not turn towards their family when it came to talking about their gender identity struggles. Even if they wanted to, they could not verbalize emotions and thoughts that had never been brought up before.

This subtheme was primarily made up of a variety of codes including Taboo Topic, Lacking Language and Knowledge, and Can't Talk About Feelings. This evolved into the researcher-derived code Cultural Silence. The silence stems from the familial and cultural norm that talking about one's feelings or emotions is a sign of weakness, especially for men. If informants grew up with the belief that talking LGBT+ topics was unacceptable, then that means they never learned how to approach these topics and therefore the silence grows and continues even after their realization of their gender identity.

### **Mom vs. Dad**

Oftentimes there was a difference in how the mother reacted to their child coming out compared to how the father reacted. Nine participants noted that their mother was having a harder time coming to terms with their child's gender identity. The men had various reasons as for why their mother had a harder time accepting the situation, like Miguel, who shared that his mother was really "hyped" to be having a girl after having birthed three boys. This excitement was short-lived, as Miguel put it because he felt like he was never the little girl his mother wanted. He did not want to wear the big "traditional dresses" his mother had been buying from Mexico while awaiting his birth and rebelled every time she attempted to make him look more feminine. Or Daniel, whose mother was constantly concerned about his well-being, his future as a functioning member of society, and even worried about him never finding a potential romantic partner to settle down with. A more common belief shared by these men was that blame was a

factor in why their mom had a harder time grasping this change. Israel, a 29-year-old participant, shared his view on this:

She honestly puts the blame on herself for the way that I came out to be, but that's not the case. It was never like, my parents loved us and I had a very, like, decent childhood.

Jake, a 45-year-old participant, also talked about how his mother “struggled a lot” with the blame. Jake’s mother truly believed that she had played a role in his transgender identity. Jake acknowledged that this blame was partially due to cultural and “religious aspects” and that with time she eventually came to drop this belief. Although it was clear that the mothers of these men had no influence over their child’s gender identity, they felt nonetheless responsible for it. By contrast, the fathers of these men had an easier time coming to terms with their new gender identity.

Participants discussed having a less strained or tense relationship with their fathers. In part, this was because fathers tended to be a lot more detached than mothers. That is not to say they were absent. For the most part, fathers tended to have less, little, or no opinion on the situation and rarely discussed their child’s gender identity with them. Notably, a few men told stories of how their dads only wished happiness and success for them. Some fathers even went as far as defending their child from bullying and harassment coming from other family members and friends. Having their father on their side was not only necessary, but it was a pillar of hope for individuals who were struggling with the changes that came with embracing a new identity. Mark, 56 years old, said, “He let me be” when asked about his relationship with his father. He was thankful of this because he knew that had he been raised by his mother; his life story would have been “totally different.” Even more notable was Jake’s relationship with his father who he described as “one in a million.” He taught Jake how to tie a tie, shave, tuck in his shirt, and even

paid for some of his surgeries. While this level of parental support was a rare occurrence among participants, it clearly outlines why unconditional love and support makes a difference in the lives of Latino transgender men.

### **Unwavering Love with a Struggle to Accept**

Inconsistent with how men spoke about the cultural nature of Latino families generally, strong family cohesion was not felt by all the men in this study. A common theme throughout the participants was the feeling of not being able to turn toward their family when it came to gender-related struggles. Yet, the love from parent-to-child was present. What was lacking, according to the men in this study, was perceived unwavering support. Marco spoke of the time he came out to his parents: “I sat them down on the couch and I like came out to them. There was definitely a lot of tears and my uh, I mean, I don’t know, they told me they love me but you know they won’t accept me really.” Love without acceptance or support was echoed across participants. Israel shared that his mother would “kill” for him and his brother, and yet he still looks forward to the day when his mother will come around and begin referring to him with the proper name and pronouns. This feeling of love for the family is perhaps why there were few participants who told stories of being kicked out of the home or who were flat-out rejected by parents or nuclear families. Still, the lack of support was a great source of pain for the participants whose family dynamics were forever changed because they came out, like Omar, who discussed the impact his transgender identity had on his Latino identity.

I think [being transgender] has given me more a feeling of loss and sadness, actually, in the sense of like, my father was one of 13 children, and having this idea that you have familia and your close, whatever. And then just still feeling like this other, that you’re not accepted, certainly by him, and his family... it still at times can be painful, when I’m aware that, you know, that’s not an issue most people who are Latino experience.

Omar was deeply saddened by the realization that he was missing out on the traditional and typical experience that other Latinos who are not transgender get to enjoy, namely, feeling love coupled with unconditional support and acceptance.

Unwavering Love with a Struggle to Accept was a subtheme that went through many evolutions. During the first read-through of the data set, it seemed Acceptance without Support would be the subtheme. It was clear that parents were struggling to be allies and that they might never get to the point where they go out of their way to be at the pride parades, attend the support groups, or even take the time to educate themselves on the topic. In time, it seemed to me, using a qualitative lens, that because none of the participants were ever kicked out of their homes or were flat-out rejected by nuclear families that meant their parents accepted them and their gender identity. Upon re-reads of narratives, it became more clear that this was a more complicated situation. Parents had love for their child but that was all they were willing to extend. While participants expressed the desire to have their parents be unconditional supportive allies, they knew they would have to make peace with the fact that acceptance of the situation would come with time and full unwavering support might not ever come.

### **FTM Invisibility**

The second overarching theme is known as Female to Male (FTM) Invisibility. Throughout the interviews, men talked about the lack of visibility, awareness, and representation or as some men described it, “trans man invisibility.” Men acknowledged that passing as a cis man in society was a privilege but they also pointed out some downsides to that very privilege.

But the cons, of course, are that, um, we’re not invited to the table to engage in the dialogue, so that when you see something on the television or you see something, you read something in the newspaper, it’s pretty rare that they’re getting a quotation from a trans man, it’s almost always trans women (Mark).

Participants explained the ramifications of invisibility on finding their own identities and later coming out. This invisibility extends to media, research, online spaces, and resources. Daniel stated, “Um and I do feel like there’s like a lack of representation in media and, um, studies so I’m glad this is happening because people like trans men are already so underrepresented in research.” Daniel went on to say that he felt like transgender men “fall into” the cracks of society and therefore are forgotten or looked over.

Being less known not only affects someone individually but affects finding community and sharing or even creating resources for trans men. Jack recalled being aware of trans women and other LGBT+ folks but said that “it never clicked” in his mind that the reverse could be true. That he could also go from being female to male. It was not until he discovered this possibility that he started living as a man and his quality of life improved significantly. Similarly, Miguel also had a moment where it finally “clicked” in his head that transgender men were a real thing. Again, he was aware of trans women but for a very long time felt that people like him “just didn’t exist.” This lack of awareness meant that these men spent a considerable portion of their intra-psychic and emotional lives confused and unaware of their own identity. Without knowing about trans men, it is not possible to identify, come out and seek support as one.

### **Media Representation**

Alex described how a lack of representation in media – coupled with cultural silence – made it extremely difficult for him to explore his identity or even put a name to what he was feeling. He never saw trans men in media, but he did recall seeing drag queens on the television when he was a child and early adolescent. Seeing drag queens strangely made him feel affirmed and he remembers being “really happy” to see someone living the way he wanted to. Yet, he felt like he could not bring this topic up to his family or his community, so he kept this to himself and did not explore these feelings until he reached adulthood. Similarly, Zack was only able to

think of Laverne Cox, Kate Bornstein, and his actor friend Kelly when reflecting on transgender persons in media. When asked about transgender men, Chaz Bono was the only public figure that participants could recall. Additionally, Omar mentioned that people want to feel a sense of community, and that films are a powerful way to convey messages and feel connected, but with films like *Boys Don't Cry*, these messages often (or, mostly) are only negative and bleak. While there was minimal representation for trans people at all, when this representation did exist, it was focused more on trans women, which was not always relatable or helpful for the participants. These men's comments illustrate the severe lack of representation for transgender men, which ultimately negatively affected (or sometimes delayed) the start of their transition journey.

While men acknowledged that they exhibited gender nonconformity in childhood and adolescence, many believed that this just meant that they were a tomboy or (eventually might adopt the identity of) a lesbian. Exposure to trans women was not a replacement for representation or education of trans male identity. Without clear representation of trans men specifically, paired with the cultural silence around LGBT+ topics, trans men had little to no understanding of their gender nonconformity. Media Representation as a subtheme arose from codes like Negative Media Depictions, Positive Media Depictions, Awareness, Minimal Media Representation, and Visibility.

### **Passing Privilege**

While passing is not the goal of all trans people, all the men in this study either passed as cis men or wanted to with the help of hormone replacement therapy. The men recognized the privilege that came with being able to pass as cis and talked about their experience with this:

I remember having a lot of anxiety about using the men's room. Never had anxiety about sitting down to pee. Lots of guys who sat down to pee. But walking into the men's room

it's like, 'Am I gonna be noticed? Am I gonna be beaten up? Am I gonna be seen as - as gay? Am I gonna be seen as not male or not man, other?' Um, and that never ever manifested (Zack).

I've honestly like I've been so lucky... that's why I tell people not to worry too much. Like obviously there's very real and very valid fears. But you just need one person who's got your back and, like, you're kind of good to go. But um I got really lucky and I do think a lot of it is passing privilege (Daniel).

Passing privilege can manifest in different ways, such as physical appearance, voice, mannerisms, and adherence to societal norms associated with masculinity. Being able to navigate the world like a cisgender man would influences various aspects of a transgender man's life, including safety, social interactions, and self-confidence. Omar noted how quickly he was able to pass: "Like I remember, I got this job working at an animal hospital where I lived in the hospital, and just like two months on T [testosterone], and it's like, I totally passed like I had no surgeries, nothing." In just two months on testosterone, he was now able to navigate the world as any other man would. This illustrates how some transgender men may experience the same social benefits or privileges associated with being a cisgender man, when they are able to be perceived as cisgender men.

This privilege was not just reserved for men who were on testosterone or who were further along in their medical transition. Participants like Daniel started to pass as male at the age of 14 with just the help of a haircut. Jake also recalled being bullied in high school for being six feet tall, hairy, and wearing size 12 shoes. Yet, as he got older, he realized what a blessing it was to be able to pass without the help of testosterone. Daniel and Jake did not need the help of

testosterone or surgeries to start living their life as men. Still, both proceeded to socially, medically, and legally transition.

Passing and Living Stealth evolved into the subtheme Passing Privilege. While many participants directly said that they benefitted from passing privilege others conveyed this in a more subtle way. Passing gave these men the ability to live their life stealth if they wanted. They recognized that trans women and non-binary individuals often do not have the option to fade into society the way cisgender persons do, and transgender men do, and so the ability to pass was something for which transgender men were incredibly grateful. Passing privilege can offer transgender men a sense of relief and validation because being recognized as the men that they are can reduce the likelihood of facing discrimination or violence. The ability to navigate public spaces without drawing attention to one's transgender status contributed to a heightened sense of safety and comfort which many participants believed was crucial right now as we live through a time where transgender people are getting a lot of negative and harmful attention. Being invisible in this case was a perk that many men were thankful for.

### **Visibility is a Double-Edged Sword**

In this study, nine men brought up the concept of visibility being a double-edged sword. Visibility facilitates representation and awareness but it can also heighten the risk of experiencing transphobia and violence for some. Daniel describes this dilemma:

It's, um, representation is a double-edged sword. Um just like being seen. Visibility, that's the word, visibility is a double-edged sword... I've noticed now that like trans people are becoming the center of like conversation a lot more. Like I've noticed their scars. People are like, 'I know what that is' and I'm like, 'Yeah, I know you do. I'm not scared.' But like...I think we just have to be known. Like it just has to happen. We have to be normalized. It is scary but I mean change has to happen.

Daniel knows that being in the spotlight can put him and other transgender men at risk of being harassed over something that may have gone unnoticed in the past, like scars on a person's body. Visibility means that cisgender people will become more aware of transgender men. They might start to notice aspects of their body, voice, or mannerisms that they may not have noticed in the past. While he acknowledged that increased visibility could end up outing him, he acknowledges that the benefits of being seen or known far outweigh the risks. Omar also discusses the conflicting emotions of wanting to be visible while also realizing that this goal may be hampered by the current political and social climate. "...If people are able to blend in and pass, regardless of their stage of transition, when they are hearing about some of these very extreme right-wing things in Texas, in Florida, even the speech that Trump just gave, it would make sense to me that probably they're not wanting to be as visible." This back-and-forth of wanting to be seen and represented but also wanting to fade into the background along with cisgender men was an emotional talking point for men. It is clear that increased visibility is wanted and even needed but the current social and political climate might mean that waiting for change is the safest option.

Heightened visibility might put Passing Privilege at risk of being erased or diminished. Despite this, men wanted to be seen and recognized. They wanted to see themselves in books, research, movies, and television shows. They wanted to move past only hearing "like Chaz Bono" when they did disclose their transgender identity. They wanted future generations of transgender boys and men to have the representation they did not have even if that came with the cost of being more easily recognizable in public. This subtheme was informed by the data-derived codes Negative Aspects of Visibility and Hurdles that come with the New Identity.

Media Representation, Passing Privilege, and Visibility is a Double-Edged Sword exemplify the negative and positive experiences that men have with being a lesser-known community.

### **Transition Process**

The third and final theme is Transition Process. Because transition is such a deeply personal decision, different men will associate different actions with transitioning. The transition journey can start as early as one begins to realize their transgender identity, to their first day on testosterone or the day that they make that Facebook post coming out their friends and loved ones.

The transition process refers to a broad range of medical, legal, and social aspects that often have steps within steps. Taking a comprehensive approach like this means that the term encompasses life events and experiences that may not always be considered a part of transitioning. For instance, finding community is a social aspect of one's transition, as social dynamics within family and friends change and an individual seeks information sharing and relatable experiences as a part of assuring their mental well-being while transitioning. Often, participants talked about the transition process in this holistic manner, sharing details about both medical and social changes at the same time. Even if participants did not name it as such, transitioning is a multi-faceted, non-linear process.

### **Social and Medical Transition**

A crucial and empowering part of the men's transgender journey was socially transitioning, in which the participants matched their social identity and physical appearance to their current gender identity. Social transition entailed taking on a new name, using new pronouns, and expressing oneself in a way that (mostly, for the self) validated their gender identity. All of these actions can be empowering and affirming. Much like with medical transition, the social aspect is unique to each participant and many start off at different places.

Daniel shared his first steps: “For me, first was cutting my hair. That was massive. I had hair down to my butt, like it was really, really long. Um, and then I chopped it all off. And that was like the first step that kind of signaled to everyone that like there’s something.” Miguel also decided to cut his hair, get a new wardrobe, and pick out a name that matched with his gender identity. Israel started off binding his chest to create a more masculine silhouette. While some men might be content with just socially transitioning, all the men in our study had also pursued medical transition.

Similar to social transitions, medical transitions are an incredibly unique and personal journey that trans people decide for themselves depending on the individual’s goals and needs. Many men were on testosterone and had top surgery while fewer had bottom surgery like phalloplasty or a hysterectomy. All 13 participants had either already started their medical transition or were planning to medically transition and were taking the appropriate steps to accomplish this. June, Marco, Pedro, and Miguel discussed their intentions regarding chest masculinization surgery (the surgical removal of breast tissue), often shortened to top surgery. These men explained why it was difficult to achieve this phase, citing barriers such as cost, lack of health insurance (or, at least, health insurance that would cover portions of medical transition), and time constraints. Similar struggles were cited for testosterone access. Pedro discussed what medical transition looks like for him: “For me that’d be getting top surgery and going on testosterone. Um, for me that’d really be about it. And uh the only thing is I don’t have health insurance. And you know studying and school takes up a lot of time so I don’t have a lot of time to work.” A popular topic of conversation among participants was testosterone access. Some men faced a monthly expense of \$300 to \$400 if they did not have health insurance and had to pay for their testosterone out of pocket.

While some men struggled to start their journey on testosterone, other men discussed what it was like to be several years removed from the start of theirs. Omar medically transitioned 43 years ago and yet he said that being trans was always something that was present in his mind because he had to navigate his life in a different way than an average cisgender man might. In contrast, Mark who started testosterone in 2005, gave being transgender very little thought and instead focused on the various things that gave him strength like his partners, his family, and his advocacy.

Social and Medical transitions evolved from codes like Surgeries, Testosterone and Testosterone Access, Social Transition as a Start, Realization of Transgender Identity, and Many Steps to Transitioning. Originally, social and medical transition were their own separate subthemes as so much can be said about both journeys. After analyzing the data again, I realized that social and medical transition were often talked about in the same sentence as a part of a whole transition journey.

### **Finding Community**

An unfortunate but all-too-common experience was that there was zero-to-no other trans Latino men that our participants could turn to. An overarching sentiment was that LGBT+ spaces were by and for white people. Even online, where many believed they could have an easier time finding community, participants realized that these spaces were alienating and often catered to white non-binary and trans-femme individuals. Marco describes the struggle:

You know like I know a lot of, like, white trans folks. Um but I mean even -- not even other like [Black, Indigenous, people of color]. Like I don't, I don't know if I know any. So, like, it's very much felt like lonely in that sense of like, I guess I could connect like um, I could connect with trans white men. Or I could connect with like, gay Latine men.

But I can't do you know like both like intersectionality wise. So it's very much missing in that sense.

While Marco can turn to either white transgender men or gay Latinos for a sense of community, it is just not the same as being able to turn towards someone who shares the exact same identity as you. June, Daniel, Israel, Kevin, and Erick also agreed with the sentiment that transgender spaces catered to white people and white people only.

Some men settled for finding community in larger LGBT+ spaces but quickly realized that there was another hurdle to this. LGBT+ spaces seemed focus more on the LGB part of the acronym. Some even experienced transphobia at the hands of other members of the LGBT+ community. June said that gay persons were the "biggest problem" for him. He is constantly deadnamed and misgendered from others who, reasonably, at least by cultural posturing are from within his own community; this is perceived as especially hurtful since he still does consider others in the LGBTQ (greater) community to be those in his immediate community. Some informants tried to find community in online LGBT+ spaces like Facebook or Reddit support groups. For participants like Zack, Israel, Erick, and Jake, this experience was perceived as mostly positive. Here they found information about trans-friendly doctors, surgery results, trans-centered conventions, planned meetups with transgender people from different cities, and the occasional confidence boosting compliments that were needed when gender dysphoria hits.

## **Resilience**

The final question of the interview asked: "How has transitioning – and other important things in your life, like your network of friends, your family – given you strength? Given you reward? Given you the ability to be who you are?" All 13 participants had a range of answers from self-reliance to a greater sense of empathy for others. Additionally, participants identified ways in which being transgender has made them all-around better men, especially when it came

to different life roles. Jake proudly shared that his experiences as a trans man has made him a better, more understanding father to his stepdaughter: “So she kind of gets this added, you know, layer of understanding for me as her stepdad. Um, but the fact that I was living my life as a female for 25 years, and everything that came with it, then she gets that extra experience too from me, you know?” Or Omar, who lacked familial support all of his life, and so decided to find his own chosen family; he works as a counselor and believed that his past experiences living as a woman helped him connect on a more personal level with his female clients. Daniel experienced judgement from friends, family, and strangers because of his transgender identity and yet he felt like it was because of this that he gained a stronger sense of empathy for people.

From interpretive analyses, it was clear that every single answer showed the resilience of these men. All participants endured hardships whether that be resistance from family members, bullying and harassment, getting outed, or simply being misunderstood and overlooked. Yet, when asked to reflect on a positive outcome, the men shared that they felt empowered, that they have thicker skin, how transitioning saved their life, gave them confidence, and helped them be an overall better person. Kevin reflected on this final question with a teary-eyed answer:

I mean, [being transgender] like changed my life you know what I mean like I think I couldn't speak any higher of the positivity that it's had. Um like, yeah, I just feel like I'm moving through the world in the way I want to, I feel like people treat me the way I want to, I feel like very solid, I look in the mirror and I'm like, I like love the way I look and I love myself and like I think that um, I'm starting to get emotional, that I think is the biggest thing about being trans to me is like, it is, it's just like the ultimate like for me, it's been the ultimate act of like, the gift of self-love that I'm actually going to give myself. Like in this lifetime I have decided that fuck society, I'm gonna give myself this

gift and I'm going to live this way and that is what it has been to me and it's yeah, it's been really good.

Resilience as a subtheme arose from codes like Positives of being Transgender, Bullying and Harassment, Overcoming Internalized Shame, and Strengths. Initially, Resilience was named Grin and Bear it, referring to all the times that the men had to face adversity, discrimination, transphobia, or judgement. To me it seemed like these men talked about all of these hardships in such a matter-of-fact manner as if it was just a symptom of the identity and that they were strong enough to not let it bother them. I realized that this was not true, that they were not just rolling with the punches. They were learning, growing, and becoming better men. And while I do believe that the men would have rather not gone through all those difficult times at all, I think that they successfully managed to flip the situation in ways that empowered them.

### **Discussion**

Positionality is essential to the qualitative research process as it acknowledges the background of the researcher and how this might affect their world view and their research process (Holmes, 2020). My interest in researching gender with a focus on Latino populations was nonexistent prior to starting my Master of Arts program. I thought my own identity as a Latino transgender man would mean that I could not research those who had similar identities. I realized that no researcher is devoid of their own biases shaped by their experiences. Social research is often motivated by our beliefs, values, and interests which are, in turn, shaped by our personal experiences, gender, race, ethnicity, sexuality, political alignment, social class, or geographic location (Holmes, 2020). Because of my close relationship to this population, it was vital for me to engage in reflexive tools such as bracketing. Bracketing is setting aside one's beliefs, opinions, or assumptions in order to avoid misrepresenting participant data (Tufford & Newman, 2010). As a man who is both Latino and transgender, I want to know more about the

challenges and strengths that are present in our community. I wanted to hear directly from these voices and hopefully shed light on an often-overlooked community

The aim of this study was to explore the lives of transgender Latino men: How they navigated – and continue to navigate – familial, cultural, and community stressors, and how their identities as both Latino and transgender have influenced their views on their transition journey. Thirteen transgender Latino men were interviewed. The informants were generous with their life stories and were able to discuss freely how portions of their identities – what now might be referred to as intersectionality – are perceived and enacted by them. Informants spoke openly and honestly about their unique and oftentimes difficult journey to become who they are. The connection that was built with the interviewer and the participants – what is referred to as establishing rapport – was experienced by me as strong, and I believe men in the study were appreciative of the study as evidenced by the fact their openness led to this incredibly rich narrative data. Across interviews, men discussed several difficult topics such as transphobia and harassment, strained relationships with family members, feeling invisible, and going against what is considered the cultural flow. Three overarching themes were identified that encompass the experiences of the participants including: Family and Culture, Visibility, and Transition Process.

Each participant talked about their relationship with their family and how Latino culture had a strong influence in how their family reacted to their coming out. Having family by their side was important for these men as highlighted by studies on Latino LGBT+ populations. One study found that family support was the strongest predictor for outness in Latino lesbian, gay and bisexual individuals, but that there were many barriers to this including traditional religious beliefs, low levels of education and socioeconomic status, and rigid gender roles (Pastrana,

2015); although this study did not include trans-identified participants, it might be easy to see – given the importance of family across many studies of Hispanic-/Latino-identified samples, how families for Latino transmen would be similar. Similar to other Latino LGBT+ members, the transgender men in this study found that there were many barriers to receiving unwavering familial support.

Across interviews, participants shared the long and often painful waiting game they endured just to have their parents come to terms with their new gender identity. I often found myself asking, “Why don’t these men just cut off those who do not support them and go on to live happy lives?” The men could not simply cut off their family and proceed with their transition because the opinions, love, and support from their family mattered. According to the cultural-self perspective, the individual self is at the bottom of the hierarchy in many collectivist- and collectivist-leaning cultural systems; this would include many domains of Latino culture. Instead, the relational and collective selves will have primacy, and this highlights why communality, connectedness, and collectivism defeats agency and personal success (Aron & McLaughlin-Volpe, 2001; Brewer & Roccas, 2001; Sedikides, Gaertner, & O’Mara, 2011). Seen in this way, self – in relation to others, and in the context of collectivist values – men may have seen themselves not as Daniel, Israel, or Kevin siloed from their families, but as sons (or first sons, or the eldest sibling, etc.) and, then, for these informants, it would seem quite natural to maintain relationships with family – and the long-standing wish for families to become actively supportive of them – rather than to discontinue or actively strain their relationships. Informants placed such a high value on family that they were prepared to wait as long as necessary for their family to adjust; essentially, they were putting their community’s and their family’s sentiments ahead of their own. Strong religious influences, cultural silence, and maternal blame led men to

their current situation of having to accept the fact that challenging longstanding cultural norms was an uphill battle.

The second theme, FTM Invisibility, involved the lonely and usually painful experience of feeling underrepresented in media and LGBT+ spaces. On one hand, being invisible meant that transgender men have the option of living their life stealth. This was a choice some informants in the study chose. They called this passing privilege. Most of the men in the study had been on hormone replacement therapy for years and, those who had not were looking forward to the day they would be able to start this portion of physical transition. Rogers (2019) analyzed why transgender men choose to live stealth and reported that safety and managing the fear of violence, coupled with increased self-confidence, were the main motives. If transgender men choose to take the very personal, and often times necessary, decision of living their life stealth, then what happens to the voices of transgender men? I understand and sympathize with this struggle of wanting to be seen and wanting to see other people who look like you in movies, shows, or even social media. Yet, I also recognize that visibility comes with a hefty cost. The men discussed the current political and social climate and how this recent spotlight on the transgender community made it even scarier to be an out transgender person right now. Being invisible meant that they could easily blend in with the rest of society and live their life like cisgender men would but this also meant that the cycle would continue. That future generations of transgender boys and men would also suffer from this lack of visibility.

The third and final theme, transition process, included a positive and heartfelt aspect of identifying as transgender: Resiliency. Participants discussed navigating medical and social transition as well as the positives and negatives that came with finding community. They discussed their family life, interpersonal relationships, bullying, harassment, transphobia, and

shame. In the end, the men felt like they were better people because of all these challenges. A study by Witten (2014) found that older transgender people can and do age successfully and this is perceived or attributed to their ability to bounce back from the many challenges that come with having a transgender identity. A healthy and happy life is possible. All thirteen participants shared ways in which being transgender has given them strength. It was in these conversations where I found it hard to not get emotionally overwhelmed and I found it incredibly difficult to bracket my own assumptions. Part of me wanted to hear from participants, especially the older ones, that it was going to get better: That life got easier or that they found ways to manage whatever challenge came their way. When I asked them the final question “How has transitioning – and other important things in your life, like your network of friends, your family – given you strength? Given you reward? Given you the ability to be who you are?”, part of me was hopeful that the answer would be positive. As I read through their responses, it was important to me that I gave myself time to process the answers. I read them over and over until I felt like I could objectively analyze the responses without getting overly emotional. A few participants thanked the researcher and discussed how they had not had a chance to speak about their experiences in that way with anyone before. This runs parallel to the lack of trans male Latino friends and community members participants had; this may have been the first conversation they had with someone who shares the same identity as them, or at least one of very few.

Findings in this research project do align with previous research in the area of LGBT youth and adults as well as Latino youth and adults. According to research conducted on 20 transgender men, stigmatization and discrimination were the main reasons why disclosure, or coming out, was avoided (Kade, 2021). Qualitative research conducted on sexual minority

Latinos found that family dynamics and cultural and religious influences delayed the coming out process (Gattamorta & Quidley-Rodriguez, 2017). While studies of LGBT populations exist, and so do studies of Latino groups, what is missing in the literature are the voices of these intersecting identities. The themes and subthemes of this study shine a light on these experiences, while striving to show the necessity of future work and how far the field still has to go.

### **Strengths**

The capacity of qualitative research to offer a comprehensive and rich examination of participants' lived experiences is one of its main advantages. This method enables a deep understanding of the cultural, social, and personal elements that influence the identity and journey of Latino transgender men. The participants varied in age, location, and transition stage. To our knowledge, there are no qualitative research studies that examine the lived experiences of Latino transgender men.

### **Limitations**

Due to time constraints, member checks were not completed at the time when the thesis was submitted for approval and defended. This may be seen as a limitation to the present study, as member checks provide evidence that the interpretations and analysis are both accurate and valid. Second, participants were matriculated into the study based on only their personal self-identifiers; however, it seems exceptionally improbable that informants would have engaged in an email correspondence, put time aside in their schedules, and forfeited an hour or more of their time to be interviewed by someone they did not know. Thus, although relying on self-identification is a potential liability, narrative data from these informants suggests their identities (outside of an interview context) are consistent with how they identified in and throughout the interview. Finally, while interview questions were constructed in such a way that attempted to

solely target the lived experiences of Latino transgender participants, it is possible that the thoughts and ideals of their families and communities may have impacted the way that participants discussed these experiences.

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## Appendix A

**Table 1**

*Devor's (2004) Stages of Transsexual or Transgender Identity Formation*

<u>Stage</u>	<u>Characteristics</u>	<u>Actions</u>
1. Abiding Anxiety	Unfocused gender and sex discomfort.	Preference for other gender activities and companionship.
2. Identity Confusion About Originally Assigned Gender and Sex	First doubts about suitability of originally assigned gender and sex.	Reactive gender and sex conforming activities.
3. Identity Comparisons About Originally Assigned Gender and Sex	Seeking and weighing alternative gender identities.	Experimenting with alternative gender consistent identities.
4. Discovery of Transsexualism or Transgenderism	Learning that transsexualism or transgenderism exists.	Accidental contact with information about transsexualism and transgenderism
5. Identity Confusion About Transsexualism or Transgenderism	First doubts about the authenticity of own transsexualism or transgenderism	Seeking more information about transsexualism or transgenderism.
6. Identity Comparisons About Transsexualism or Transgenderism	Testing transsexual or transgender identity using transsexual or transgender reference group.	Start to dis-identify with originally assigned sex and gender. Start to identify as transsexed or transgender.
7. Tolerance of Transsexual or Transgender Identity	Identify as probably transsexual or transgender.	Increasingly disidentify as originally assigned gender and sex.
8. Delay Before Acceptance of Transsexual or Transgender Identity	Waiting for changed circumstances. Looking for confirmation of transsexual or transgender identity.	Seeking more information about transsexualism or transgenderism. Reality testing in intimate relationships and against further information about transsexualism or transgenderism.

<u>Stage</u>	<u>Characteristics</u>	<u>Actions</u>
9. Acceptance of Transsexual or Transgender Identity	Transsexual or transgender identity established.	Tell others about transsexual or transgender identity.
10. Delay Before Transition	Transsexual identity deepens. Final disidentity as original gender and sex. Anticipatory socialization.	Learning how to transition. Saving money. Organizing support systems.
11. Transition	Changing genders and sexes.	Gender and sex reassignments.
12. Acceptance of Post-Transition Gender and Sex Identities	Post-transition identity established.	Successful post-transition living.
13. Integration	Transsexuality mostly invisible.	Stigma management. Identity integration.
14. Pride	Openly transsexed.	Transsexual advocacy.

## Appendix B

**Table 2**

*Description of Transgender Men Research Articles*

Title	Authors & Year	Study Design	Sample Size	Reported Percentage of sample by Race or Ethnicity
<b>Dangerous Privilege: Trans Men, Masculinities, and Changing Perceptions of Safety</b>	Abelson (2014)	Qualitative interview	19	White (79%) Mixed (11%) Black (5%) Latino (5%)
<i>I Use All the Parts I'm Given": A Qualitative Investigation of Trans Masculine and Nonbinary Individuals' Use of Body during Sex</i>	Anzani et al., (2020)	Qualitative	178	White (82%) Biracial (6.2%) Latino (3.9%) Black (1.1%) Asian (1.7%)
"Trans Enough?" The Pressures Trans Men Negotiate in Higher Education	Catalano (2015)	Qualitative	25	White (68%) Biracial (28%) Black (4%)
<b>"Male Privilege Doesn't Lift the Social Status of All Men in the Same Way": Trans Masculine Individuals' Lived Experiences of Male Privilege in the United States</b>	Clements (2022)	Online Survey	277	White (75.1%) Multiracial (15%) Other (4.2%) Latino (2.2%) Black (2.2%) Asian (1.3%)
<b>Stigma and diurnal cortisol among transitioning transgender men</b>	DuBois et al., (2017)	Survey- In person interview	65	White (74%) **
<b>Exploring gender identity and community among three groups of transgender individuals in the United States: MTFs, FTMs, and genderqueers</b>	Factor & Rothblum (2008)	Survey	52	White (86.3%) **

“Hey, by the Way, I’m Transgender”: Transgender Disclosures as Coming Out Stories in Social Contexts among Trans Men	Kade (2020)	Qualitative interview	20	White (70%) **
<b>Being Transgender: The Experience of Transgender Identity Development</b>	Levitt & Ippolito (2014)	Qualitative interview	10	White (70%) African American (20%) Biracial (10%)
<b>Transgender Men Who Experienced Pregnancy After Female-to-Male Gender Transitioning</b>	Light et al., (2014)	Cross-sectional survey	41	White (92%) **
Family planning and contraception use in transgender men	Light et al., (2018)	Survey	196	White (88.2%) Hispanic (6.1%) Multiracial (5.1%) Other (9.7%)
Risk and protective factors for mental health morbidity in a community sample of female-to-male trans-masculine adults	McDowell et al., (2019)	Cross-sectional survey	150	White (74.7%) Person of color (25.3%)
Romantic Relationships of Female-to-Male Trans Men: A Descriptive Study	Meier et al., (2013)	Descriptive survey	593	White (81%) **
Female-to-male transgender quality of life	Newfield et al., (2006)	Cross-sectional survey	446	White (90.4%) Latino (3.3%) African (1.5%) Asian (1.5%) Other (3.3%)
<b>Growth into manhood: identity development among female-to-male transgender youth</b>	Pollock & Eyre (2012)	Qualitative interview	13	White (46%) Black (23%) Mixed race (15%) Hispanic (8%) Asian (8%)

<b>Sexual risk behaviors and psychosocial health concerns of female-to-male transgender men screening for STDs at an urban community health center</b>	Reisner et al., (2014)	Retrospective review	23	White (52.2%) Black (13%) Hispanic (8.7%) Asian (21.7%) Other (4.3%)
“Contrary to All the Other Shit I’ve Said”: Trans Men Passing in the South	Rogers (2019)	Qualitative interview	51	White (75%) Black (12%) Biracial (8%) Hispanic (4%) Indigenous (1%)
Coming Out for a Third Time: Transmen, Sexual Orientation, and Identity	Rowniak & Chesla (2013)	Qualitative interview	17	White (58%) **
JUST ONE OF THE GUYS? How Transmen Make Gender Visible at Work	Schilt (2006)	Qualitative interview	29	White (59%) Asian (10%) Latino (10%) Mixed race (10%)
The Sexual Habitus of Transgender Men: Negotiating Sexuality Through Gender	Schilt & Windsor (2014)	Qualitative interview	74	White (82%) **
Factors Associated with Health Care Discrimination Experiences among a National Sample of Female-to-Male Transgender Individuals	Shires & Jaffee (2015)	Cross-sectional survey	1,711	White (73.9%) **
<b>Risk and Resilience During Transgender Identity Development: The Effects of Awareness and Engagement with Other Transgender People on Affect</b>	Testa et al., (2014)	Survey	653	White (82.8%) People of color (15.6%)

Sexuality and gender affirmation in transgender men who have sex with cisgender men	Tree-McGrath et al., (2018)	Qualitative interviews	16	White (87.5%) Mixed race (12.5%)
Masculine Voices Predict Well-Being in Female-to-Male Transgender Individuals	Watt et al., (2018)	Cross sectional	77	White (73%) Black (8%) Mixed ethnicity (8%) East Asian (5%) Hispanic (4%) Other (2%)
<b>Trans Men: Embodiments, Identities, and Sexualities</b>	Williams et al., (2013)	Qualitative interview	25	White (60%) **

\*\* Authors did not report numbers or percentages for other members of the sample

## Appendix C

### Interview Guide

Introduction: I want to thank you for coming to this interview today. Thank you for taking the time out of your day to talk with me about what it has been like to identify as a Latino transgender man. As you might remember from the consent form, I am interested in what it is like for Latino trans men – when our ethnicity often has very strong opinions about lots of things related to gender and, in a lot of places, hasn't always been front-and-center for supporting LGB or T sorts-of- issues. I have about 12 questions that I want to talk with you about but then, if you want to talk about anything you think might be relevant or related to the study, I would like you to share more about that.

1. What do you remember about first thinking you were transgender?
  - How did you come to this realization? Was there an event you remember or just a general sense of difference or discomfort with your gender assigned at birth?
  - What was that like?
2. Was there ever an event, or a day, or something that seemed like a “before-and-after” moment where you realized you were transgender?
  - Tell me about that?
  - How do you remember that?
3. When you realized you were transgender, how did that affect your childhood/adolescence/adulthood?
  - How did your transgender identity interact with these phases of your life? (I know it might seem odd for me to say, “How did that affect one part of your life” but, I know of some trans men who thought, “This is terrifying” and others who thought, “This now all makes sense now” and others who thought it was many things at the same time)
4. After coming to the realization that you were transgender, how long did it take for you to come out?
  - Who did you come out first to and why? What was that like?
  - How would you describe the on-going process of coming out?
5. How did you decide the order to come out to people?
  - What factors helped you decide the order? What did you prioritize? (Safety, convenience, fear).

6. When you got to a place where you wanted to come out, what did you think about? What did you go back-and-forth on?
  - From where did you think you would get support?
  - What did you fear you'd lose?
  
7. How did/do you feel about the idea of transitioning?
  - What sort of feedback did you get from others (if you decided to let them know)?
  
8. When did you decide to transition and what were the first steps you took?
  - Did you socially transition and what did that look like? Medically?
  
9. How supportive do you perceive your family, friends, and community to be on the LGBT+ and specifically transgender community?
  
10. Who do you lean on when you feel like you need support/advice with gender or transition related issues?
  
11. What are your cultural values, and do you feel like those values affect how you see yourself as a transgender individual?
  - Growing up, what did you hear or take in regarding transgender individuals? Were there any stereotypes or generalizations that were common for this population?
  - Do you feel like you went against the stream of what is considered "normal" in your culture and how does that make you feel?
  
12. How has transitioning – and other important things in your life, like your network of friends, your family – given you strength? Given you reward? Given you the ability to be who you are?

## Appendix D

### Demographics Survey

Thank you for being here today. This survey contains 8 questions and will be administered using Qualtrics. Qualtrics is a survey management company which offers online survey collection tools used for research. Feel free to answer to the best of your ability and add comments to the paper if you feel you need further clarification. This information is helpful to our research. Also, please feel free to ask questions of the researcher. Our goal is to collect the most accurate information possible. We want to remind you that anything you share will remain confidential, unless mandated by IRB for certain cases.

First, some general information about you.

1. What is your age?

\_\_\_\_ years

2. What sex were you assigned at birth?

\_\_\_\_ Male

\_\_\_\_ Female

\_\_\_\_ Intersex

3. How would you describe your gender identity at this point in your life?

\_\_\_\_ Man

\_\_\_\_ Woman

\_\_\_\_ Cisgender man

\_\_\_\_ Cisgender woman

\_\_\_\_ Transgender

\_\_\_\_ Genderqueer

\_\_\_\_ I would describe my response to this question as: \_\_\_\_\_

4. How would you describe your sexual identity/sexual orientation?

- Heterosexual/Straight
- Gay
- Bisexual
- Pansexual
- Queer
- I would describe my response to this question as: \_\_\_\_\_

5. How would you describe your marital status?

- Single, not dating
- Married
- Separated
- Divorced
- Widowed
- Domestic Partnership
- Consensually non-monogamous/Polyamorous
- Partnered but not co-habiting
- Other: \_\_\_\_\_

6. How much formal education have you had?

- Less than 7th grade
- Junior High/Middle School (7th – 9th grade)
- Partial high school
- High school graduate/GED
- Trade/Technical School
- Partial college
- College graduate
- Graduate/Professional training

7. What is your current employment status?

- Full-time employment
- Part-time employment
- Student
- Unemployed/Looking for work
- Retired

8. In which of the following settings is your home located?

- Urban, a large city such as Chicago or L.A.
- Suburban, a town/city adjacent to a large metropolitan area, Pasadena or Glendale
- Rural, living in the country or on a reservation

## Appendix E

### Consent to Participate in Research

**Study Title: Convirtiendome en mi: The Materialization of Self among Latino Transgender Men**

**Principal Investigators: Mauricio Atencio and Dr. A. Walters (Faculty Supervisor)**

**You are being asked to participate in a research study titled: The Materialization of Self among Latino Transgender Men** This study is being done by Mauricio Atencio, a student researcher at Northern Arizona University.

**This is a consent form for research participation.** Your participation in this research study is voluntary and you do not have to participate. This document contains important information about this study and what to expect if you decide to participate. Please consider the information carefully. Feel free to discuss with friends and family and to ask questions before making your decision whether to participate.

**Why is this study being done?** You are being asked to participate in a one-on-one semi-structured Zoom interview and an online survey to share your lived experiences as a Latino transgender man. The primary goal of this research is to better understand the participants' experiences in arriving at their gender identity. This research seeks to further investigate the intersectionality of two marginalized identities. The primary objectives of this study are to examine how persons who identify as Latino and transgender navigate their gender identity while also being a part of a specific culture and ethnicity. This study will use a qualitative semi-structured design to explore the experiences of Latino transgender men, whose specific development characteristics have been studied to a lesser extent.

**What will happen if I choose to participate in this study?** If you choose to participate in this study, you will subsequently be given access to a brief online survey. The online questionnaire will ask several questions about your demographics, like sex, gender, ethnicity/race and religious affiliation. You will be able to complete this questionnaire in a location of your choosing, at the time of your choosing. You may also exit the questionnaire and resume later, should the need arise. After the online questionnaire has been completed, you will receive an email asking you to schedule the one-on-one interview via Zoom at a time that can best accommodate your schedule. The interview will be audio and video recorded using Zoom's built-in device features for this purpose. The audio/video recording will be downloaded to a computer program where only the interviewer and the professor named above can access the audio recording.

**Will there be any cost to participate in this study?** The only cost of participation in this study would be in the form of your time, as your interview could take between 50-120 minutes.

**Will I be paid to participate in this study?** Participants will receive a gift card in the amount of \$20.00 as a thank you for their participation in the study.

**Can I stop being in this study?** Your participation is completely voluntary. You may refuse to participate in the study at any time with no penalties or loss of benefits. Any data collected prior to withdrawal from the study, with your permission, will still be used for research purposes. You may also choose to have your data omitted from analysis. No matter what decision you make, there will be no penalties to you, and you will not lose any of the benefits of choosing to participate. Additionally, your decision will not affect your relationship with Northern Arizona University in any way.

**What are the risks and/or discomforts I might experience if I take part in this study?** There is a possibility that, in the disclosure of personal information within the context of a private interview, some participants may remember an unpleasant or traumatic occurrence or event. Although participants will not be asked about traumatic events or violations of consent during the discussion of their gender transition journey, it is possible that participants may remember related experiences that were or are traumatic. There are phone numbers and resources listed at the end of this form to help alleviate any distress that may occur.

There is also a potential risk to the participant if her/his/their responses and personal identifiers were somehow linked. However, because several measures of privacy are embedded in the research protocol (i.e., all identifying information redacted from interviews, and audio/video recordings stored on an NAU Shares drive and deleted once transcriptions are completed), the researchers have greatly minimized this possibility.

Additionally, the video conferencing program Zoom, which will be used for the one-on-one semi-structured interview provides authentication and security measures to prevent anyone besides the principal investigator or the participant from accessing the virtual interview space. Zoom recordings are automatically encrypted and a unique password will be given to each participant so that only they and the principal investigator may access the virtual meeting space.

**Are there any benefits to participating if I choose to take part in this research study?** You will not benefit directly from participating in this study, the results may benefit further understandings of how people navigate marginalized identities. While benefits cannot be guaranteed, some similar studies have found that interviews can potentially provide a sense of purpose, self-reflection, and personal pride for participants.

**Will my study-related information be kept confidential?** With your signed permission (on this Consent Form), I will audiotape this interview so that a verbatim transcript can be created from the interview. The transcript serves as data and analyses are based on the written version of the interview. Once the transcript has been completed and checked for accuracy, the audio recording will be deleted. Your name will not be in the transcript or my notes. You will not be identified in any report or publication of this study. Your name will not be used in any report. If you would

like, you will be sent a version of the oral interview transcript and given a chance to read and comment on it. Published data and transcripts will utilize pseudonyms to protect anonymity. Identifiable research data will be encrypted, and double password-protected. Your responses will be assigned a code number. The list connecting your name to this code will be kept in an encrypted and double password-protected file. The only two persons who can access the data (the interview and the transcription of the interview) are myself and the faculty research advisor. When the study is completed and the data have been analyzed, the list will be destroyed. There are circumstances in which information may be released. For example, personal information regarding your participation in this study may be required by state law. Additionally, it is mandatory for the researcher to report any disclosure of harm to self or to others.

**Will my study-related information be kept for future use?** Yes, the transcripts (written with pseudonyms as a measure of protecting confidentiality) will be retained until all analyses are completed on them. The transcripts will be kept in a password-protected shared drive through NAU for five years and then destroyed.

**Who can I contact if I have any questions?** Any questions regarding your participant in this study can be answered by contacting the principal investigator at 619-997-7385 or by email at [ma3758@nau.edu](mailto:ma3758@nau.edu). You may also contact the faculty research advisor, Professor Andrew S. Walters, 323 SAS Building and [Andy.Walters@nau.edu](mailto:Andy.Walters@nau.edu). For questions about your rights as a participant in this study or to discuss other study-related concerns or complaints with someone who is not part of the research team, you may contact the Human Research Protection Program at 928-523-9551 or online at <http://nau.edu/Research/Compliance/Human-Research/Welcome/>. If you require assistance or counseling after participating in this study, you may contact The Guidance Center at 928-527-1899 or Southwest Behavioral and Health Services at 877-756-4090 if you are in Northern Arizona. If you are located outside the state of Arizona, you may contact the National Alliance on Mental Illness' Helpline at 800-950-NAMI (6264). An Institutional Review Board responsible for human subjects research at Northern Arizona University reviewed this research project and found it to be acceptable according to applicable state and federal regulations and University policies designed to protect the rights and welfare of participants in research.

## AGREEMENT TO PARTICIPATE

I have read (or someone has read to me) this form, and I am aware that I am being asked to participate in a research study. I have had the opportunity to ask questions and have had them answered to my satisfaction. I affirm that I am at least 18 years of age and voluntarily agree to participate in this study.

I am not giving up any legal rights by signing this form. I will be given a copy of this form.

\_\_\_\_\_  
**Printed name of Participant**

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**

**AGREEMENT TO BE VIDEO AND AUDIO RECORDED**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix F Thematic Maps

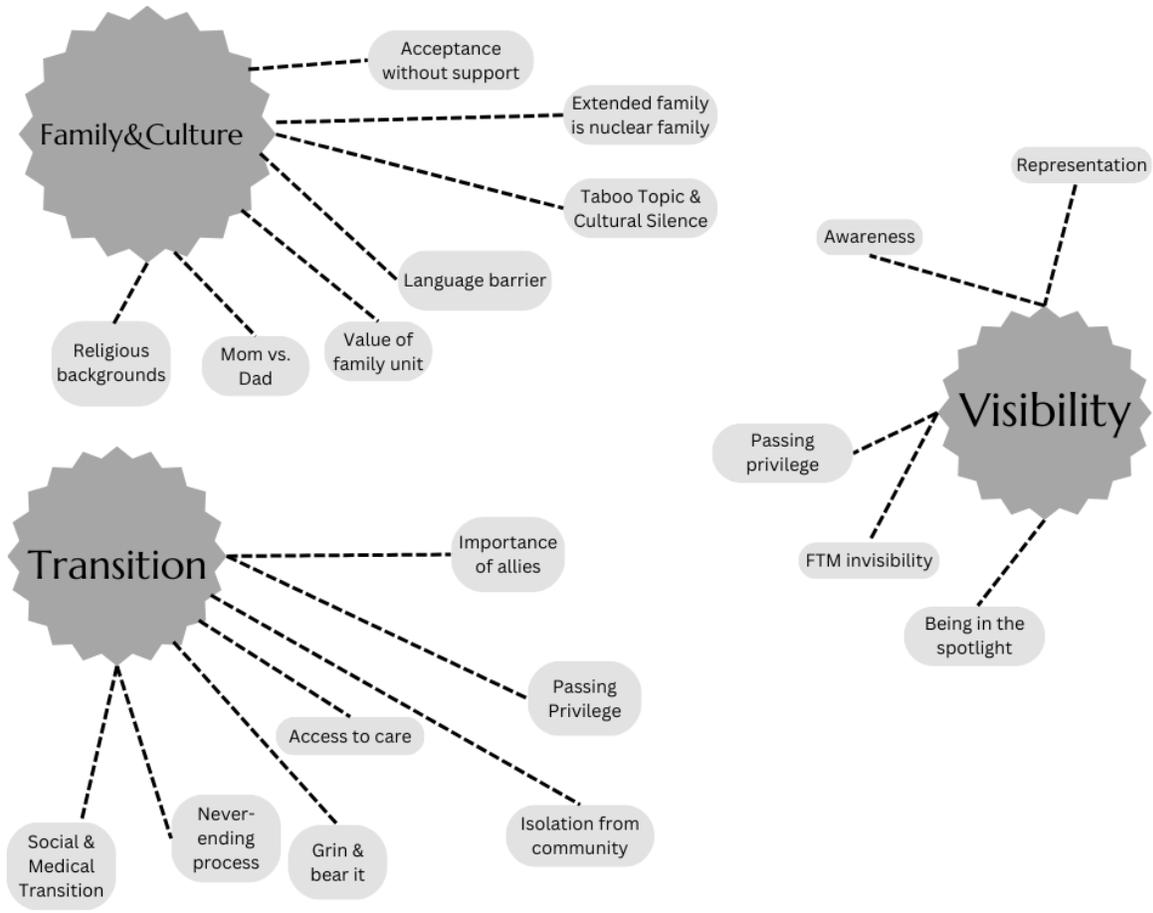


Figure F1. First conceptualization of themes. Dark gray = overarching themes, light gray = secondary subthemes. Connecting lines represent relationships among themes and subthemes.

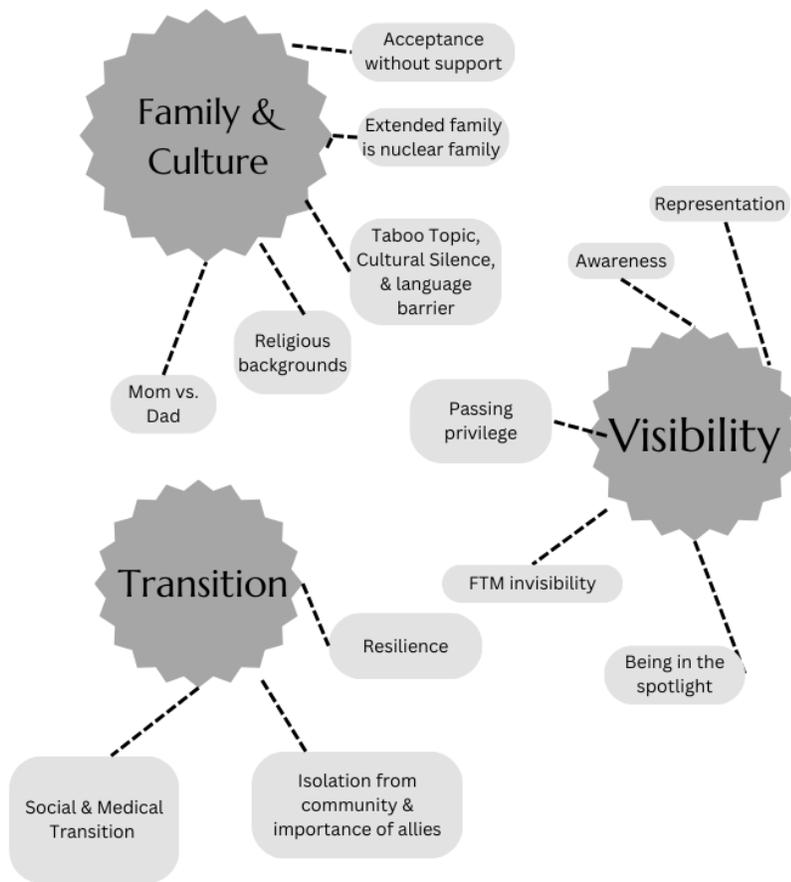


Figure F2. Second thematic map. Dark gray = overarching themes, light gray = secondary subthemes. Connecting lines represent relationships among themes and subthemes.

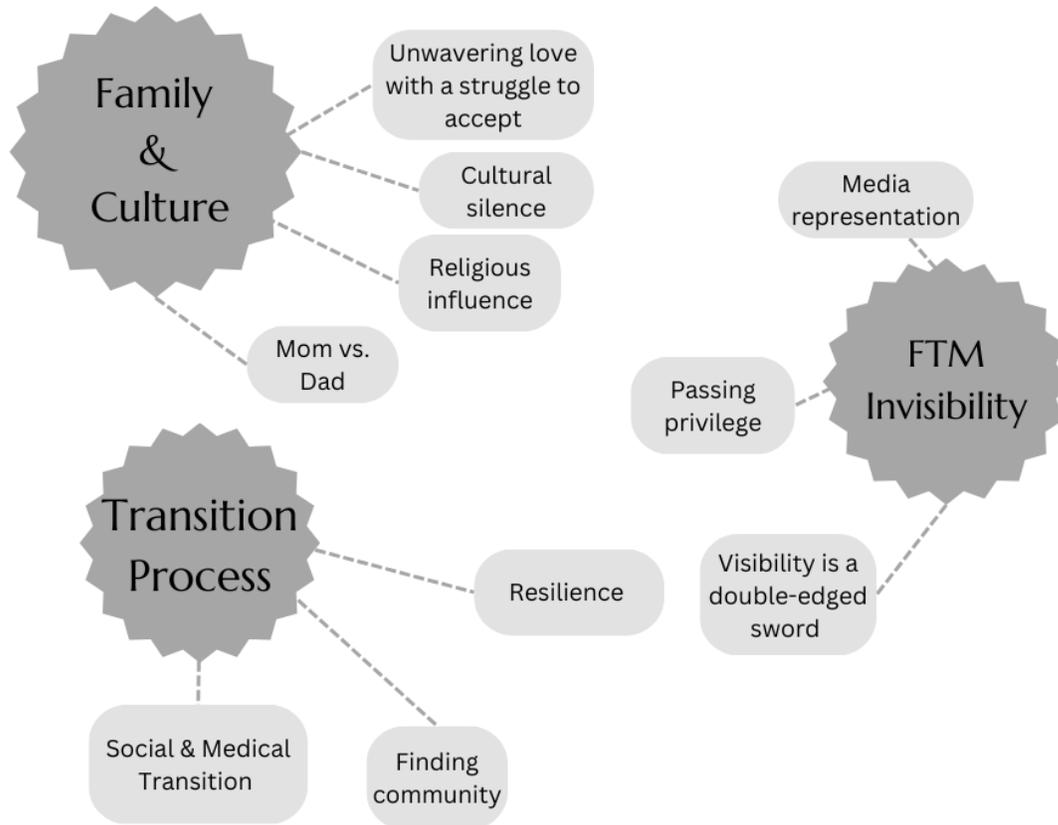


Figure F3. Final thematic map. Dark gray = overarching themes, light gray = secondary subthemes. Connecting lines represent relationships among themes and subthemes.