

Exhibit C

Experiences of Violence Among Transgender Women in Puerto Rico: An Underestimated Problem

Sheilla L. Rodríguez-Madera, PhD^a, Mark Padilla, PhD^b, Nelson Varas-Díaz, PhD^c, Torsten Neilands PhD^d, Ana C. Vasques Guzzi, PhD^e, Ericka J. Florenciani, BA^a, and Alíxida Ramos-Pibernus, PhD^a

^aSchool of Public Health, Department of Social Sciences, University of Puerto Rico, Medical Sciences Campus, San Juan, Puerto Rico; ^bGlobal and Sociocultural Studies, School of International and Public Affairs, Florida International University, Miami, Florida, USA; ^cInstitute for Psychological Research, Social Sciences Faculty, University of Puerto Rico, San Juan, Puerto Rico; ^dCenter for AIDS Prevention Studies, University of California at San Francisco, San Francisco, California, USA; ^eDepartment of Psychology, Social Sciences, Faculty University of Puerto Rico, Rio Piedras Campus, San Juan, Puerto Rico

ABSTRACT

Violence is a public health concern faced on a daily basis by transgender women. Literature has documented how it adversely affects quality of life and health and in some instances leads to homicide. Considering the lack of research documenting the experiences of violence among transgender women, the objective of this article was to explore manifestations of violence among this population in Puerto Rico. The data presented in this article are part of a larger study on transgender/transsexual health in Puerto Rico. For the purpose of this article we focus on the quantitative data analysis. Participants ($N = 59$ transgender women) were recruited via respondent driven sampling. Implications and specific recommendations are discussed in light of these findings.

KEYWORDS

Discrimination; Puerto Rico; respondent driven sampling; transgender; violence

Gender is a social construct that varies with the roles, norms, and values of a given social context. In Puerto Rico, scholarly literature has argued that traditional gender norms, usually described as *machismo* and *marianismo*, place cultural value on adherence to polarized and rigid definitions of gender and sexuality (Rodríguez-Madera, 2009; Rodríguez-Madera & Toro-Alfonso, 2007). In this cultural context, people whose gender identity or gender presentation are perceived as challenging the boundaries of what is socially permissible face multiple difficulties for living a dignified and healthy life due to the extreme intolerance toward gender non-normativity.

Transgender persons are individuals who cannot, or choose not to, conform to societal gender norms assigned to their sexual anatomy at birth (Xavier, Bobbin, Singer, & Budd 2005). In many cases they express their gender identity through physical changes that allow them to embody

CONTACT Sheilla L. Rodríguez-Madera ✉ sheilla.rodriguez@upr.edu 📍 Department of Social Sciences, School of Public Health, Medical Science Campus-University of Puerto Rico, PO Box 365067, San Juan 00936-5067, Puerto Rico.

© 2016 Taylor & Francis

their self-ascribed gender. Intolerance toward transgender people in Puerto Rico is rooted in a strong Judeo-Christian religious heritage. Studies in this context have evidenced that religious beliefs are related to high levels of stigma toward socially marginalized and vulnerable populations (Reyes-Estrada, Varas-Díaz, & Martínez-Sarson, 2015; Varas-Díaz et al., 2013; Varas Díaz, Neilands, Malavé Rivera, & Betancourt, 2010). Therefore, this population faces the consequences of stigma in their everyday lives, resulting in vulnerability to HIV infection, lack of social support, reduced access to services, unemployment, and poverty (WHO, 2012). Some of the social factors that further contribute to HIV vulnerability in this population include commercial sex work, drug use, violence, and institutionalized discrimination (Bockting & Avery, 2005; Rodríguez-Madera, 2009; Xavier et al., 2005).

National data from the United States (Stotzer, 2009) indicate that transgender people are at risk for multiple types of violence, and that this threat continues throughout their lives. A significant proportion of transgender women¹ are affected by violence and are not reached by existing health and social services (Witten & Eyler, 1999). In recent years, Puerto Rico has seen an escalation of violence against transgender women that has dominated local media (Rivera-Quiñones, Toro-Alfonso, & Meléndez, 2013). Reports of anti-transgender violence largely have been eclipsed by the concerns of gay men and lesbians, an erasure that tacitly suggests that anti-transgender violence is less significant than other community concerns (Rodríguez-Madera, 2011). Although many transgender women experience interpersonal, institutional, and structural violence, there are few well-developed mechanisms for reporting and documenting violence against them (Rodríguez Madera, 2012b). In sum, the available research demonstrates that due to intense social stigma, transgender women in Puerto Rico constitute an invisible and underserved group (Rodríguez-Madera, 2007, 2009, 2012a; Rodríguez-Madera & Toro-Alfonso, 2007). Consequently, they are often overlooked in research, behavioral interventions, and health-related services, including initiatives for violence prevention and management. This oversight can have serious health consequences for transgender persons as well as the broader community.

Violence against transgender women has many similarities with hate crimes against individuals born female and other sexual minorities (WHO, 2012). Anti-transgender violence is often complicated by a lack of access to routine health care services to address the consequences of violence and by the often inadequate responses by authorities. A nationwide survey of bias-motivated violence against lesbian, gay, bisexual, transgender (LGBT) people

¹Transgender woman is a transgender person who was assigned male at birth but whose gender identity is that of a woman.

found that incidents targeting transgender persons accounted for 20% of all murders and about 40% of all police-initiated violence from 1985 to 1998 (Grant et al., 2011). A study in Lima, Perú, found that 65% of transgender participants identified as having been victims of violence (Instituto Runa, 2006). Violence from the police is commonly manifested toward transgender women who engage in sex work as a survival strategy, in part because the illegality and clandestine nature of street-based sex work exposes transgender women to frequent conflicts with the police. Laws and policies, including ones that criminalize sex work and justify police harassment, increase transgender women's vulnerability to violence (WHO, 2012).

In Puerto Rico, a prior study points to the many difficulties transgender women encounter when accessing social and health-related services through which they could presumably report such discrimination and violence (Rodríguez-Madera, 2009). Another study of public service employees in the island evidenced that the transgender population was the target of very high levels of stigma and was further burdened by a nearly total lack of resources for transgender persons to report such abuses (Toro-Alfonso, 2008).

In its most dramatic manifestation, violence against transgender women includes homicide. Between 2009 and 2011, 18 homicides against LGBT individuals were reported in Puerto Rico (Primera Hora, 2010; Rivera-Quiñones et al., 2013). While reporting of distinctions in homicide rates within these various stigmatized groups is inadequate, a significant proportion of these cases is considered to be the result of anti-transgender hate crimes (Rivera-Quiñones et al., 2013). Considering the lack of research efforts to document violence in this setting, this article aimed to document experiences of violence among transgender women in Puerto Rico.

Method

The research undertaken by the present authors was carried out in Puerto Rico between 2011 and 2013 and was funded by the National Institute of Drug Abuse (1R21DA032288-01). The Institutional Review Boards from the Florida International University and the University of Puerto Rico approved the research protocol. The study used a mixed-method approach to achieve its aims to identify the meanings and practices of drug, hormone, and silicone injection among transgender women in Puerto Rico and to describe the social contexts where these practices took place (e.g., violence, social stigma, discrimination). Our research took a broad view to determine the social, economic, political, and cultural factors that shape transgender women's gender-transitioning experiences and their overall health. For the purpose of this article we focus on the quantitative data regarding violent experiences reported by participants.

Participants

The sample was composed of 59 self-identified transgender women (see Table 1) who were Puerto Rican and 21 years of age or older. Participants were recruited via a respondent-driven sampling (RDS). RDS is a network sampling technique typically employed for hard-to-reach populations. It is similar to snowball sampling, but the initial seed respondents recruit additional respondents from their network of friends (Heckathorn, 1997, 2002; Salganik & Heckathorn, 2004). For this study, we identified nine community gatekeepers that functioned as “seeds.” Each one recruited two peers. This referral system via uniquely identified coupons is based on the theory that the diversification of networks via seed cases leads to a more representative sample over the course of multiple waves of recruitment.

Table 1. Demographics items: Counts and percentages.

Variable	N = 59	Raw %	RDS %
Sexual orientation			
Homosexual/gay	32	54	54
Heterosexual/straight	13	22	22
Bisexual	5	9	5
Other	9	15	20
Self-reported gender identity			
Female	18	31	25
Transgender/transsexual female	18	31	34
Transgender/transsexual male	4	7	6
Transvestite (<i>draga, transformista</i>)/other/ missing	19	32	35
Age			
< 25	25	42	63
25–30	14	24	21
> 30	20	34	16
Civil status			
Single	46	78	81
Housing status			
Owns home	14	24	34
Children			
Have children	4	7	10
Education			
Less than high school	10	17	5
High school graduate	23	39	48
Post-high school education	26	44	47
Regular employment			
Employed	24	41	49
Incarceration			
Ever incarcerated	11	19	17
HIV testing			
Ever tested	56	95	98
HIV test result			
Negative	54	92	98
Sex work			
Ever engaged in sex work	33	56	30

Notes. Percentages may not sum to exactly 100% due to rounding.

We developed an instrument that consisted of questions on demographic information and the Transgender Person's Experiences Inventory (Rodríguez Madera, Padilla, & Varas Díaz, 2012). The instrument was programmed and administered using iSurvey/iPad technology (Reyes-Estrada, Rivera Diaz, & Varas-Diaz, 2012). The inventory was developed in the Puerto Rican context and included questions that address (a) gender identification, (b) HIV/AIDS knowledge, (c) social support, (d) body modification practices, (e) social stigma, and (d) experiences of violence and discrimination.

Members of the research team administered the instrument in a research office facility located in a street frequented by the transgender community in the San Juan metropolitan area. It took approximately 30 minutes to complete the instrument via face-to-face interview. Participants received a \$25 incentive for the time spent collaborating in the study to cover transportation costs.

Data analysis

We used the user-written Stata commands `-rdsnetwork-` and `-rds-` to compute estimates of the population proportions of each variable (Schonlau & Liebau, 2012). `-rdsnetwork-` verifies that the respondent ID and all referral coupons are unique and that there is no self-referral. `-rdsnetwork-` is also used to determine the longest chain network, which is needed to determine convergence to equilibrium (i.e., sufficiently stable estimates of the proportions), and aggregates the referral network information into recruiter information variables that are then passed to the `-rds-` command, which estimates the proportions. As part of the estimation process, the `-rds-` command also simulates the minimum required number of referral chains for the analysis to reach equilibrium; if the number of simulated chains that RDS indicates are required is less than the number of actual chains reported by `-rdsnetwork-`, equilibrium is achieved (Schonlau & Liebau, 2012, p. 86). As required, variables' categories were collapsed to yield sufficient numbers of cases to obtain stable estimates in the Markov transition matrices used by the RDS software to generate the final proportion estimates. Due to the small sample and formative nature of the study, multivariable analyses were not performed.

Results

The number of chains required by the variables examined in this study ranged from two to five, whereas the actual maximum chain length was 11; therefore, equilibrium was achieved in the RDS analyses, indicating that estimates of the proportions are stable. Proportion estimates for the demographic variables and measures of violence experiences appear in Tables 1 and 2, respectively.

Table 2. Transgender discrimination and violence items: Counts and percentages.

Variable	N = 59	Raw %	RDS %
Experienced discrimination			
For being a transgender person	25	42	38
When accessing social services	8	14	24
When accessing medical services	9	15	11
Victim of violence due to gender identity			
Verbal violence	22	37	35
Physical violence	16	27	25
Sexual violence	8	14	16
Experienced violence from sexual client	26	44	51
Experienced violence from police	20	34	34
Witnessed violence toward other transgender persons			
Knew a transgender person who was killed	49	83	74
Knew a transgender person who was beaten	49	83	69
Knew a transgender person who was mutilated	24	41	35

Note. Percentages may not sum to exactly 100% due to rounding.

In the transgender spectrum, most participants self-identified as females or transsexual females with regard to their gender identity, and gay or homosexual with regard to sexual orientation. This pattern is understandable in the Puerto Rican context because, as described in other studies (Valentine, 2007), the transgender community does not express a consistent distinction between gender identity and sexual orientation. The significant number of participants who self-identified as transvestites (*travesti* in Puerto Rico; $n = 19$) or used related local terms to identify themselves (e.g., *draga*, *transformista*, *mujer trans*) further illustrates this point. Most participants were less than 25 years of age, unmarried, and had completed high school. A majority (51%) lacked formal employment. Thirty percent reported engaging in sex work at the time of the study.

Violence against transgender people is a violation of human rights and an extreme expression of the daily discrimination based on gender identity faced by this population. Consistent with other studies (FORGE, 2012; Stotzer, 2009), experiences of discrimination among our participants were common, with greater than one third having felt discriminated for being a transgender person. Meanwhile, one fourth reported that were discriminated against when they attempted to access social services and/or medical services (11%).

Verbal violence was the most common form among those who have experienced violence due to their gender identity (35%) followed by physical violence (25%) and sexual violence (16%). Violence exposure levels within one's social networks were also remarkable, with close to three quarters of the participants having known a transgender person who was killed. Among those participants who were sex workers, one half reported experiences of violence from a client.

Discussion

The present study is the first to use RDS to estimate population proportions of exposure to violence among transgender women in Puerto Rico. Although the

overall aims of the study were not focused exclusively on violence but rather on the description of the social contexts for injection practices and other body modification procedures, we understood that documenting violence was particularly relevant in order to understand the extreme conditions in which health practices and decisions are made. We also hope to better inform policymakers, civil society actors, and intervention development experts regarding the urgent need to address exposure to violence in this community.

In the context of inconsistent reporting of violence by specific sexual minority categories, the estimates of the prevalence of violence in this survey provide important evidence regarding the extent of discrimination and violence in this population. The fact that the majority of participants did not have formal employment and that almost one third were engaging in sex work is evidence of social and economic marginalization due to discrimination based on their gender identity (The National Center for Transgender Equality, 2012). Unfortunately, this decision makes them even more vulnerable to violence in the local context, a situation that is compounded by the criminalization of sex work.

Findings from this research effort echo those from the National Transgender Discrimination Survey (FORGE, 2012), particularly in terms of the prevalence of physical violence and the violence perpetrated by the police. Moreover, data of sexual violence are similar to the rates mentioned in Stotzer's review (2009) on violence against transgender people in the United States.

In the Puerto Rican context, it is crucial that policymakers, service providers, the media, and society at large recognize the magnitude and effects of violence against transgender persons in order to develop interventions, strategies, and policies for reducing this public health and human rights problem. We echo WHO's recommendations (2012) for addressing violence against transgender people, including to (a) promote full protection of their human rights, (b) promote gender equality, (c) gather information about local patterns of violence, (d) use an integrated approach when implementing research studies or designing interventions, and (e) advocate for legal and policy reforms. These recommendations can contribute to preventing or reducing violence against transgender women.

Limitations and conclusions

Our study has two primary limitations: First, although RDS was used to improve sample diversity, the small sample should not be interpreted as representative of the population of transgender women. Second, because the overall aims of the study were not focused on violence, we did not explore all forms of violence (e.g., domestic violence), although we did incorporate several violence measures.

This research is significant in that it is the first to directly examine the extent and type of exposure to violence among transgender women in Puerto Rico. We find high levels of exposure to violence from multiple sources, combined with an underdeveloped infrastructure and system for tracking

cases of anti-transgender violence or hate crimes. Addressing the disturbing trends documented in this article—dramatically represented in a spate of recent killings of LGBT Puerto Ricans—will require integrated, high-level policy initiatives, improved tracking systems, and a social justice approach to transgender health and human rights.

Acknowledgments

We want to acknowledge the collaboration of Sofia Isabel Marrero Cruz in the recruitment process as well as the participants who gave their time to support this study. We also want to acknowledge the important contribution of all the members of TRANSforma team.

Funding

This study was funded by a grant from the National Institute of Drug Abuse (NIDA; 1R21DA032288-01). The content is solely the responsibility of the authors and does not necessarily represent the official views of NIDA or the National Institutes of Health. Dr. Nelson Varas-Díaz is included in this study via NIDA support from grant 1K02DA035122.

References

- Bockting, W., & Avery, E. (Eds.). (2005). *Transgender health and HIV prevention: Needs assessment studies from transgender communities across United States*. New York, NY: Haworth Medical Press.
- FORGE. (2012). *Transgender rates of violence*. Retrieve from <http://forge-forward.org/wp-content/docs/FAQ-10-2012-rates-of-violence.pdf>
- Grant, J., Mottet, L., Tanis, J., Harrison, J., Herman, J., & Keisling, M. (2011). *Injustice at every turn: A report of the national transgender discrimination survey*. Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Task Force.
- Heckathorn, D. D. (1997). Respondent-driven sampling: A new approach to the study of hidden populations. *Social Problems*, 44, 174–199. doi:10.2307/3096941
- Heckathorn, D. D. (2002). Respondent-driven sampling II: Deriving valid population estimates from chain-referral samples of hidden populations. *Social Problems*, 49, 11–34. doi:10.1525/sp.2002.49.1.11
- Instituto Runa. (2006). *Invisible realities: Violence against transvestite, transsexual and transgender people that work in the sexual industry in Lima*. Retrieved from http://trans_esp.ilga.org/trans/bienvenidos_a_la_secretaria_trans_de_ilga/biblioteca/libros/realidades_invisibles_violencia_contra_travestis_transexuales_y_transgeneros_que_ejercen_comercio_sexual_en_la_ciudad_de_lima
- National Center for Transgender Equality. (2012). *National Transgender Discrimination Survey: Full report*. Retrieved from <http://transequality.org/issues/resources/national-transgender-discrimination-survey-full-report>
- Primera Hora. (2010). “Epidemy” of murders of homosexuals and transsexuals. Retrieved from <http://www.primerahora.com/noticias/policia-tribunales/nota/epidemiadeasesinatosdehomosexualesotransexuales-389599/>

- Reyes-Estrada, M., Rivera Diaz, M., & Varas-Diaz, N. (2012). Mobile technology as a promising tool for health research in the social sciences. *Journal of Mobile Technology in Medicine*, 1(4S), 1–2. doi:10.7309/jmtm.26
- Reyes-Estrada, M., Varas-Díaz, N., & Martínez-Sarson, M. T. (2015). Religion and HIV/AIDS stigma: Considerations for the nursing profession. *New School Psychology Bulletin*, 12, 10–17.
- Rivera-Quiñones, C., Toro-Alfonso, J., & Meléndez, L. (2013). Minorities against the increase of criminality. Perception of security among the lesbian, gay, bisexual, and transgender community (LGBT) in Puerto Rico. *Puerto Rican Journal of Psychology*, 24(2), 1–14.
- Rodríguez Madera, S. (2012b). Structural violence as social determinant of health: Its effects for trans people. *Diversity*, 3, 7–22.
- Rodríguez Madera, S., Padilla, M., & Varas Díaz, N. (2012). *Transgender Person's experiences inventory*. San Juan, PR.
- Rodríguez-Madera, S. (2007). Transgressive citizenships: Gender, stigma and its implications for health. In N. Varas & F. Cintrón (Eds.), *Stigma and health in Puerto Rico: Detrimental consequences of the alternative* (pp. 36–72). San Juan, PR: Puerto Rican Publisher.
- Rodríguez-Madera, S. (2009). *Género TRANS*. San Juan, PR: Terranova.
- Rodríguez-Madera, S. (2011, November). *Structural violence as a social determinant of health: Its effects on trans*. Oral presentation at 58th Convention of the Puerto Rican Psychological Association, Río Grande, PR.
- Rodríguez-Madera, S. (2012a). Transactions of the flesh: Criminalization of Trans women sex workers. In S. Serrano (Ed.), *Contemporary criminological records* (pp. 107–150). San Juan, PR: Situm.
- Rodríguez-Madera, S., & Toro-Alfonso, J. (2007). Gender as an obstacle in HIV/AIDS prevention: Efforts for male-to-female transgenders. *International Journal of Transgenderism*, 8, 113–122. doi:10.1300/J485v08n02_10
- Salganik, M. J., & Heckathorn, D. D. (2004). Sampling and estimation in hidden populations using respondent-driven sampling. *Sociological Methodology*, 34, 193–240. doi:10.1111/some.2004.34.issue-1
- Schonlau, M., & Liebau, M. (2012). Respondent-driven sampling. *Stata Journal*, 12, 72–93.
- Stotzer, R. L. (2009). Violence against transgender people: A review of United States data. *Aggression and Violent Behavior*, 14(3), 170–179. doi:10.1016/j.avb.2009.01.006
- Toro-Alfonso, J. (2008). *Por la vía de la exclusión: Homofobia y ciudadanía en Puerto Rico*. San Juan, PR: Comisión de Derechos Civiles de Puerto Rico.
- Valentine, D. (2007). *Imagining transgender: An ethnography of a category*. Durham, NC: Duke University Press.
- Varas Díaz, N., Neilands, T. B., Malavé Rivera, S., & Betancourt, E. (2010). Religion and HIV/AIDS stigma: Implications for health professionals in Puerto Rico. *Global Public Health*, 19, 109–118.
- Varas-Díaz, N., Neilands, T. B., Cintrón-Bou, F., Santos Figueroa, A., Marzán Rodríguez, M., & Marqués, D. (2013). Religion and HIV/AIDS stigma in Puerto Rico: A cultural challenge for training future physicians. *Journal of the International Association of Physicians in AIDS Care*, 13, 305–308. doi:10.1177/2325957412472935
- WHO. (2012). *Addressing violence against sex workers*. Retrieved from http://www.who.int/hiv/pub/sti/sex_worker_implementation/swit_chpt2.pdf
- Witten, T. M., & Eyler, A. E. (1999). Hate crimes against the transgendered: An invisible problem. *Peace Review*, 11, 461–468. doi:10.1080/10402659908426291
- Xavier, J., Bobbin, M., Singer, B., & Budd, E. (2005). A need assessment of transgendered people of color living in Washington, DC. *International Journal of Transgenderism*, 8(2–3), 31–47. doi:10.1300/J485v08n02_04