Transgender people of color: double injustice?

A comparison of whether transgender people of color experience double injustice through their gender and race/ethnicity compared to their white counterparts in America using an intersectional approach

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Abstract

Introduction: Despite the number of laws that should minimize the disadvantages of transgender people in America, discrimination is still a problem among this group. Several studies show that transgender people in America experience more discrimination against their gender identity compared to cisgender people. Especially, transgender people of color (TPOC) face the highest level of discrimination compared to white American transgender people in every area of life. The aim of this study is to determine whether TPOC in America are structurally disadvantaged in areas of housing, employment, healthcare and police violence and therefore experience (double) injustice, because of their race/ethnicity and gender identity, compared to their white counterparts. An intersectional approach is used to examine the following research question: *Do transgender people of color in America experience double injustice compared to their white counterparts and how does that impact their lives?*

Methods: This research consists of a literature search and a quantitative study based on secondary data. The secondary data is an extensive survey of transgender discrimination based in the United States performed by the National Center for Transgender Equality (NCTE) and the National LGBTQ Task Force (n=6456). A MANOVA analysis was used to compare the groups on multiple correlated dependent variables; employment, housing, healthcare and police violence, with race (white versus non-white transgender people) as independent variable.

Results: TPOC face more discrimination than white transgender people in America in healthcare, employment and housing and are more at risk of experiencing police violence.

Conclusion: Results suggest more research is needed to continue examining the disparities in discrimination experienced by TPOC using an intersectional approach. With more research, understanding and acceptance there can be more prevention, education and outreach to TPOC.

Keywords: transgender; transgender people of color (TPOC); white transgender people; race/ethnicity; gender identity; intersectionality; double injustice; America

1. Introduction

1.1 Problem description

In recent years, the visibility of people who do not fit into the traditional male-female categorization, and/or who change their gender, has increased sharply (Davidson, 2016). The umbrella term used to designate this is "transgender". This means that the sex that is given at birth differs from the gender identity, as opposed to the term "cisgender" which means that the sex given at birth matches the gender identity (Davidson, 2016). A more inclusive definition was chosen for the study because the term "transgender" has many different meanings. Gender non-conformity (GNC), people who do not conform to gender are also included (Kattari et al., 2016a)

In the United States (US), an estimated 0.3% to 5.0% transgender individuals make up the adult population (Kattari et al., 2016a). Despite the number of laws that should minimize the disadvantages of transgender people, there is the fact that discrimination is still a problem in the US among this group (Howard University, 2018: Transgender Law Center, n.d.). Several studies show that transgender people in the US experience more discrimination against their gender identity compared to cisgender people (Kattari et al., 2016a). Especially, transgender people of color (TPOC) face the highest level of discrimination compared to white American transgender people. This applies to every area of life: discrimination in getting a job or housing, violence both on the street and by law enforcement and access to healthcare (NCTE, 2016).

This study examines the (double) injustice that transgender people of color experience in American society. Research into the particular difficulties faced by TPOC who have multiple subordinated identities is limited. Minority racial or ethnic transgender people differ from the dominant group in at least two categories: in terms of race or ethnicity and in terms of gender (Mallory & Russell, 2021). TPOC face more discrimination than their white counter parts due to their subordinated identities (race/ethnicity and gender identity) (Pastrana, 2010; Levitt & Ippolito, 2013; Budge et al., 2016). According to Seeman and Goffman (1964), discrimination and prejudice are drawn to features and identities that are openly stigmatized. Race can be identified by a person's external appearance and by information learned via interactions, similar to gender identity (Westbrook & Schilt, 2013; Roth, 2016). Racial minorities experience systemic and interpersonal prejudice and discrimination, similar to the prejudice and discrimination experienced by transgender people who are different from the cisgender majority (Millar & Brooks, 2021). It is important that all consequences of (double) injustice are examined subjectively and objectively, such as structural exclusion and/or disadvantage, what forms it takes and how this affects the lives of TPOC in America and their experience.

To explain the relationships between the different forms of discrimination and societal indicators, intersectionality gives the necessary analytical approach. Intersectionality helps to understand and study the challenges and experiences transgender people of color are facing because of cissexism and

racism (Crenshaw, 1991). In many cases discrimination is researched from a standpoint that examines only one aspect of one's social position. Since society is organized by different sub-ordinated identities an intersectional approach is useful (Budge et al., 2016).

1.2 Existing research

Healthcare

Access to healthcare for transgender people is often difficult, because of transphobic attitudes of medical professionals, including rejection of treatment on the basis of the patient's gender identity (Kattari et al., 2015). In a study on the attitudes of medical professionals towards transgender people, the majority of participants, 65%, stated they had overheard medical staff members making disparaging remarks about transgender people, and 34% stated they had seen discriminatory treatment of transgender people (Eliason, Dibble & Robertson, 2011). Another research found that about 23% of transgender participants were denied access to healthcare because of transphobia (IOM, 2011; Kengay & Bostwick, 2005). Research of transgender people in Colorado, showed that 61% of the participants had postponed or refused medical care due to concerns about how others will react to their gender identity (Kattari et al., 2015).

Different research implies that transgender people from racial or ethnic minorities have worse health outcomes than their cisgender minority counterparts (Howard et al., 2019). Due to ongoing systemic challenges like discrimination, harassment, unemployment, poverty, and other issues, TPOC suffer worse mental health outcomes. According to a different study, black transgender people are 2.25 times more likely to have suicidal thoughts than white transgender people (Seelman et al., 2017). Additionally, because TPOC have a high unemployment rate, they generally have a public insurance which usually excludes coverage for transitioning surgeries (Seelman et al., 2016).

Employment and housing

Lesbian, gay, bisexual, transgender, and queer (LGBTQ) people are not legally protected against discrimination in the majority of states in the US. Laws against discrimination in housing and employment based on sexual orientation and gender identity are only implemented in 18 states (Kattari et al., 2016b). According to a national research of transgender people, 19% of participants were denied housing and 11% stated they had been evicted of their homes due to their gender identity (Grant et al., 2011).

Despite the fact transgender individuals of all backgrounds experience housing discrimination, it seems to affect TPOC the most. According to a study of transgender women in Los Angeles (N = 517), Hispanic/Latina women (32.9%) had the highest percentage of homelessness, followed by African American/Black women (30.5%), White women (22.6%), Native American/Alaskan women (10.4%), and Multiracial/other women (3.7%) (Fletcher, Kisler & Rebacks's, 2014).

Similar to housing, transgender people also face discrimination in employment and generally work below their educational level (22.3% to 47%). In comparison to cisgender people, the unemployment rate for transgender people in general is twice as high. For TPOC, it is four times higher than for cisgender people (Kattari et al., 2016b). African American transgender people have the highest unemployment rates (28%) compared to Native Americans (24%) and Latinos (18%) and Whites (12%) (Grant et al., 2011).

<u>Violence</u>

Transphobic hate crimes are one type of gender-based violence (GBV) that affects transgender people (Walters et al., 2017; Blondeel et al., 2017). A hate crime is, according to the Federal Bureau of Investigations (FBI), a criminal offense committed against a person or property based on prejudice against a person's racial, religious, or ethnic background, handicap, sexual orientation, gender, or gender identity (Gyamerah et al., 2021). Although there are not many legal protections for transgender people, crimes based on gender identity are protected by federal hate crime laws in 18 states (Gyamerah et al., 2021).

The Human Rights Campaign (HRC), reported that in 2021 at least 50 GNC and transgender people were killed in the US. Of which 84% were TPOC, 85% were transgender women and 66% were black transgender women (Carlisle, 2021; Oladipo, 2021) . According to a Williams Institute research, LGBT individuals experience profiling, discrimination, and harassment by law enforcement officers (Mallory et al., 2015). In data from the US Transgender Survey, 61% of black transgender participants reported being treated unfairly by police, including verbal harassment, physical or sexual assault (James et al., 2016). Similar findings were found in a previous Williams Institute research of Latina transgender women in Los Angeles, which showed that two-thirds of participants had experienced verbal abuse, 21% had experienced physical assault, and 24% had experienced sexual assault by law enforcement officers (Woods et al., 2013).

2. Research question

The aim of this study is to determine whether transgender people of color in America are structurally disadvantaged in areas of housing, employment, healthcare and police violence and therefore experience (double) injustice, because of their race/ethnicity and gender identity, compared to their white counterparts. This is why the research question is as follows: *Do transgender people of color in America experience double injustice compared to their white counterparts and how does that impact their lives?*

In order to answer the research question, the following sub-questions are:

- "What are the experiences of employment for transgender people of color in America?"
- "What are the experiences of healthcare for transgender people of color in America?"
- "What are the experiences of police violence for transgender people of color in America?"
- "What are the experiences of housing discrimination for transgender people of color in America?"

3. Theoretical approach

Concepts

Transgender identity

Transgender people can identify as heterosexual, bisexual, or homosexual, however gender identity is not the same as sexual orientation (Winter et al., 2016). Gender incongruence affects transgender people (also known as trans people), which is a dissonance between their gender (gender identity) and the sex assigned to them at birth (birth-assigned sex). A birth-assigned female who identifies as a man is known as a transgender man. A birth-assigned male who identifies as a woman is referred to as a transgender woman. Some transgender people identify as neither, both, or somewhere in the middle of the gender binary, or somewhere on a spectrum between the two. Some individuals utilize indigenous gender classifications or identify as "third genders" (particularly in societies that recognize genders other than man and woman) (Davidson, 2016; Winter et al., 2016).

Double injustice

When someone is discriminated against on multiple grounds, such as gender and religion, age and ethnic origin, multiple discrimination occurs. Transgender people are a diverse group and many are at risk of being discriminated against for two or more reasons. Ethnic minorities are at risk of discrimination based on sexual orientation or gender identity within their ethnic minority community and discrimination based on race or ethnic background in the transgender community (FRA, 2013).

Theories

Intersectionality

Intersectionality is a necessary theory to question the identity categories gender and race/ethnicity and to understand the complex social position of transgender people of color within American society. It is a perspective that, on the one hand, takes into account the complexity of individual experiences and, on the other hand, takes into account the structural character of discrimination. This is necessary to investigate the (double) injustice of TPOC, since oppression and discrimination are structural problems (Crenshaw, 1991).

There is great internal diversity within the group of transgender people. Crenshaw (1989) was the first to introduce the concept of intersectionality. Crenshaw showed that black women experience unique forms of discrimination, because of the different oppressive mechanisms, such as sexism and racism, that differ from the experiences of white females or black males. As indicated earlier, TPOC deviates from 'the norm' on several axes, namely gender and also race/ethnicity, making TPOC face discrimination in a different way than cisgender or white transgender people. The theory intersectionality initially challenged the tendency to view race and gender as mutually exclusive categories. The focus on the most privileged group members further marginalizes less advantaged group members who are also discriminated against in other areas (Collins, 2015; Crenshaw, 1991). In other words, individuals find themselves in an overlap of different systems of oppression (Meyers, 2012). The experience of oppression one has depends on this intersectionality. Experiences of repression based on a particular characteristic depend on other dimensions of one's identity, such as sexuality or class (Crenshaw, 1991).

Discrimination

Discrimination is defined by Allport (1954), as "unfair negative behaviors that prevent individuals or groups of people from receiving equal treatment" (p.51). It differs from stereotypes and prejudices in that stereotypes and prejudices are attitudes, whereas discrimination is based on situational behavior. Because of social group membership, some people are treated better or worse than others. This is known as social discrimination. Discrimination takes many forms, including individual discrimination, aggregated discrimination or structural discrimination. When particular groups lives are surrounded by special regulations that limit their lifestyles or human rights, discrimination of social groups can be institutional and societal (Weitzer, 1996).

The theory of social dominance claims that one or more groups in the social structure are more dominant and powerful than others and dominate resources. According to this theory, those who have a lot of social dominance also have a lot of behavioral prejudice against TPOC, including more rejecting and less affirming attitudes. The social dominance theory can be correlated to gender minority stigma, because of the decrease of disadvantaged groups that underpins the notion (Tilly et al., 2001). The social dominance theory implies favor preference for social hierarchies, as well as a belief system that places a higher value on the lives of people with privileged and dominating identities. In addition to society's general devaluation of gender minorities, previous studies indicate that social dominance theory may play a role in the creating other forms of prejudice (Puckett et al., 2019).

4. Hypotheses

The hypotheses regarding the main research question are:

- H1: Transgender people of color experience worse healthcare outcomes compared to their white counterparts.
- H2: Transgender people of color experience worse employment outcomes compared to their white counterparts.
- H3: Transgender people of color experience more police violence compared to their white counterparts.
- H4: Transgender people of color experience more housing discrimination compared to their white counterparts.

5. Research methods

Design and procedures: This research consists of a literature search and a quantitative study based on secondary data. The National Transgender Discrimination Survey (NTDS) (Grant et al., 2008-2009) provides a comprehensive analysis of transgender discrimination based in the United States. In this survey, questions were asked about what actual experiences transgender people have with discrimination in the area of employment, housing, healthcare and police violence. It also provides demographic information about sexual orientation, race/ethnicity, gender identity and education.

The NTDS study was approved by the Institutional Review Board (IRB) of the Office for Research Protections (ORP) at Pennsylvania State University. The IRB procedure guarantees anonymity and humane treatment of participants. An information document outlining the participants' rights was provided at the start of the questionnaire. Informed consent was also requested.

Participants and sampling: From September 2008 through March 2009, data were gathered. Transgender and non-conforming people were the target population. The research population consisted of 6456 transgender and gender non-conforming people who were at least 18 years old and came from all 50 US states. Convenience sampling methods including venue-based sampling and snowball sampling were applied to target transgender and gender non-conforming people. The purpose of the survey was to get as many responses from transgender or gender non-conforming people.

Data collection instrument(s): The NTDS data was performed by the National Center for Transgender Equality (NCTE) and the National LGBTQ Task Force to analyze discrimination against transgender and gender non-conforming people. Through community-based groups in the US that support transgender people, the survey was made available. The questionnaire consisted of open ended questions, which were designed by a team of different experts. Single-choice questions, matrices, check-all items and some write-in choices were among the question types utilized throughout the

survey. The survey consisted of 70 questions. The survey was provided in English and Spanish and was offered both online and in print.

Analytical approach: For the analysis, the "Statistical Package for the Social Sciences" (SPSS; IBM Corp., 2021) version 28 was used. A MANOVA has been conducted to compare groups on multiple correlated dependent variables (Pallant, 2007). In this case it was examined whether there is a significant difference on the dependent variables employment, housing, healthcare and police violence. Race was the independent variable, corresponding with the groups of white versus non-white transgender people.

Prior to running the MANOVA, all the variables were subjected to preliminary assumption testing to rule out outliers of any kind, including univariate and multivariate outliers, homogeneity of variance-covariance matrices, and multicollinearity. Some MANOVA assumptions were not required (see Appendix D) due to the large sample size. For instance, boxplots were used to identify outliers of each dependent variable (housing, police violence, employment and healthcare). Even though outliers were identified according to Tabachnick and Fidell (2018) and Field (2017) a MANOVA can tolerate a few outliers, especially with a larger sample size of at least 30. Furthermore, the outliers were included in the analysis, because they are real data points. Since properties of a marginalized group are studied, more extreme values might be of interest for this analysis. Because there is no homogeneity of variance-covariance matrices (Box's test, $p < .001$), Pillai's V is used instead of Wilks' Λ as the test statistic.

6. Results

Research question: 'Do transgender people of color in America experience double injustice compared to their white counterparts and how does that impact their lives?'

- Independent variable(s): race/ethnicity → transgender people of color versus their white counterparts
- Dependent variable(s): healthcare, employment, housing and police violence → whether there is (double) injustice in these area of life

The sample

In total, 6456 participants ($n=6456$) were included in the analyses. Characteristics of the sample are represented in Table 1. The sample consisted of 5372 white transgender people (83,2%) and 1084 (16,8%) transgender people of color (TPOC). There were transgender people of seven different races/ethnicities in this sample. Of these, 83.2% were white, 6.0% African American, 5.7% American Indian, 6.2% Hispanic, 3.3% Asian, 0.7% Arab and 7.5% multiracial. The descriptive statistic shows a pattern that mainly African American (27.3%), American Indian (35.8%) and Hispanic (31.7%) transgender individuals have a lower than average educational level. The majority of the participants

of each ethnic group identified themselves as transgender woman and the remaining group identified as transgender man, mixed m/f or other.

Table 1: *Descriptive characteristics by ethnic groups*

Variable	White	Black or African American	American Indian or Alaska Native	Hispanic or Latino	Asian or Pacific Islander	Arab or Middle Eastern	Multiracial or mixed
	Racial/Ethnic Groups *Total sample (n=6456)*						
N (%) Overall	5372 (83,2%)	389 (6,0%)	368 (5,7%)	402 (6,2%)	213 (3,3%)	45 (0,7%)	486 (7,5%)
Educational level N (%)							
Lower	547 (10,2%)	111 (30,3%)	47 (12,8%)	108 (27,2%)	22 (10,4%)	7 (15,6%)	62 (12,8%)
Middle	2159 (40,3%)	155 (42,3%)	188 (51,4%)	163 (41,1%)	86 (40,6%)	17 (37,8%)	213 (43,8%)
Higher	2657 (49,5%)	100 (27,3%)	131 (35,8%)	126 (31,7%)	104 (49,1%)	21 (46,7%)	211 (43,4%)
Sex assigned at birth N (%)							
Male	3200 (59,7%)	242 (62,5%)	215 (58,9%)	220 (54,7%)	118 (55,7%)	20 (44,4%)	224 (46,2%)
Female	2158 (40,3%)	145 (37,5%)	150 (41,1%)	182 (45,3%)	94 (44,3%)	25 (55,6%)	261 (53,8%)
Primary gender identity N (%)							
Male (m)	1424 (26,6%)	92 (23,9%)	92 (25,1%)	125 (31,6%)	58 (27,4%)	13 (28,9%)	145 (30,0%)
Female (f)	2155 (40,2%)	178 (46,2%)	152 (41,4%)	148 (37,4%)	84 (39,6%)	13 (28,9%)	162 (33,5%)
Mixed m/f	1091 (20,4%)	50 (13,0%)	58 (15,8%)	67 (16,9%)	35 (16,5%)	8 (17,8%)	71 (14,7%)
Other	691 (12,9%)	65 (16,9%)	65 (17,7%)	56 (14,1%)	35 (16,5%)	11 (24,4%)	106 (21,9%)

Note. N is the number of observations in a population.

Hypothesis 1: Transgender people of color experience worse healthcare outcomes compared to their white counterparts.

According to the MANOVA, there was a significant difference (Table 2) between the ethnic groups TPOC and their white counterparts when considered jointly on the variable healthcare, Pillai's V=.018, $F_{(9, 6094)}$= 12.156, $p < .001$, partial $\eta2$ =.018. This means that 1.8% of the variance in healthcare is explained by race. The observed power was 1.000, indicating that there was a 100% chance that the results could have come out significant given that there is an effect. A separated ANOVA was conducted for each dependent variable, with each ANOVA evaluated at an alpha level of 0.05. There was a significant difference between TPOC and their white counterparts on suicide attempts, $F_{(1, 6102)}$=28.071, $p <.001$, partial $\eta2$ =.005, observed power=1.000, with TPOC (M=.483) scoring higher than white transgender people (M=.391) for attempting suicide. There was also a

significant difference between TPOC and their white counterparts in rejection of treatment by medical staff, $F(1, 6102)=5.267$, $p=.022$, partial η2=.001, observed power=.631, with TPOC ($M=2.062$) scoring higher than white transgender people ($M=2.015$) in rejection of treatment by medical staff. This shows that TPOC have significantly more suicide attempts and are more likely to be rejected of treatment by medical staff than white transgender people.

Table 2: *Differences in healthcare between race/ethnicity*

	Multivariate test				
Variable	**Pillai's V**	**F**	**Significant value (*p*)**	**Partial η2**	**Observed Power**
Race *(white vs non-white)*	.018	12.156	< .001	.018	1.000
		Univariate test			
		F	**Significant value (*p*)**	**Partial η2**	**Observed Power**
Suicide attempt		28.071	< .001	.005	1.000
Rejection of treatment by medical staff		5.267	.022	.001	.631

Note. The significance level was alpha=.05. Partial η2 is the effect size.

Hypothesis 2: Transgender people of color experience worse employment outcomes compared to their white counterparts.

According to the MANOVA there was a significant difference (Table 3) between the ethnic groups TPOC and their white counterparts when considered jointly on the variable employment status, Pillai's V=.010, $F(3, 64)=21.41$, $p < .001$, partial η2 =.010. This means that 1% of the variance in employment is explained by race. The observed power was 1.000, indicating that there was a 100% chance that the results could have come out significant given that there is an effect. A separated ANOVA was conducted for each dependent variable, with each ANOVA evaluated at an alpha level of 0.05. There was a significant difference between TPOC and their white counterparts on employment, $F(1, 64)=21,83$, $p < .001$, partial η2 =.003, observed power=.997, with white transgender people ($M=.838$) scoring higher than TPOC ($M=.731$) for being employed. There was also a significant difference between TPOC and their white counterparts on unemployment, $F(1, 64)=39.76$, $p <.001$, partial η2 =.006, observed power=1.000, with TPOC ($M=.203$) scoring higher than white transgender people ($M=.128$) for being unemployed. The explained variance by race is between 0.3% (employed) and 0.6% (unemployed). The observed power of both variables was almost 100%, which indicates that the results could have come out significant. This shows that white transgender people had significantly higher employment and less unemployment than TPOC.

Table 3: *Differences in employment between race/ethnicity*

		Multivariate test			
Variable	**Pillai's V**	**F**	**Significant value (*p*)**	**Partial η2**	**Observed Power**
Race *(white vs non-white)*	.010	21.414	< .001	.010	1.000
		Univariate test			
		F	**Significant value (*p*)**	**Partial η2**	**Observed Power**
Employment		21.831	< .001	.003	.997
Unemployment		39.765	< .001	.006	1.000

Note. The significance level was alpha=.05. Partial η2 is the effect size.

<u>**Hypothesis 3**</u>**: Transgender people of color experience more police violence compared to their white counterparts.**

Table 4 examines the frequency of police violence among TPOC and white transgender people. From the participants, 22.1% of TPOC indicated to have been arrested for being trans/GNC compared to 4.5% in white transgender people. The descriptive statistics also show that TPOC in particular are more likely to report being harassed or physically and sexually assaulted than white transgender people. For TPOC, 19.3% reported experiencing harassment by officers. For white transgender people, 10.4% reported experiencing harassment by officers. In the case of physical assault, this was 6.8% for TPOC compared to 2.4% for white transgender people, and for sexual assault this was 3.4% for TPOC and 0.9% for white transgender people. There was not much difference between the groups in the treatment of respect by officers.

Results from the MANOVA, indicated there was a significant difference between the ethnic groups TPOC and white transgender when considered jointly on the variable police violence, Pillai's V=.069, $F(6, 6386)$=78.609, $p < .001$, partial η2 =.069. It shows that TPOC experience significantly higher police violence than white transgender people.

Table 4: *Frequency of police violence between race/ethnicity*

Frequency of police violence		Race		
	N (%)	White transgender people	TPOC	Total
Ever been arrested for being trans/GNC	Yes	239 (4,5%)	231 (22,1%)	470 (7,4%)
	No	5108 (95,5%)	815 (77,9%)	5923 (92,6%)
Officers generally have treated me with respect	Yes	2058 (38,3%)	328 (30,3%)	2386 (37,0%)
	No	3314 (61,7%)	756 (69,7%)	4070 (63,0%)
Officers generally have treated me with disrespect	Yes	761 (14,2%)	289 (26,7%)	1050 (16,3%)
	No	4611 (85,8%)	795 (73,3%)	5406 (83,7%)
Officers have harassed me	Yes	561 (10,4%)	209 (19,3%)	770 (11,9%)
	No	4811 (89,6%)	875 (80,7%)	5686 (88,1%)
Officers have physically assaulted me	Yes	131 (2,4%)	74 (6,8%)	205 (3,2)
	No	5241 (97,6%)	1010 (93,2%)	6251 (96,8%)
Officers have sexually assaulted me	Yes	50 (0,9%)	37 (3,4%)	87 (1,3%)
	No	5322 (99,1%)	1047 (96,6%)	6369 (98,7%)

Note. N is the number of observations in a population. TPOC = Transgender People of Color.

Hypothesis 4: Transgender people of color experience more housing discrimination compared to their white counterparts.

Most notably (see Table 5), the descriptive statistic shows a pattern that TPOC have a lower score in owning a house (9,4%) and renting a house (17,0%) compared to white transgender people in owning a house (90,6%) and renting a house (83,0%). From the MANOVA analysis it emerged that race had a significant influence on the living condition ($F(2.6371) = 131.470$, $p < .001$; Pillai's V=.040; partial η2 = .040). However, it appeared that gender identity (being transgender) had no significant influence ($p=.355$) on the living condition.

Table 5: *Descriptive living condition between ethnic groups*

Living condition	Race		
N (%)	White transgender people	TPOC	Total
Homeless	22 (34,9%)	41 (65,1%)	63 (100%)
Living in a shelter	11 (23,4%)	36 (76,6%)	47 (100%)
Living in a group home facility or other foster care situation	7 (23,3%)	23 (76,7%)	30 (100%)
Living in a nursing/adult care facility	3 (60%)	2 (40%)	5 (100%)
Living in campus/university housing	197 (87,2%)	29 912,8%)	226 (100%)
Still living with parents or family you grew up with	381 (79,9%)	96 (20,1%)	477 (100%)
Staying with friends or family temporarily	196 (73,7%)	70 26,3%)	266 (100%)
Living with a partner, spouse or other person who pays for the housing	400 (78,4%)	110 (21,6%)	510 (100%)
Living in house/apartment/condo I RENT alone or with others	2262 (83,0%)	464 (17,0%)	2726 (100%)
Living in house/apartment/condo I OWN alone or with others	1897 (90,6%)	196 (9,4%)	2075 (100%)

Note. N is the number of observations in a population. TPOC = Transgender People of Color.

7. Discussion

Findings in context of research and theory

Hypothesis 1 states that transgender people of color experience worse healthcare outcomes compared to their white counterparts. The results suggest that there is a significant difference between TPOC and their white counterparts on rejection of treatment by medical staff, which is in line to previous research (IOM, 2011; Kengay & Bostwick, 2005). The results also suggest that TPOC have significantly more suicide attempts than white transgender people. An explanation for mental health disparities can be explained by Meyer's (1995; 2003) minority stress theory. He describes it as psychosocial stress that arises from having a minority status. According to the minority stress theory, it is plausible to conclude that TPOC are more vulnerable to poor mental health outcomes because of stressors of their marginalized racial and gender identity status in society, as a result of both racism and transphobia

(Kattari et al., 2016a).

Hypothesis 2 states that transgender people of color experience worse employment outcomes compared to their white counterparts. The second hypothesis was also confirmed, unemployment was higher among TPOC than white transgender people. According to prior studies, transgender people frequently work at lower educational levels and report increased levels of employment discrimination (Grant et al., 2011; Kattari et al., 2016b). Despite the fact that transgender people from all backgrounds have higher employment discrimination compared to cisgender people, TPOC seem to have the highest unemployment rates (Grant et al., 2011; Kattari et al., 2016b). This may be due to systemic inequalities such as "bias in the workplace," which make it much more difficult for TPOC to have a job (Rathjen, 2013).

Hypothesis 3 states that transgender people of color experience more police violence compared to their white counterparts. The results indeed confirmed that TPOC experience more police violence than white transgender people. This was in line with the expectation of this study and is consistent with previous study. Racism and transphobia lead to comparatively high rates of violence against TPOC (Lockett et al., 2022). Furthermore, studies have indicated that victimization is associated with poor wellbeing, including suicide thoughts and attempts (Williams Institute, 2021).

Finally, hypothesis 4 stated that transgender people of color experience more housing discrimination compared to their white counterparts. The fourth hypothesis was also confirmed, as the analysis showed that TPOC are less likely to own or rent a house than white transgender people. Race/ethnicity had a significant effect on this, but it appeared that gender identity (being transgender) had no significant influence on the living condition. Research findings vary when analyzing the experiences of discrimination of individuals with different gender identities within the transgender population. Several studies did find differences by gender identity (Miller & Grollman, 2015; Dinno 2017), others did not find any differences (Herman 2013; Miller & Grollman, 2015). An explanation for the difference in living conditions between TPOC and white transgender people could be due to structural racism that causes racial inequalities in housing. An important foundation for housing stability is provided by economic stability and employment status. As stated before, TPOC face higher unemployment rates, but also have fewer job opportunities, lower income and increased job insecurity. Which means that TPOC are more likely to rent, are more likely to have financial difficulties paying their rent, and are more likely to experience eviction, and even homelessness (Opportunity Starts at Home, 2020).

Strengths and limitations

A strength of this study is that the secondary data that is used is one of the largest diverse datasets that exists on the transgender population. In addition, this dataset is a very detailed self-report survey in which participants were questioned about how being GNC or transgender affected their lives. This study provided insight into the healthcare, police violence, housing and employment status of TPOC in

America, by empirically using the intersectional approach instead of traditional or dominant thinking when it comes to (double) injustice for TPOC. The need for an intersectional approach to studying the transgender community is emphasized by sociologists. According to the intersectionality theory, a person's experience is influenced by the intersection of multiple subordinated identities (Vidal-Ortiz, 2008; Schilt & Lagos, 2017).

Despite the strengths, this study also has some limitations regarding using secondary data, namely the survey used for this analysis is an old study. The NTDS data were collected between 2008 to 2009. However, the NTDS has announced that a new U.S. Trans Survey (USTS) is being conducted in 2022 (NCTE, 2022). The only question is whether much has changed over the years? Secondly, the secondary data analysis only provides information on transgender people. There is no comparison with the cisgender population. In addition, the study is only about America and is therefore limited to one political cultural country. Although it is a detailed dataset that uses self-report research, a limitation is that the questionnaire does consist of closed questions. Closed questions can be guiding and limit answer options that may not reflect what the participant thinks or experiences. Also some assumptions of MANOVA have not been met, resulting in reduced statistical power.

Implications

Policy level: While there are laws in some states of America that should minimize the disadvantages of transgender people, I recommend that US law need to be revised or supplemented. Focusing on eliminating discrimination against transgender people and especially more attention needs to be paid to more marginalized groups within the transgender community. Consider the underrepresentation of transgender individuals as one example. Companies need to adopt more transgender-inclusive policies. It is critical to comprehend the obstacles faced by transgender people both inside and outside of the workplace. For instance, having enough money and a secure place to live can improve one's health.. The American government can give an impulse to the fight against the discrimination and misunderstanding that transgender people are confronted with on a daily basis.

Research level: Another recommendation is that more research is required to continue examining the disparities in discrimination experienced by various social groupings, particularly the groups that are difficult to reach among the transgender population. Ongoing research on the intersections of oppressed identities and experiences with discrimination that impact transgender people can help researchers, healthcare professionals, and activists for the transgender community to improve support services and awareness programmes to minimize the negative effects caused by transphobia and racism.

Conclusion

In conclusion, transgender people of color face more structural barriers than white transgender people in America due to their race/ethnicity and gender identity, which ensures that they do not get the same

opportunities in healthcare, employment and housing and are more at risk of experiencing police violence. Further research is needed to study how this (double) injustice affects minority communities like transgender people of color as well as people who experience many forms of oppression, by using the sociological theory of intersectionality. With more research, understanding and acceptance there can be more prevention, education and outreach to transgender people of color.

References

Allport, G.W. (1954). *The nature of prejudice*. Cambridge, Mass: Addison-Wesley Pub.

Blondeel, K., De Vasconcelos, S., García-Moreno, C., Stephenson, R., Temmerman, M., & Toskin, I. (2017). Violence motivated by perception of sexual orientation and gender identity: a systematic review. *Bulletin of the World Health Organization*, *96*(1), 29–41L. https://doi.org/10.2471/blt.17.197251.

Budge, S. L., Thai, J. L., Tebbe, E. A., & Howard, K. A. S. (2016). The Intersection of Race, Sexual Orientation, Socioeconomic Status, Trans Identity, and Mental Health Outcomes. *The Counseling Psychologist*, *44*(7), 1025–1049. https://doi.org/10.1177/0011000015609046.

Carlisle, M. (2021). *Anti-Trans Violence and Rhetoric Reached Record Highs Across America in 2021*. Time. Retrieved July 24, 2022 from https://time.com/6131444/2021-anti-trans-violence/.

Collins, P. H. (2015). Intersectionality's definitional dilemmas. *Annual Review of Sociology, 41*, 1-20.

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *U. Chi. Legal F.*, 139.

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford law review*, 43(6), 1241. https://doi.org/10.2307/1229039.

Davidson, S. (2016). Gender inequality: Nonbinary transgender people in the workplace. *Cogent Social Sciences*, *2*(1), 1236511. https://doi.org/10.1080/23311886.2016.1236511.

Dinno, A. (2017). Homicide Rates of Transgender Individuals in the United States: 2010–2014. *American Journal of Public Health*, *107*(9), 1441–1447. https://doi.org/10.2105/ajph.2017.303878.

Eliason, M.J., Dibble, S.L. & Robertson, P.A. (2011*). Lesbian, Gay, Bisexual, and Transgender (LGBT) Physicians' Experiences in the Workplace*, Journal of Homosexuality, 58:10, 1355-1371, DOI: 10.1080/00918369.2011.614902.

Field, A. (2017). Discovering Statistics Using IBM SPSS Statistics (5de editie). SAGE Publications.

Fletcher, J. B., Kisler, K. A., & Reback, C. J. (2014). Housing status and HIV risk behaviorsamong transgender women in Los Angeles. *Archives of Sexual Behavior, 43*, 1651–1661.http://dx.doi.org/10.1007/s10508-014-0368-1.

FRA (2013). Meervoudige discriminatie in de gezondheidszorg. Retrieved December 21, 2021 from Microsoft Word - Media memo_Multiple discrimination in healthcare_NL.doc (europa.eu).

Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Kiesling, M. (2011*). Injustice at every turn: A report of the national transgender discrimination survey.* Washington, DC: National Center for Transgender Equality & National Gay and Lesbian Task Force. Retrieved from http://endtransdiscrimination.org/PDFs/NTDS_Report .pdf.

Gyamerah, A. O., Baguso, G., Santiago-Rodriguez, E., Sa'id, A., Arayasirikul, S., Lin, J., Turner, C. M., Taylor, K. D., McFarland, W., Wilson, E. C., & Wesson, P. (2021). Experiences and factors associated with transphobic hate crimes among transgender women in the San Francisco Bay Area: comparisons across race. *BMC Public Health*, *21*(1). https://doi.org/10.1186/s12889-021-11107-x.

Herman, J. L. (2013). Gendered Restrooms and Minority Stress: The Public Regulation of Gender and Its Impact on Transgender People's Lives. *Journal of Public Management and Social Policy* 19:65-80.

Howard University (2018). Introduction to Transgender Rights in the United States. Retrieved February 6, 2022 from Transgender Rights in the United States - A Brief History of Civil Rights in the United States - HUSL Library at Howard University School of Law.

Howard, S. D., Lee, K. L., Nathan, A. G., Wenger, H. C., Chin, M. H., & Cook, S. C. (2019). Healthcare Experiences of Transgender People of Color. *Journal of General Internal Medicine, 34*(10), 2068–2074. https://doi.org/10.1007/s11606-019-05179-0.

IOM (Institute of Medicine). 2011. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding.* Washington, DC: The National Academies Press.

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The Report of the 2015 U.S. Transgender Survey. National Center for Transgender Equality. Washington, DC. Retrieved from http://www. transequality.org/sites/default/files/docs/USTS-FullReport-FINAL.PDF.

Kattari, S. K., Walls, N. E., Whitfield, D. L., & Langenderfer Magruder, L. (2015) *Racial and Ethnic Differences in Experiences of Discrimination in Accessing Health Services Among Transgender People in the United States*, International Journal of Transgenderism, 16:2, 68-79, DOI: 10.1080/15532739.2015.1064336.

Kattari, S. K., Walls, N. E., Whitfield, D. L., & Langenderfer Magruder, L. (2016a). Racial and Ethnic Differences in Experiences of Discrimination in Accessing Social Services Among Transgender/Gender-Nonconforming People. *Journal of Ethnic & Cultural Diversity in Social Work*, *26*(3), 217–235. https://doi.org/10.1080/15313204.2016.1242102.

Kattari, S. K., Whitfield, D. L., Walls, N. E., Langenderfer-Magruder, L., & Ramos, D. (2016b). Policing Gender Through Housing and Employment Discrimination: Comparison of Discrimination Experiences of Transgender and Cisgender LGBQ Individuals. *Journal of the Society for Social Work and Research*, *7*(3), 427–447. https://doi.org/10.1086/686920.

Kenagy, G. P., & Bostwick, W. B. (2005). Health and social service needs of transgender people in Chicago. *International Journal of Transgenderism, 8*(2/3), 57-66.

Levitt, H. M., & Ippolito, M. R. (2013). Being Transgender. *Psychology of Women Quarterly*, *38*(1), 46–64. https://doi.org/10.1177/0361684313501644.

Lockett, G., Sostre, J., & Abreu, R. L. (2022). *Transgender people of color face unique challenges as gender discrimination and racism intersect*. The Conversation. Retrieved July 25, 2022 from https://theconversation.com/transgender-people-of-color-face-unique-challenges-as-gender-discrimination-and-racism-intersect-179515.

Mallory, C., Hasenbush, A., Sears, B. (2015). Discrimination and Harassment by Law Enforcement Officers in the LGBT Community. The Williams Institute, Los Angeles, CA. Retrieved from https://williamsinstitute.law.ucla.edu/wpcontent/uploads/LGBT-Discrimination-and-Harassment-in-Law-Enforcement-March-2015.pdf.

Mallory, A. B., & Russell, S. T. (2021). Intersections of racial discrimination and LGB victimization for mental health: A prospective study of sexual minority youth of color. Journal of Youth and Adolescence, 50(7), 1353- 1368. https://doi.org/10.1007/s10964-021-01443-x.

Meyer, I.H. (1995). Minority stress and mental health in gay men. Journal of Health and Social Behavior, 36, 38-56.

Meyer, I.H. (2003). Prejudice, social stress, and mental health in lesbian, gay and bisexual populations: Conceptual issues and research evidence. Psychological Bulletin, 129, 674-697. doi:10.1037/0033-2909.129.5.674.

Meyer, D. (2012). An intersectional analysis of lesbian, gay, bisexual, and transgender (LGBT) people's evaluations of anti-queer violence. *Gender & Society, 26*(6), 849 873.

Miller, L. R., & Grollman, E. A. (2015). The Social Costs of Gender Nonconformity for Transgender Adults: Implications for Discrimination and Health. *Sociological Forum*, *30*(3), 809–831. https://doi.org/10.1111/socf.12193.

Millar, K., & Brooks, C. V. (2021). Double jeopardy: Minority stress and the influence of transgender identity and race/ethnicity. *International Journal of Transgender Health*, 1–16. https://doi.org/10.1080/26895269.2021.1890660.

NCTE (2016). U.S. Transgender Survey. Retrieved December 15, 2021 from U.S. Transgender Survey | National Center for Transgender Equality (transequality.org).

NCTE. (2022). 2022 U.S. Trans Survey. U.S. Transgender Survey. Retrieved July 25, 2022 from https://www.ustranssurvey.org/.

Oladipo, G. (2021). *2021 on pace to be deadliest yet for trans and gender non-conforming Americans*. The Guardian. Retrieved July 24, 2022 from https://www.theguardian.com/world/2021/jun/14/us-trans-transgender-deaths-2021.

Opportunity Starts at Home. (2020). Racial Inequities in Housing. Retrieved July 25, 2022 from https://www.opportunityhome.org/resources/racial-equity-housing/.

Pallant. J. (2007). *SPSS Survival Manual - Step by Step Guide to Data Analysis Using SPSS for Windows (Version 15) (3rd, 08) by Pallant, Julie [Spiral-bound (2007)].* Open U, Spiral-bound.

Pastrana, A., Jr. (2010). Privileging oppression: Contradictions in intersectional politics. Western Journal of Black Studies, 34, 53–63.

Puckett, J. A., Zachary DuBois, L., McNeill, J. N., & Hanson, C. (2019). The Association between Social Dominance Orientation, Critical Consciousness, and Gender Minority Stigma. *Journal of Homosexuality*, *67*(8), 1081–1096. https://doi.org/10.1080/00918369.2019.1603493.

Rathjen, R. (2013). LGBT workers of color are among the most disadvantaged in the American workforce. National LGBTQ Task Force. Retrieved July 25, 2022 from https://www.thetaskforce.org/lgbt-workers-of-color-are-among-the-most-disadvantaged-in-the-american-workforce/.

Roth, W. D. (2016). The multiple dimensions of race. *Ethnic and Racial Studies*, *39*(8), 1310–1338. https://doi.org/10.1080/01419870.2016.1140793.

Schilt, K., & Lagos, D. (2017). The Development of Transgender Studies in Sociology. Annual Review of Sociology, 43(1), 425–443. https://doi.org/10.1146/annurev-soc-060116-053348.

Seeman, M., & Goffman, E. (1964). Stigma: Notes on the Management of Spoiled Identity. American Sociological Review, 29(5), 770. https://doi.org/10.2307/2091442.

Seelman, K. L., Young, S. R., Tesene, M., Alvarez-Hernandez, L. R., & Kattari, L. (2016). A comparison of health disparities among transgender adults in Colorado (USA) by race and income. *International Journal of Transgenderism, 18*(2), 199–214. https://doi.org/10.1080/15532739.2016.1252300.

Seelman, K. L., Colón-Diaz, M. J., LeCroix, R. H., Xavier-Brier, M., & Kattari, L. (2017). Transgender Noninclusive Healthcare and Delaying Care Because of Fear: Connections to General Health and Mental Health Among Transgender Adults. *Transgender Health*, *2*(1), 17–28. https://doi.org/10.1089/trgh.2016.0024.

Tabachnick, B., & Fidell, L. (2018). Using Multivariate Statistics (7de editie). Pearson.

Tilly, C., Sidanius, J., & Pratto, F. (2001). Social Dominance: An Intergroup Theory of Social Hierarchy and Oppression. *Contemporary Sociology*, *30*(2), 120. https://doi.org/10.2307/2655372.

Transgender Law Center (n.d.). National equality map. Retrieved February 6, 2022 from National Equality Map - Transgender Law Center.

Vidal-Ortiz, S. (2008). Teaching and Learning Guide for: Transgender and Transsexual Studies: Sociology's Influence and Future Steps. Sociology Compass, 2(2), 799–807. https://doi.org/10.1111/j.1751-9020.2008.00105.x.

Walters, M. A., Paterson, J., Brown, R., & McDonnell, L. (2017). Hate Crimes Against Trans People: Assessing Emotions, Behaviors, and Attitudes Toward Criminal Justice Agencies. *Journal of Interpersonal Violence*, *35*(21–22), 4583–4613. https://doi.org/10.1177/0886260517715026.

Weitzer, R. (1996). Racial discrimination in the criminal justice system: Findings and problems in the literature. Journal of Criminal Justice, 24, 309- 322.

Westbrook, L., & Schilt, K. (2013). Doing Gender, Determining Gender. *Gender & Society*, *28*(1), 32–57. https://doi.org/10.1177/0891243213503203.

Williams Institute (2021). Transgender people over four times more likely than cisgender people to be victims of violent crime. Retrieved July 25, 2022 from https://williamsinstitute.law.ucla.edu/press/ncvs-trans-press-release/.

Winter, S., Diamond, M., Green, J., Karasic, D., Reed, T., Whittle, S., & Wylie, K. (2016). Transgender people: health at the margins of society. *The Lancet*, *388*(10042), 390–400. https://doi.org/10.1016/s0140-6736(16)00683-8.

Woods, J. B., Galvan, F. H., Bazargan, M., Herman, J. L., & Chen, Y. T. (2013). Latina Transgender Women's Interactions with Law Enforcement in Los Angeles County. *Policing*, *7*(4), 379–391. https://doi.org/10.1093/police/pat025.

Appendix

Appendix A: SPSS version 28

IBM Corp. Released 2021. IBM SPSS Statistics for Windows, Version 28.0. Armonk, NY: IBM Corp

Appendix B: Existing data base

Grant, Jaime M., Mottet, Lisa, Tanis, Justin Edward, Harrison, Jack, Herman, Jody, and Keisling,
    Mara. National Transgender Discrimination Survey, [United States], 2008-2009. Inter-
    university Consortium for Political and Social Research [distributor], 2020-11-19.
    https://doi.org/10.3886/ICPSR37888.v1

Appendix C: Scientific and social relevance, interdisciplinarity

Scientific relevance

Research on transgender 'multiple' subordinated identities is very limited. More research is needed on the multiple dimensions of identity that transgender people have, especially on the relationship between race/ethnicity in relation to transgender identity. In addition, an intersectional approach is needed instead of traditional or dominant thinking when it comes to (double) injustice for TPOC. The lack of recognition of inequality based on skin color can lead to the denial of discriminatory experiences of (transgender) people of color (Cadat & Felten, 2022). There is often a lack of insight that the dominant ethnic position (here: white) works as a norm (Ella, n.d.). An intersectional analysis aims to better understand how identity plays a role in social inequality. Intersectional research often aims to map social inequality and to investigate how systems of power play a role in the creation and maintenance of that inequality. It thus offers a normative framework. In this case, for transgender people of color, it looks at the intersections of gender identity and race/ethnicity (Stuij et al., 2020).

Societal relevance

The transgender population is gaining a lot of attention from the general public. Research on this group will provide a greater understanding of the problems this community is experiencing in their lives. According to research, transgender people in the US experience extreme discrimination, stigma, and systematic inequalities in their daily lives. Transgender people experience more violence, housing discrimination and multiple barriers to access healthcare. In addition, they regularly work below their educational level, the unemployment rate is high and transgender people are relatively often seen as unfit for work (Grant et al., 2011; Kattari et al., 2016b). TPOC in particular experience the most (double) injustice, because of their gender identity and race/ethnicity. An intersectional approach is relevant for society because it offers a different perspective on the (double) injustice that TPOC face (National LGBTQ task force, n.d.; Human Rights Campaign, n.d.; Divan et al., 2016).

<u>Interdisciplinarity</u>

The research question is approached from a sociological and psychological perspective. A sociological explanation for racial and/or gender discrimination is that different treatment on the basis of race or gender identity may result because of stereotyping and prejudice (Small & Pager, 2020). According to Schaefer: "prejudice is a negative attitude toward an ethnic or racial minority" (Renee, 2017). Prejudice can be aimed at individuals as well as groups, and it can directed towards many aspects of people, including their race, ethnicity, culture, gender, and other pertinent traits (Renee, 2017). This indicates that some people or groups do not have equal rights or are consistently denied opportunities (Abrams, 2010).

In the United States, there is a racial hierarchy in which people of color, predominately black people, suffer the most. Structural racism excludes people of color from opportunities for progress by making it much harder for them to obtain great education, work, homes, healthcare and fair process in the justice system (Urban Institute, n.d.). Besides seeing gender as a barrier in the lives of transgender people of color, race/ethnicity is also a disadvantage that makes it more difficult for them to thrive in life (Urban Institute, n.d.). As a result, from a sociological dimension, this study examines structural discrimination, which refers to the systematic exclusion and/or discrimination of transgender people of color in the United States (Raffield, 2021).

From a psychological perspective on racial and/or gender discrimination, this thesis examines the personal experiences of transgender people of color. People who identify as transgender are more likely to develop mental health problems than cisgender people (McCann, 2014). The underlying cause for transgender mental health problems is that these problems are primarily triggered by environmental and societal factors. The mental health of transgender people is negatively affected by discrimination, stigma and lack of acceptance (McCann, 2014). Transgender people of color in particular are more likely to have psychological problems. According to the minority stress theory, it is plausible to conclude that transgender people of color are more vulnerable to negative health outcomes because of stressors of their marginalized racial and gender identity status in society, as a result of both racism and transphobia (Kattari et al., 2016a).

From a sociological and psychological perspective, this research looks at (double) injustice in transgender people of color and what challenges they experience in different institutional domains such as in health care, education, housing, work and police violence.

Appendix D: Checking the assumptions for analyses

Before analyzing the data, assumption testing was conducted whether a MANOVA analyze was possible. These were the nine assumptions (:

- **Assumption 1: Dependent variables should be continuous**

Before the analysis, for each variable it was checked at which measurement level it measured and whether it was continuous. Finally, some variables (healthcare, housing and police violence) were standardized to make one variable comparable to another variable.

- **Assumption 2: Independent variable should consist of two or more categorical independent groups**

The independent variable in this study was race/ethnicity (white versus non-white transgender people). The groups were independent of each other and had no influence on each other.

- **Assumption 3: Independence of observations**

The values of one observation did not influence another observation (the participants were measured independently of each other).

- **Assumption 4: Adequate sample size**

In this study, the sample included 6456 participants. The sample size is important in order to be able to assess the relevance of the statistically significant relationships and differences. For the central limit theorem (CLT), sample sizes of 30 or more are accepted as adequate (Field, 2017).

- **Assumption 5: No extreme univariate or multivariate outliers and normality (boxplot)**
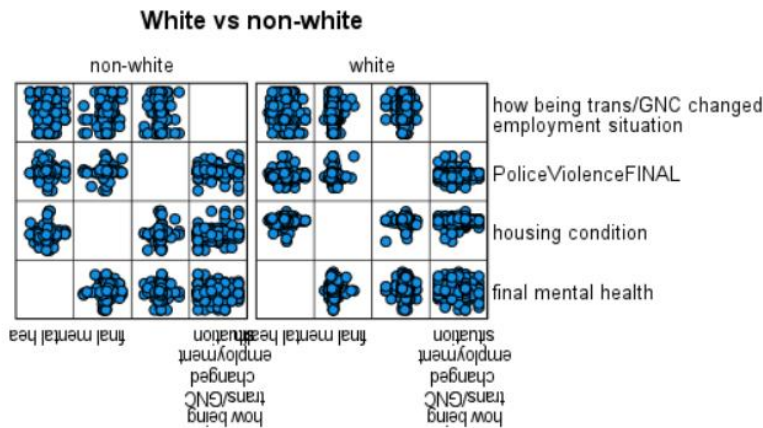
Trough visual inspection of boxplots from each dependent variable (housing, police violence, work and healthcare) outliers were identified. Some dependent variables had many outliers (housing and police violence) and others less (healthcare) or none at all (work). These remain included in the analysis, because they are real data points. Due to the central limit theorem, the sampling distribution can be regarded as univariate normally distributed. Multivariate normality can be derived from this, but not guaranteed (Field, 2017).

- **Assumption 6: Multivariate normality of the dependent variables (histogram or conduct normality test such as Shapiro-Wilk)**

The Shapiro-Wilk test was performed, but all the significance levels were less than 0.05 which means normality cannot be assumed. In addition, the histograms of each dependent variable (housing, work, healthcare and police violence) were also examined, but there was no symmetrical bell-shaped curve which means normality cannot be assumed. After log transformation, the data was still not normally distributed. According to Tabachnick and Fidell (2018) and Field (2017), the MANOVA is robust to modest violations of normality when the sample size is at least 30.

- **Assumption 7: linear relationship between each pair of dependent variables for each group of the independent variable (scatter matrix)**

Scatter matrix plot was performed. It can be seen that it is linear, but that there is no great correlation between the dependent variables. This means that there is less power and therefore less chance of finding an existing effect.

- **Assumption 8: homogeneity of variance-covariance matrices**

This is examined by using Box's M. A significant level for a boxes M less than .001 was found, which indicates that the variance-covariance cannot be assumed and that the assumption is not tenable. To examine the homogeneity, a Levene's test was conducted. The p value of the Levene's test was less than 0.05 which means that homogeneity of variance cannot be assumed and that this assumption is not tenable. Because there is no homogeneity of variance-covariance matrices (Box's test, $p < .001$), Pillai's V is used instead of Wilks' Λ as the test statistic. Wilks' Lambda is generally the multivariate statistic that is advised to use. When the design is unbalanced and the Box's M result is statistically significant, Pillai's Trace is suggested since it is more robust (Allen & Bennett, 2008).

- **Assumption 9: no multicollinearity**

This was checked by creating a correlation matrix for the dependent variables and a Pearson's r analysis between the dependent variables. Between the dependent variable there was no correlation greater than 0.7 so there was no multicollinearity.

References appendix C and D

Abrams, D. (2010). *Processes of prejudice: Theory, evidence and intervention.* Manchester: Equality
and Human Rights Commission.

Allen, P., & Bennett, K. (2008). SPSS for the Health & Behavioural Sciences. (1st ed.) Thomson.

Cadat, M., & Felten, H. (2022). Een ogenschijnlijke paradox: om racisme aan te pakken moet je niet
kleurenblind zijn. Kennisplatform Inclusief Samenleven. Retrieved July 25, 2022 from
https://www.kis.nl/artikel/een-ogenschijnlijke-paradox-om-racisme-aan-te-pakken-moet-je-
niet-kleurenblind-zijn.

Divan, V., Cortez, C., Smelyanskaya, M., & Keatley, J. (2016). Transgender social inclusion and
equality: a pivotal path to development. *Journal of the International AIDS Society*, *19*, 20803.
https://doi.org/10.7448/ias.19.3.20803.

Ella (n.d.). Intersectioneel denken. Retrieved July 24, 2022 from
https://demos.be/sites/default/files/handleiding_intersectionaliteit_ella_vzw.pdf.

Field, A. (2017). Discovering Statistics Using IBM SPSS Statistics (5de editie). SAGE Publications.

Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Kiesling, M. (2011*). Injustice at
every turn: A report of the national transgender discrimination survey.* Washington, DC:
National Center for Transgender Equality & National Gay and Lesbian Task Force. Retrieved
from http://endtransdiscrimination.org/PDFs/NTDS_Report .pdf.

Human Rights Campaign (n.d.). Understanding the Transgender Community. Retrieved December 15,
2021 from Understanding the Transgender Community - HRC.

Kattari, S. K., Walls, N. E., Whitfield, D. L., & Langenderfer Magruder, L. (2016a). Racial and Ethnic
Differences in Experiences of Discrimination in Accessing Social Services Among
Transgender/Gender-Nonconforming People. *Journal of Ethnic & Cultural Diversity in Social
Work*, *26*(3), 217–235. https://doi.org/10.1080/15313204.2016.1242102.

Kattari, S. K., Whitfield, D. L., Walls, N. E., Langenderfer-Magruder, L., & Ramos, D. (2016b).
Policing Gender Through Housing and Employment Discrimination: Comparison of
Discrimination Experiences of Transgender and Cisgender LGBQ Individuals. *Journal of the
Society for Social Work and Research*, *7*(3), 427–447. https://doi.org/10.1086/686920.

McCann, E. (2014). People who are transgender: mental health concerns. *Journal of Psychiatric and
Mental Health Nursing*, *22*(1), 76–81. https://doi.org/10.1111/jpm.12190.

National LGBTQ task force (n.d.). New analysis shows startling levels of discrimination against black
transgender people. Retrieved January 16, 2022 from New analysis shows startling levels of
discrimination against Black transgender people - National LGBTQ Task Force
(thetaskforce.org).'

Raffield, R. (2021). Is Racism Structural in America: Historical Record to Present. *SSRN Electronic
Journal*. https://doi.org/10.2139/ssrn.3817527.

Renee. (2017). *Theoretical Frameworks in Regards to Prejudice and Discrimination.* Retrieved
    January 16, 2022, from https://medium.com/@helpingothers27/theoretical-frameworks-in-
    regards-to-prejudice-and-discrimination-926b65024765.

Small, M. L., & Pager, D. (2020). Sociological Perspectives on Racial Discrimination. *Journal of
    Economic Perspectives*, *34*(2), 49–67. https://doi.org/10.1257/jep.34.2.49.

Stuij, M., Muntinga, M., Bakker, M., Bendien, E. & Verdonk, P. (2020). Secundaire intersectionele
    analyse in kwalitatief gezondheidszorgonderzoek. Praktische handleiding. Amsterdam:
    Amsterdam. UMC. DOI: 10.5281/ zenodo.3901443.

Tabachnick, B., & Fidell, L. (2018). Using Multivariate Statistics (7de editie). Pearson.

Urban Institute (n.d.). Structural Racism in America. Retrieved February 6, 2022 from Structural
    Racism in America | Urban Institute.

Appendix E: Syntax SPSS

* Encoding: UTF-8.

* Race/ethnicity white vs non-white

FREQUENCIES VARIABLES=Q11A

  /ORDER=ANALYSIS.

* Descriptive by ethnic groups

FREQUENCIES VARIABLES=Q11A Q11B Q11C Q11D Q11E Q11F Q11G

  /ORDER=ANALYSIS.

* Primary gender identity

FREQUENCIES VARIABLES=Q3

  /ORDER=ANALYSIS.

*Sex assigned at birth by ethnic groups

CROSSTABS

  /TABLES=Q2 BY Q11C Q11B Q11A Q11D Q11E Q11F Q11G

  /FORMAT=AVALUE TABLES

  /CELLS=COUNT ROW COLUMN TOTAL

  /COUNT ROUND CELL.

* Primary gender identity by ethnic group

CROSSTABS

  /TABLES=Q3 BY Q11C Q11B Q11A Q11D Q11E Q11F Q11G

  /FORMAT=AVALUE TABLES

  /CELLS=COUNT ROW COLUMN TOTAL

  /COUNT ROUND CELL.

* Standardize variable police violence

COMPUTE NEW_Police_violence=Q33 * Q36.

EXECUTE.

* Standardize variable housing

COMPUTE NEW_Housing=Q18 * Q21.

EXECUTE.

* Standardize variable healthcare

COMPUTE NEW_Healthcare=Q46 * Q50 * Q54.

EXECUTE.

* MANOVA employment status

DATASET ACTIVATE DataSet2.

GLM EmplStat1 EmplStat2 EmplStat3 BY Race

  /METHOD=SSTYPE(3)

  /INTERCEPT=INCLUDE

```
 /EMMEANS=TABLES(Race)
 /PRINT=DESCRIPTIVE ETASQ OPOWER HOMOGENEITY
 /PLOT=RESIDUALS
 /CRITERIA=ALPHA(.05)
 /DESIGN= Race.
* MANOVA police violence
GLM Q32A Q32B Q32C Q32D Q32E Q34 BY Race
 /METHOD=SSTYPE(3)
 /INTERCEPT=INCLUDE
 /EMMEANS=TABLES(Race)
 /PRINT=DESCRIPTIVE ETASQ OPOWER HOMOGENEITY
 /PLOT=RESIDUALS
 /CRITERIA=ALPHA(.05)
 /DESIGN= Race.
*MANOVA housing and healthcare standarized variables used
DATASET ACTIVATE DataSet1.
GLM Q18 Q21 BY Q11A
 /METHOD=SSTYPE(3)
 /INTERCEPT=INCLUDE
 /EMMEANS=TABLES(Q11A)
 /PRINT=DESCRIPTIVE ETASQ OPOWER PARAMETER HOMOGENEITY
 /CRITERIA=ALPHA(.05)
 /DESIGN= Q11A.
* Descriptive living condtion
CROSSTABS
 /TABLES=Q21 BY Race
 /FORMAT=AVALUE TABLES
 /CELLS=COUNT ROW COLUMN TOTAL
 /COUNT ROUND CELL.
* MANOVA healthcare
GLM Q46 Q50 Q54 Q43A Q43B Q43C Q43D Q43E Q43F BY Race
 /METHOD=SSTYPE(3)
 /INTERCEPT=INCLUDE
 /EMMEANS=TABLES(Race)
 /PRINT=DESCRIPTIVE ETASQ OPOWER HOMOGENEITY
 /CRITERIA=ALPHA(.05)
 /DESIGN= Race.
```

* MANOVA employment status

```
GLM EmplStat1 EmplStat2 EmplStat3 BY Race
  /METHOD=SSTYPE(3)
  /INTERCEPT=INCLUDE
  /EMMEANS=TABLES(Race)
  /PRINT=DESCRIPTIVE ETASQ OPOWER HOMOGENEITY
  /CRITERIA=ALPHA(.05)
  /DESIGN= Race.
```

* Frequencies living condition

```
CROSSTABS
  /TABLES=Q21 BY Race
  /FORMAT=AVALUE TABLES
  /CELLS=COUNT ROW COLUMN TOTAL
  /COUNT ROUND CELL.
```