

## Intersectionality and transsexuality in the process of discrimination: an integrative review

*Interseccionalidade e transexualidade no processo discriminatório: uma revisão integrativa*

*Interseccionalidad y transexualidad en el proceso discriminatorio: una revisión integradora*

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### ABSTRACT

**Objective:** to identify, in the academic literature, the main intersecting discriminations experienced by trans women and to discuss process by which it is established related to this population group. **Method:** this integrative literature review study was conducted in two databases and three virtual libraries during 2021 and then revised in 2022. Lexicographic analysis was performed using the IRAMUTEC software. **Results:** 486 manuscripts were identified and 15 were selected for analysis. Three analytical categories emerged: (1) Intersectionality as a multiplier of oppression; (2) Difficulty in accessing care and increasingly precarious health; and (3) Need for specific public policies and addressing injustice. **Conclusion:** the structural conditions of racism, sexism, ethnocophobia, and related violence overlap, and black transsexual women are at the base of the pyramid of discrimination. Additional research is needed to lead to better interventions for this population at risk of violence.

**Descriptors:** Transgender Persons; Violence; Social Discrimination; Intersectional Framework.

### RESUMO

**Objetivo:** identificar na literatura acadêmica as principais discriminações interseccionais vividas por mulheres trans e discutir o seu processo de estabelecimento nesse grupo populacional. **Método:** estudo de revisão integrativa de literatura conduzida em duas bases e três bibliotecas virtuais durante o ano de 2021 e revisada em 2022. Foi realizada análise lexicográfica por meio do software IRAMUTEC. **Resultados:** foram identificados 486 manuscritos, selecionando-se 15 para análise. Emergiram três categorias analíticas: (1) Interseccionalidade como multiplicador de opressões, (2) Dificuldade de acesso ao cuidado e a precarização da saúde e (3) Necessidade de Políticas Públicas Específicas e o enfrentamento da InJustiça. **Conclusão:** as condições estruturais do racismo, sexismo, etnofobia e violências correlatas se sobrepõem, e na base da pirâmide discriminatória se encontram as mulheres transexuais negras. Pesquisas adicionais são necessárias para levar a melhores intervenções a esta população em risco de violência.

**Descritores:** Pessoas Transgênero; Violência; Discriminação Social; Enquadramento Interseccional.

### RESUMEN

**Objetivo:** identificar en la literatura académica las principales discriminaciones interseccionales experimentadas por mujeres trans, así como discutir su proceso de implantación en este grupo poblacional. **Método:** estudio de revisión integradora de literatura realizado en dos bases de datos y tres bibliotecas virtuales durante el año 2021 y revisado en 2022. El análisis lexicográfico se realizó mediante el software IRAMUTEC. **Resultados:** se identificaron 486 manuscritos y se seleccionaron 15 para su análisis. Surgieron tres categorías de análisis: (1) Interseccionalidad como multiplicador de la opresión, (2) Dificultad de acceso a la atención y precarización de la salud, y (3) Necesidad de Políticas Públicas Específicas y el enfrentamiento a la InJusticia. **Conclusión:** las condiciones estructurales del racismo, el sexismo, la etnofobia y las violencias relacionadas se superponen, y en la base de la pirámide de discriminación se encuentran las mujeres negras transgénero. Se necesita investigaciones adicionales para conducir a mejores intervenciones para esta población en riesgo de violencia.

**Descritores:** Personas Transgénero; Violence; Discriminación Social; Marco Interseccional.

## INTRODUCTION

Discrimination has always been present in Brazilian society and, even with the advancement of civilization and knowledge, it still permeates social relations and the State apparatus itself, which often exercises power over minorities and validates violation of rights. Discrimination can be framed as a form of emotional violence, being especially, though not exclusively, structured in the gender, race/skin color and class dimensions. In this sense, people become pre-judged and violated in an overlapping and intersectional way, thus creating multiple levels of social injustice. This framing gave rise to the term intersectionality, which aims at detecting the relationships and somatization of subordinations, in which the processes of differentiation orchestrated by discrimination and pathologization of differences are the same ideologies embedded in structures of domination that dictate social norms and standards<sup>1,2</sup>.

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Patriarchy and phallogentrism, beliefs based on male superiority, together with racism, class distinction and other discriminatory systems, end up creating basic structural inequalities, shaping opportunities and the way people behave and treat each other. The way in which these discriminatory systems are operated has been understood in an intersectional way. In other words, discrimination overlaps, producing greater inequalities depending on race, class and gender<sup>1-4</sup>.

The weight of discrimination varies significantly among people, as there are individual differences in their social identities that overlap and create subgroups by overlapping vulnerabilities. When observing the group of women, it is important to reflect that long before white-skinned women conquered work spaces, their black-skinned counterparts already had their workforce massively exploited. In this sense, while a group of women fought for the right to vote, black-skinned formerly enslaved women claimed rights to dignity, a fact that is repeated when including transsexual and transvestite women - herein represented by the term trans<sup>5,6</sup>.

Although there are few studies that systematize the effects of intersectionality on every life of trans women, this manuscript is based on the hypothesis that this population group may be more exposed to the deleterious effects of discrimination, especially for constituting a group whose social identities differ from the hegemonic standard. This hypothesis can be initially supported by the fact that the life expectancy of the trans population is around 35 years old<sup>7</sup>.

Furthermore, when analyzing murders of transgender people, the literature points out that most are female, aged between 16 and 29 years old, and more than 80% are black- or brown-skinned. Employability of this population group is also an important element, as it is estimated that nearly 90% of the trans women resort to prostitution as a source of income due to the difficulty entering the formal market due to low schooling levels, involuntary school dropout and marginalization due to social and family exclusion, with a mean age at home eviction of 13 years old<sup>7-9</sup>.

Thus, the current study aims at identifying in the academic literature the main intersecting discrimination experienced by trans women and at discussing its establishment process in this population group.

## METHOD

This is an integrative literature review study based on the following stages: definition of the research themes and formulation of the research question, design of the search strategies, evaluation and extraction of the results found, elaboration of a summary of the findings, analysis and construction of conclusions and implications<sup>10</sup>. The study was guided by the PCC mnemonic (Person, Concept, Context); with the following research question: Which are and the intersectional discrimination instances experienced by trans women in the world and how are they established?

The inclusion criteria adopted were primary studies of the observational type (cross-sectional, ecological, case-control and cohort), experimental, quasi-experimental, qualitative studies and studies of systematic reviews that evaluated the concept of discrimination. Only full studies that had trans women as population, were available in Portuguese, English or Spanish and were published in the period from 2016 to 2022 were included. Duplicates studies and those whose editorial process did not provide for peer review were excluded.

Searches were conducted in the Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Medical Literature Analyzes and Retrieval System Online (MEDLINE) databases and in three virtual libraries: Cochrane Library, *Biblioteca Virtual em Saúde* (BVS) and Scientific Electronic Library Online (SciELO); on April 13<sup>th</sup>, 2021 and then updated on November 25<sup>th</sup>, 2022. A combination of descriptors registered in the Health Sciences Descriptors (*Descritores em Ciências da Saúde*. DeCS) and Medical Subject Headings (MeSH) was used.

Aiming at striking a balance between sensitivity and specificity of the search and retrieval of studies, it was decided to include only two words, the alternative term being “intersectionality”, representing the “Intersectional Framework” descriptor, as well as the “Transgender People” descriptor, both in English, Spanish and Portuguese. The use of descriptors focused on discrimination limited the search, while opting not to use them. The same occurred with the “Intersectional Framing” registered descriptor, as its use is uncommon nationally and internationally. Figure 1 shows the strategies used.

After the searches, the results were exported to the Mendeley® reference manager to exclude duplicates and apply the selection criteria. As a first step, the texts were analyzed in relation to their titles and abstracts, excluding those that did not belong to the scope of the search. After this phase, the texts were read in full, scrutinizing the results based on the research questions of this manuscript.

Data extraction was performed based on a specific instrument containing the following variables: author, year, country where the study was carried out, research design/outline, objectives, main results and conclusions. The main results were extracted from the studies based on the research question of this manuscript. All the stages were

performed independently by two nurse-researchers. In cases where there was disagreement about inclusion, exclusion and extraction of results, the researchers met to reach consensus.

Databases	Search strategies
PubMed	(“Interseccionalidad) OR (Intersectionality) OR (interseccionalidade”) [MeSH Terms\Temos Decs] <b>AND</b> (“Persona Trans) OR (Transgender Person) OR (Pessoas transgênero”) [MeSH Terms\Temos Decs]
BVS	(Interseccionalidad) OR (Intersectionality) OR (interseccionalidade) AND [MeSH Terms\Temos Decs] <b>AND</b> (Persona Trans) OR (Transgender Person) OR (Pessoas transgênero) [MeSH Terms\Temos Decs]
Scielo	(Interseccionalidad) OR (Intersectionality) OR (interseccionalidade) AND [MeSH Terms\Temos Decs] <b>AND</b> (Persona Trans) OR (Transgender Person) OR (Pessoas transgênero) [MeSH Terms\Temos Decs]
Cochrane	(“Transgender Person “) [MeSH Terms\Temos Decs]
CINAHL	(“trans* “) / (“Interseccional* “) / (“Transgender Person “) [MeSH Terms\Temos Decs]

**FIGURE 1:** Search strategies used in the retrieval of studies from the integrative literature review according to virtual databases and libraries. Rio de Janeiro, RJ, Brazil, 2022.

After this procedure, syntheses (summaries) of each study retrieved based on the extraction instrument were prepared. A lexicographical analysis was performed with Descending Hierarchical Classification (DHC) in the similarity analysis of the classes, using the syntheses containing the objectives, results and conclusions. This procedure was performed using the *Interface de R pour Analyses Multidimensionnelles de Textes et de Questionnaires* (IRAMUTEQ®) software. Finally, taking the set of retrieved studies as a reference, similar discussions were grouped, resulting in the analytical categories.

## RESULTS

A total of 486 manuscripts were retrieved, excluding two for not being published in English, Portuguese or Spanish, and 83 for being incomplete. After analysis of the complete texts, 388 were excluded for not addressing the central questions of the research, selecting 15 for analysis.

The textual corpus of the lexicographical analysis consisted of 9,719 words, with 78.00% leverage of the texts by DHC divided into five classes. The most representative were sexuality and citizenship, with significance starting with *chi*-square equal to 2. Major repercussions are clearly denoted in the word’s identity, woman, gender, transgender, person, HIV, data and health, in which all groups intersect. Thus, three analytical categories emerged after grouping similar discussions, namely: “Intersectionality: the typification of discrimination and marginalization of the population”, “Difficult access to care and the precariousness of health as effects of the discrimination process” and “Need for Specific Public Policies: potential ways to face Intersected injustices”. Figure 2 presents the result of the lexicographical analysis of the textual corpus.

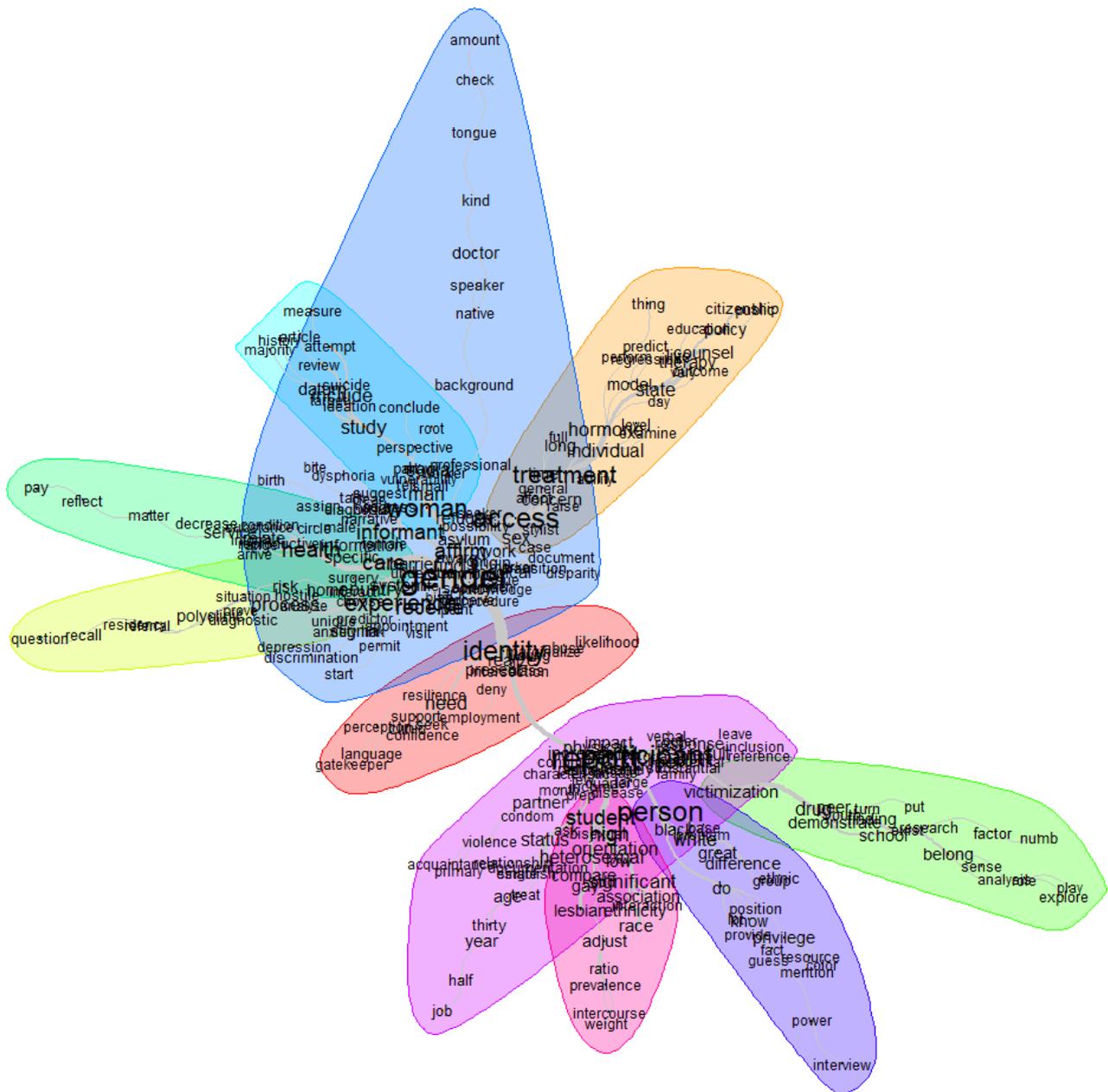


FIGURE 2: Result of the lexicographical analysis of the textual corpus. Rio de Janeiro, RJ, Brazil, 2022.

Figure 3 presents the characterization, main results and conclusions of all 15 studies included in the review.

First author (Year); Country	Study design	Main findings
Poteat (2016) <sup>11</sup> ; USA	Cohort	The strongest predictor of HIV positivity was black race. Racial disparity in HIV suggests that the race and racism experiences intersect with homophobia and transphobia to exacerbate existing disparities.
Hatchel (2018) <sup>12</sup> ; USA	Cross-sectional	School belonging mediates the path between peer victimization and drug use by transgender youth and that, although black-skinned young people experience greater victimization, they do not become more involved with drugs than their white-skinned transgender peers.
Wolford-Clevenger (2018) <sup>13</sup> ; Multiple	Systematic review	Suicidal behavior has high prevalence in the trans population and it seems to be related to psychological pain, social connectedness and intersectionality and its effects on suicide risk.
Turner (2019) <sup>14</sup> ; USA	Cohort	Negative exposures of parents/caregivers related to gender identities were associated with increased HIV-related sexual risk behaviors, while acceptance was protective against unprotected anal intercourse.
Maccarthy (2020) <sup>15</sup> ; USA	Cohort	The participants reported increases in physical conflict or verbal arguments with a partner, increased alcohol consumption, sleep and mental health problems, with interruptions in accessing the services, and financial concerns in the pandemic.
Agénor (2021) <sup>16</sup> ; Multiple	Scoping review	Research studies are necessary that include transgender and gender-diverse people from the Global South and intersectionality-oriented multiply marginalized subpopulations.
Wilson (2021) <sup>17</sup> ; Nepal	Cross-sectional	Transgender women are highly stigmatized in Nepal, leading to individual and systemic factors that impact their HIV risk.
Posso (2016) <sup>18</sup> ; Colombia	Ethnography	The effect of class and cisgender domination prevents the social ascension of trans women and the heterosexist taboo of the ethnic system bans and denies trans femininity.
Malfrán (2020) <sup>19</sup> ; Cuba	Qualitative	A public policy for trans citizens in Cuba needs to incorporate gender from an intersectional perspective, as a guarantee of an inclusive agenda that transforms intersectional vulnerabilities that limit their lives.
Galvan et al (2019) <sup>20</sup> ; USA	Cross-sectional	Histories of sexual abuse in childhood were associated with more chances of violence by sexual partners. Discrimination was associated with more chances of other types of violence.
Lacombe-Duncan <sup>21</sup> (2016); Canada	Qualitative	Oppression systems intersect, including HIV-related stigma, cisnormativity, sexism/transmisogyny, gender nonconformity stigma, classism, sex work, and the stigma of substance use and racism
Vazquez (2019) <sup>22</sup> ; Brazil	Qualitative	There is a growing number of murders of trans people as well as structural LGBTphobia and State's neglect to face them. In Brazil, transnecrobiopolitics is distinguished by operating through institutional transphobia and governmental indifference to the death of transgender people.
Whitfield (2018) <sup>23</sup> ; USA	Cross-sectional	LGBT students were more likely to report emotional, physical and sexual IPV. Bisexuals and transgenders were more likely to report IPV on sexual orientation and gender identity. Intersectional identities were not significantly associated with IPV.
Czibalmos (2022) <sup>24</sup> ; Finland	Cross-sectional	Perceived barriers to accessing gender-affirming care. In this topic, the intersections between transgender identity, foreign origin, class and age affected people's experiences and the need to "realize identities": the class, transgender identity, nativity and race intersections affected them.
Goldenberg (2020) <sup>25</sup> ; USA	Ecological	Inclusive transgender policies were associated with more use of therapy/counseling services. Non-discrimination protections that include gender identity have been associated with increased use of hormone treatment services. The relationship between race/ethnicity and gender-affirming medical services varied across the states.

**FIGURE 3:** Characterization, main results and conclusions of the studies included in the integrative literature review (n=15). Rio de Janeiro, RJ, Brazil, 2022.

Among the articles selected, 60% are of an epidemiological nature, four are qualitative (20%) and three are literature reviews (20%). Of these, 40% discussed HIV, seven mental disorders (47%), four dealt with drugs and sex work (both 27%) and six with violence (40%).

Violence is a routine in the lives of trans women, perpetrated by their intimate partners (and other social actors), and can be aggravated by less passability – a term understood by society's construction of what should or should not be the female body and identity. Among the coping strategies adopted are the search for social support and drug use. Only one of the publications addressed the consequences of the COVID-19 pandemic and, despite the precarious

context in which trans women live in Brazil, there was only one publication on the population of Brazilian trans women (8%) and two on the population in Latin America (17%).

92% of the studies showed that it is necessary to think about targeted public policies, tracing the relationship between the field of public policies and the intersectoral perspective, in addition to problematizing necrobiopolitical strategies in institutional spaces. All articles addressed intersectionality, showing that marginalized social positions were structurally produced at the skin color, ethnicity, citizenship, gender, sexuality, age, disability and class intersections. Clear links were noticed between intersectionality and worsening of discrimination markers in general, which generate serious harms.

## DISCUSSION

### Category 1: Intersectionality: the typification of discrimination and marginalization of the population

Across the world, trans women experience criss-cross forms of discrimination due to their marginalized social positions, structurally produced at the skin color, ethnicity, citizenship, gender, sexuality, age, disability and class intersections<sup>11-25</sup>. Brazil leads the world ranking of murders of trans people, with one every 48 hours<sup>7</sup>, making this evidence even more worrying in the Brazilian scenario.

Discrimination can happen for a variety of reasons, but gender non-compliance and self-recognized sexual identity are the most common forms. The transsexual aesthetic decides on its acceptability. Approximately 75% to 95% of US transsexual women use a hormone therapy, which is a priority since, when expressing their gender without the conformity expected by society, trans women experience a greater risk of violence or discrimination<sup>15</sup>.

Violence occurs at home, at work and even in health facilities, and can take many forms, ranging from verbal harassment to physical attacks, sometimes resulting in homicides. Most trans men and women reported having been verbally and physically harassed and having suffered sexual violence in the previous year. All categories of violence were higher for the transgender population. Estimates show that Black-skinned and Latina trans women account for nearly the entirety of all transgender homicide victims in the United States, where they are also regularly harassed even by the police<sup>17,20</sup>.

In a survey involving 89 trans women and 645 men, in 2016, it was shown that experiences of violence were generalized in men who have sex with other men. When asked directly about their discrimination experiences, 71% reported being verbally harassed, 60% reported problems getting a job and 54% lost their job because of their gender; 39% have been sexually abused and 29% have been physically assaulted or beaten<sup>11</sup>.

In a study conducted with 157 transgender women, it was observed that the perpetrators most commonly involved in sexual violence – forced sexual acts, refusal of safe sexual practices and intimidation – were intimate partners, whether permanent or occasional. Primary partner abuse against trans women can also take unique forms, including threatening gender disclosure and controlling hormone use<sup>20</sup>.

In a study conducted with US trans women aged from 13 to 17, 50.9% reported that their school prohibited them from using their correct names and pronouns, 90% heard anti-LGBTQ slurs, 87% suffered verbal harassment, 53% physical harassment, and 26% physical aggressions. In another similar survey, 12% reported sexual assault. It is not surprising that many transgender girls drop out of school to avoid harassment<sup>12,13</sup>.

Studies that have analyzed trans women living with the Human Immunodeficiency Virus (HIV) found that they are more likely than cisgender people with HIV to experience socioeconomic marginalization and discrimination, and that low incomes and homelessness represent a disadvantage for access to HIV-related healthcare<sup>11,20,21</sup>.

Violence from any source experienced by transgender people places additional stress on a population group that already faces significant health and social burdens. Harassment, denial of employment or housing, unequal treatment, forced concealment of their gender identity, refusal of medical care, incarceration for their gender identity or expression and sexual abuse in childhood are also among the types of violence most suffered by this population segment. Nevertheless, black-skinned trans women lead the sex work, HIV infection, economic vulnerability and incarceration rates, generating a significant increase in the number of trans people living on the streets<sup>14,20</sup>.

Ethnic, gender identity and sexual orientation discrimination operates within a capitalist economy to produce housing segregation, mass incarceration, precarious jobs and extreme vulnerability to violence for this population group, as well as these structures perpetuate objectification and criminalization of black femininity<sup>18</sup>. Likewise, black-skinned trans women are more likely to contract HIV from having unprotected receptive anal sex, to become sex

workers, to be less educated, to suffer more racial slurs, and to be more vulnerable to childhood homelessness and incarceration<sup>21</sup>.

In a study on trans women self-identified as black-skinned, it was found that they faced social norms and expectations about femininity shaped by racism and sexism, which led them to objectification, victimization and identity threat experiences. Of these, 24% reported discrimination related to gender identity in the previous year and 30% of the employed respondents reported work-related discrimination, with black-skinned women reporting even higher rates. Racial differences in discrimination narratives are notable, in addition to little access to the legal services that deal with situations of discrimination<sup>18-21</sup>.

In relation to the family members, they are more likely to reject transgender children than gay children. Family rejection with the concomitant loss of emotional and financial support pushes many trans women into sex work, which can provide money for sustenance and gender-affirming interventions; however, it makes them more vulnerable to HIV infection, discrimination and systemic types of violence, such as interpersonal and individual<sup>11,15,18-20</sup>.

### **Category 2: Difficulty accessing care and precarious health as effects of the discrimination process**

When researching the health of the trans population, it is necessary to investigate the relationships between the layers of marginalization, discrimination and health inequalities. Despite poorer health, trans women face significant barriers in accessing healthcare due to discrimination, harassment and denial of healthcare<sup>20,21</sup>. As barriers, they highlight transphobic stigma experiences within the health services themselves, where access to health care related to people with HIV is experienced differently since, in addition to transphobia, there is still the stigmatization of people with HIV and the marking presumption of prostitution<sup>17,18,21</sup>.

Worldwide, HIV infection is more prevalent among transgender women when compared to adults of reproductive age, and black-skinned women carry with them a disproportionately greater burden. There are disparities in care related to intersectionality, making it a barrier to prevention and early and effective care. A number of studies show that transgender women are less likely to adhere to antiretroviral therapy or achieve durable suppression of HIV viral load, facing a high mortality risk<sup>11,21</sup>.

Some US studies show that trans women presented the same STI rates as men with same-sex relationships, as well as that they are the ones who most use condoms. In the multivariate logistic regression model that included race, age, gender identity and sexual orientation, transgender identity was not significantly associated with HIV status; however, race was the strongest predictor of HIV infection, with black-skinned individuals having 10 times more chances of being infected<sup>11-13,15</sup>.

In relation to the mental dimension, they face significant inequities. When compared to the non-transgender population, transgender people had a disproportionately higher prevalence of suicide attempts, depression and substance use, with even higher rates among black-skinned and disabled people. In a meta-analysis of 29 studies, it was evidenced that 26.7% of these individuals used illicit drugs and 43.7% abused alcohol; however, in another study, the findings about racial/ethnic differences in suicide ideation and attempts were inconsistent<sup>11,14,18</sup>.

As a resource for improving mental health, trans women commonly use gender-affirming hormone therapy aimed at aligning their body with their gender identity, even with risks of cardiovascular disease. Black-skinned trans women are more likely to have psychological problems and cardiovascular diseases<sup>11,18</sup>. Transgender women with a history of sex reassignment surgery reported less suicidal ideation, whereas individuals assigned as female at birth reported greater ideation than those assigned as male. The family attitudes towards religion were not associated with current or lifetime history of suicidal ideation. It is noteworthy that mental distress is a factor involved in HIV-related sexual risk behaviors among these women<sup>11,14,18</sup>.

Widespread stigma and discrimination accumulate with high poverty and housing insecurity rates, creating barriers that undermine health and well-being, difficulties achieving their fertility intentions and desires due to lack of care that meets their needs, in addition to high costs<sup>17,21</sup>.

### **Category 3: Need for Specific Public Policies: Potential ways to face intersecting injustices**

Social inequalities and the distribution of the social determinants of health are not random or accidental but, rather than that, unnecessary and avoidable injustices that have been systematically produced over time through actively maintained power structures<sup>11-25</sup>.

At the individual level, the coping strategies adopted by trans women range from drug use to seeking social support<sup>20,21</sup>. Transgender youth who have social support have been linked to positive mental health outcomes since,

even during adulthood, parents and caregivers continue to influence the health behaviors of their lesbian, gay and bisexual children<sup>12,13,15</sup>. However, less than 3% of them lived with their parents<sup>17</sup>, as moving away from family/friends was associated with unprotected anal intercourse and sex work<sup>12,15</sup>.

It proved necessary to improve strategies in the field of public health with a focus on specific policies that guarantee permanence in the educational system, decent employment, legal support, health and, eventually, the right to citizenship<sup>20</sup>. In relation to the COVID-19 pandemic, responses must not only address the stressors observed in other studies with the general population, given that it exacerbates already existing disparities<sup>16</sup>.

### Study limitations

The results should be interpreted in light of their limitations. Most of the studies used data from participants from other countries (USA, Canada), which may lead to underestimation or overestimation in relation to the population of Brazilian trans women. In addition to that, three of the studies are cross-sectional, not making causal inferences about the conclusions. Some studies used samples for convenience, others with HIV-positive participants who lived outside their country of origin, reducing external validity. It is possible that the descriptors and databases used generated selection biases, aspects that may have influenced the profile of predominantly epidemiological and international articles. New studies should structure more varied search strategies.

### CONCLUSION

The structural conditions of racism, ethno-phobia, sexism and related violence overlap and black-skinned trans women are at the bottom of the discriminatory pyramid. Their marginalization, low expectations and quality of life directly reflect this reality. Discrimination leads to marginalization, making them subjected to invisibility and suffering.

The scarcity of national studies adds a dramatic effect to the reality that trans women live in Brazil. This process is most likely the result of the very invisibility instituted for trans women by the Academic environment itself and by the Brazilian State, aspects that corroborate the systematic violent process to which many of them are subjected. It is urgent and necessary that researchers in the social and health areas actively participate in additional research studies to identify factors that may be associated with violence and discrimination against this group, generating better interventions in the fields of collective health and social justice.

### REFERENCES

1. Davis A. Mulheres, raça e classe. São Paulo: Boitempo;2016.
2. Krug EG, Dalhberg LL, Mercy JA, Zwi AB, Lozano R, editores. Informe mundial sobre la violencia y la salud. Genebra: Organización Mundial de la Salud; 2002.
3. Almeida SL. O que é racismo estrutural? Belo Horizonte: Letramento; 2018.
4. Assis DNC. Interseccionalidades. Salvador: Universidade Federal da Bahia, Instituto de Humanidades, Artes e Ciências, Superintendência de Educação a Distância; 2019 [cited 2021 Apr 13]. Available from: <https://repositorio.ufba.br/bitstream/ri/30892/1/eBook%20-%20Interseccionalidades.pdf>.
5. Caravaca-Morera JA, Padilha MI. Trans necropolitics: Dialogues on devices of power, death and invisibility in the contemporary world. *Texto & Contexto - Enferm*. 2018 [cited 2021 Apr 13]; 27(2):e3770017. DOI: <https://doi.org/10.1590/0104-0702018003770017>.
6. Inter-American Commission on Human Rights (IARC). An overview of a registry documenting acts of violence against LGBTI persons between January 1, 2013 and March 31, 2014. Washington: IARC; 2014 [cited 2021 Apr 13]. Available from: <http://www.oas.org/en/iachr/lgtbi/docs/Annex-Registry-Violence-LGBTI.pdf>.
7. Benevides BG. Dossiê – Assassinatos e violências contra travestis e transexuais brasileiras em 2021. Brasília: Associação Nacional de Travestis e Transexuais do Brasil (ANTRA); 2022 [cited 2022 Nov 25]. Available from: <https://antrabrasil.files.wordpress.com/2021/01/dossie-trans-2021-29jan2021.pdf>.
8. Almeida CB, Vasconcelos VA. Transgender: are they overcoming barriers of the job market in São Paulo? *Rev Direito GV*. 2018 [cited 2021 Apr 13]; 14(2):303-33. DOI: <https://doi.org/10.1590/2317-6172201814>.
9. Cerqueira D, Ferreira H, Bueno S, Alves PP, Lima RS, Marques D, et al. Atlas da Violência 2021. São Paulo: Instituto de Pesquisa Econômica Aplicada (IPEA); 2021 [cited 2022 Nov 25]. Available from: <https://www.ipea.gov.br/atlasviolencia/arquivos/artigos/5141-atlasdaviolencia2021completo.pdf>.
10. Dhollande S, Taylor A, Meyer S, Scott M. Conducting integrative reviews: a guide for novice nursing researchers. *J Res Nurs*. 2021 [cited 2022 Nov 28]; 26(5):427-38. DOI: <https://doi.org/10.1177/1744987121997907>.
11. Poteat T, German D, Flynn C. The conflation of gender and sex: Gaps and opportunities in HIV data among transgender women and MSM. *Global Public Health*. 2016 [cited 2021 Apr 13]; 11(7-8):835-48. DOI: <https://doi.org/10.1080/17441692.2015.1134615>.
12. Hatchel T, Marx R. Understanding Intersectionality and Resiliency among Transgender Adolescents: Exploring Pathways among Peer Victimization, School Belonging, and Drug Use. *Int J Environ Res Public Health*. 2018 [cited 2021 Apr 13]; 15(6):1289. DOI: <https://doi.org/10.3390/ijerph15061289>.

13. Wolford-Clevenger C, Frantell K, Smith PN, Flores LY, Stuart GL. Correlates of suicide ideation and behaviors among transgender people: a systematic review guided by ideation-to-action theory. *Clin Psychol Rev.* 2018 [cited 2021 Apr 13]; 63:93-105. DOI: <https://doi.org/10.1016/j.cpr.2018.06.009>.
14. Turner CM, Ahern J, Santos G-M, Arayasirikul S, Wilson EC. Parent/caregiver responses to gender identity associated with hiv-related sexual risk behavior among young trans women in San Francisco. *J Adolesc Health.* 2019 [cited 2021 Apr 13]; 65(4):491-7. DOI: <https://doi.org/10.1016/j.jadohealth.2019.04.032>.
15. MacCarthy S, Izenberg M, Barreras JL, Brooks RA, Gonzalez A, Linnemayr S. Rapid mixed-methods assessment of COVID-19 impact on Latinx sexual minority men and Latinx transgender women. *Plos One.* 2020 [cited 2021 Apr 13]; 15(12):e0244421. DOI: <https://doi.org/10.1371/journal.pone.0244421>.
16. Agénor M, Murchison GR, Najarro J, Grimshaw A, Cottrill AA, Janiak E, et al. Mapping the scientific literature on reproductive health among transgender and gender diverse people: a scoping review. *Sex Reprod Health Matters.* 2021 [cited 2021 Apr 13]; 29(1):1886395. DOI: <https://doi.org/10.1080/26410397.2021.1886395>.
17. Wilson EC, Dhakal M, Sharma S, Rai A, Lama R, Chettri S, et al. Population-based HIV prevalence, stigma and HIV risk among trans women in Nepal. *BMC Infectious Diseases.* 2021 [cited 2021 Apr 13]; 21(1):128. DOI: <https://doi.org/10.1186/s12879-021-05803-7>.
18. Posso JL, Furcia AL. El fantasma de la puta-peluquera: Género, trabajo y estilistas trans en Cali y San Andrés Isla, Colombia. *Sexualidad, Salud Sociedad.* 2016 [cited 2021 Apr 13]; (24):172-214. DOI: <https://doi.org/10.1590/1984-6487.sess.2016.24.08.a>.
19. Malfrán YM, Oliveira JM. Un abordaje interseccional de la ciudadanía trans en Cuba. *Rev. psicol. polit.* 2020 [cited 2021 Apr 13]; 20(48):448-61. Available from: [http://pepsic.bvsalud.org/scielo.php?script=sci\\_arttext&pid=S1519-549X2020000200014&lng=pt&nrm=iso](http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1519-549X2020000200014&lng=pt&nrm=iso)
20. Galvan FH, Chen Y-T, Contreras R, O'Connell B. Violence Inflicted on Latina Transgender Women Living with HIV: Rates and Associated Factors by Perpetrator Type. *AIDS behav.* 2021[cited 2021 Apr 13]; 25(suppl1):116-26. DOI: <https://doi.org/10.1007/s10461-019-02751-x>.
21. Lacombe-Duncan A. An Intersectional Perspective on access to hiv-related healthcare for transgender women. *Transgender Health.* 2016 [cited 2021 Apr 13]; 1(1):137-41. DOI: <https://doi.org/10.1089/trgh.2016.0018>.
22. Vázquez CL, Toneli MJF, Oliveira JM. Necropolítica, políticas públicas interseccionales y ciudadanía trans. *Revista da Associação Portuguesa de Estudos sobre as Mulheres.* 2019 [cited 2021 Apr 13]; (40):141-56. DOI: <https://doi.org/10.22355/exaequo.2019.40.09>.
23. Whitfield DL, Coulter RWS, Langenderfer-Magruder L, Jacobson D. Experiences of intimate partner violence among lesbian, gay, bisexual, and transgender college students: the intersection of gender, race, and sexual orientation. *J Interpers Violence.* 2018 [cited 2021 Apr 13]; 36(11-12):088626051881207. DOI: <https://doi.org/10.1177/0886260518812071>.
24. Czimbalmos M, Rask S. (Dis)advantaged positions in accessing gender-affirming healthcare in Finland: an intersectional qualitative study of foreign-origin transgender people. *BMC Health Serv Res.* 2022 [cited 2022 Nov 25]; 22(1):1287. DOI: <https://doi.org/10.1186/s12913-022-08654-3>.
25. Goldenberg T, Reisner LS, Harper GW, Gamarel KE, Stephenson R. State-Level transgender-specific policies, race/ethnicity, and use of medical gender affirmation services among transgender and other gender-diverse people in the united states. *Milbank Q.* 2020 [cited 2021 Apr 13]; 98(3):802-46. DOI: <https://doi.org/10.1111/1468-0009.12467>.