Received: 17 August 2020 | Revised: 1 March 2021 | Accepted: 3 April 2021

DOI: 10.1002/casp.2555

REVIEW

WILEY

The health and wellbeing of transgender and gender non-conforming people of colour in the United States: A systematic literature search and review

Panteá Farvid[1] | Thomas A. Vance[1,2] | Samantha L. Klein[3] | Yekaterina Nikiforova[4] | Lisa R. Rubin[3] | Felix G. Lopez[3]

[1]Psychology, Schools of Public Engagement, The New School, New York, New York

[2]Boys and Girls Clubs of America, Atlanta, Georgia

[3]Psychology, School for Social Research, The New School, New York, New York

[4]Psychology, St. John's University, New York, New York

Correspondence
Panteá Farvid, Schools of Public Engagement, The New School, Room 911, 66 West 12th St, New York, NY 10011, USA.
Email: farvidp@newschool.edu

Abstract

Transgender and gender non-conforming people (TGNC), individuals whose gender identity differs from the sex they were assigned at birth, experience unique stressors, discrimination, and barriers to health and wellbeing. TGNC People of Colour (POC) navigate the nexus of racism, cisgenderism (and often homophobia) in their daily lives, resulting in uniquely intersecting forms of discrimination, and pronounced disparities in their health and well-being. In order to examine the current state of knowledge about the health and wellbeing of TGNC POC, we conducted a systematic search and review of peer-reviewed journal articles published between 1 January 2010 and 1 May 2020 that focused on this population. A systematic search identified (3,575) papers, with 76 of those meeting full inclusion criteria. In our review, we were able to identify physical health and psychological wellbeing (which included resilience), as core clusters of research focused on TGNC POC. We identified specific factors that hindered physical and psychological health (what we call "push" factors) as well as those that promoted it (what we call "pull" factors). Leveraging these findings, we offer ways forward for best practice in clinical work and carrying out research with this population. Please refer to the Supplementary Material section to find this article's Community and Social Impact Statement.

KEYWORDS
identity, intersectionality, LGBT+ methodology, race/ethnicity, social justice

1 | INTRODUCTION

In the past decade, there has been increased visibility of those whose gender identity is not aligned with the sex they were assigned at birth (transgender) and those whose gender does not conform with a binary gender system (gender nonconforming) (Goldberg, 2017; Golden & Oransky, 2019; Steinmetz, 2014). In addition, there is a rise in research focusing on physical health, psychological wellbeing, and resilience with the transgender and gender nonconforming (TGNC) population (Bockting, Miner, Romine, Hamilton, & Coleman, 2013; Clements-Nolle, Marx, & Katz, 2006; Reisner et al., 2015; Singh, 2013). Whereas earlier studies grouped TGNC populations within a larger lesbian, gay, bisexual, transgender, and queer umbrella (LGBTQ), recent work has revealed disparities in the TGNC community that are distinct from LGBQ people (Singh & McKleroy, 2011). Hence, the inclusion of transgender in LGBTQ umbrellas has been identified as inadequate for addressing disparities that uniquely affect TGNC individuals. In addition, research continues to highlight the impact of socially mediated stigma and systemic discrimination on health outcomes for those who straddle intersecting identities across gender, sexuality, class, race, and so on (Bockting et al., 1998, 2013).

Being a non-white member of the TGNC population has been identified as a unique nexus of minority stress (e.g., Testa et al., 2015), that mitigates poorer health and wellbeing outcomes (e.g., Flores et al., 2018). As such, TGNC people of colour (POC)[1] face unique discriminations and other challenges that are distinct from the broader LGBQ population (Singh & McKleroy, 2011). Limited research centres race and ethnicity, or the unique experiences of POC, within the TGNC experience, leading to a call for greater attention to this population (Singh, 2013).

1.1 | Objectives

Within this context, we sought to conduct a systematic search and review of the TGNC-specific research over the past decade, which focused on individuals of colour. This 10-year period was chosen so that we could capture a wide range of research on TGNC POC, due to the greater visibility and research focus on this population since 2010. The research questions guiding the systematic review are, over the last decade (2010–2020):

1. What is the state of knowledge concerning the health and wellbeing of transgender and gender-nonconforming individuals of colour?
2. What are deemed best clinical practices when working with these populations?
3. What are the shortcomings in this research and where should future efforts be directed?
4. What are the frameworks, theories or methodologies best suited to working with this population?

2 | METHOD

We utilised a *systematic search and review* method (see Grant & Booth, 2009), which combines a critical literature review approach with a comprehensive systematic search process. This method is procedurally similar to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA, see Liberati et al., 2009),

but not as rigid or detailed. Although this makes our approach less rigorous, it offered more flexibility regarding the types of studies that can be incorporated (i.e., qualitative, quantitative, mixed-method), and the sorts of questions that can be asked (e.g., is the research POC-centred?). The methodological protocol that were utilised is outlined below.

2.1 | Eligibility criteria

All peer-reviewed articles investigating the physical health and psychological wellbeing of TGNC PoC were eligible for this review, regardless of epistemology, theoretical orientation, or methodology. Further criteria adopted were: (a) works published between 1 January 2010 and 1 May 2020, (b) US-based research, (c) published in the English language (whether or not participants were English speakers), and (d) POC-Centred. For this review, POC-Centred is defined as research that centres race and ethnicity in its research question or examines society, culture and various institutions as they relate to categorisations of ethnicity/race. This means ad hoc or incidental data collect on TGNC POC populations, alongside larger TGNC/LGBQ studies were not included as part of the review. To be included, an article also needs to meet a threshold of 10% of participants who are identified as TGNC POC. So, if an article examined the entire LGBTQ umbrella but less than 10% of the participants were TGNC POC, it was excluded.

2.2 | Information sources and search

Searches were conducted on PsycINFO, AcademicSearch, and Medline to identify peer-reviewed journal articles published in psychological or medical journals. Given the broad range of terminology used for different communities, we searched the boolean phrases: "*TGNC* OR *transgender* OR *gender non-conforming* OR *gender variant* OR *gender nonconforming* OR *nonbinary* OR *non-binary* AND *POC* OR *people of colour* OR *minorities* OR *black american* OR *african american* OR *latino* OR *latina* OR *latinx* OR *hispanic* OR *asian american* OR *south pacific islander* OR *middle eastern* OR *persian* OR *native american* OR *american indian*."

2.3 | Study selection and data collection processes

The research questions, parameters, and screening tools were developed in full participation of the team, as led by the first and second author. Initial searches were conducted by Authors 3 and 4, simultaneously (see Figure 1). After initial identification, screening, and eligibility analysis, the full team was consulted, and the literature was split into three categories for further in-depth analysis. The category of psychological wellbeing was identified as including a sub-category that was focused on resilience. Hence, in our review, three categories were further examined, by various authors (AU3: Physical health; AU4: Psychological well-being, AU2: Resilience), in consultation with the first and fifth author. After the reviews were conducted, the full team was consulted about these three clusters, revising them as a team, and finalised the outcomes to produce the results below.

3 | RESULTS

Overall, we identified 4,920 articles that matched the initial search criteria. After the removal of duplications, screening the title, assessing the abstract, and reading the full-text, 77 articles were chosen for the systematic review (see Table 1). Overall, 53 articles were excluded due to a lack of focus on POC as part of TGNC research.

3.1 | Terminology

Language within this population has changed over time and continues to evolve. During the review, we noticed a similar pattern: earlier articles sometimes used outdated terminology such as "transsexuals" (Erich et al., 2010) and "transwomen" (Wilson et al., 2013). In Table 1, we have left the original terminology as used by the authors, but in our review below, we used updated terms that best capture the population of interest.

3.2 | Research location and demographics

Study settings were typically urban areas in the US (e.g., Oakland, CA; New York City; Chicago, IL), where there are larger populations of TGNC POC (e.g., Jefferson et al., 2013; Sun, Ma, et al., 2016; Sun, Reboussin, et al., 2016). Participants were predominantly Black and Latinx transgender women, aged 18–30 years.

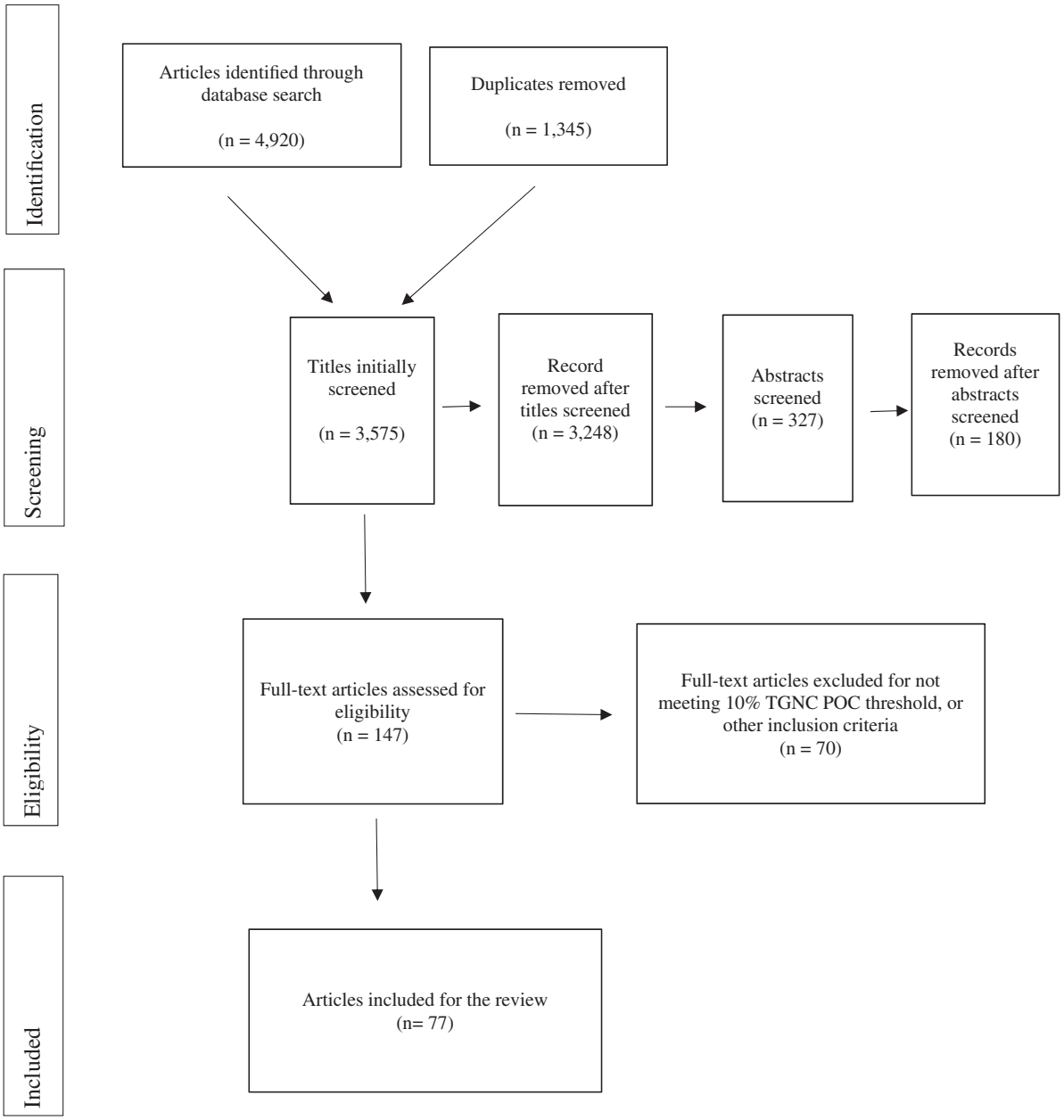

FIGURE 1 Flow diagram of selection process

TABLE 1 Manuscripts included in review

#	Citation	Sample/population	Methodology	Issue examined	Push factors	Pull factors
PHYSICAL HEALTH						
1	Adams, Krier, Netto, Feliz, & Friedman, 2018	Black MSM, transgender women	Qualitative	HIV incidence and outcomes	Stigma, violence	Community engagement
2	Anderson-Carpenter, Fletcher, & Reback, 2017	Black MSM, transgender women	Quantitative	HIV+; incarceration; substance use	HIV positive black transgender women had highest probability of incarceration, being black and/or HIV positive associated with unstable housing	N/A
3	Baguso et al., 2019	Predominantly black and Latina transgender women	Quantitative	HIV+ care; healthcare access/barriers; structural barriers; minority stress	Experiencing anti-transgender and race discrimination in a structural setting (e.g., housing, employment) were 6x less likely to engage in HIV care, had 5x higher odds of not being on antiretroviral therapy. Housing instability associated with higher likelihood of having a detectable viral load	Hormone usage was indicative of being on ART
4	Barreras, Linnemayr, & MacCarthy, 2019	Latino MSM, Latina transgender women	Qualitative	HIV risk; PrEP knowledge	Knowledge gaps, concerns about hormone conflict, financial barriers/access, need culturally sensitive messages	Knowledge associated with PrEP advocacy
5	Barrington et al., 2018	Latino MSM, Latina transgender women	Qualitative	HIV prevention; (immigrant) community engagement	Small social networks, economic and social migration, participants limited conversation with social group to normative perceptions (not individual experiences)	N/A

(Continues)

TABLE 1 (Continued)

#	Citation	Sample/population	Methodology	Issue examined	Push factors	Pull factors
6	R. A. Brooks, Cabral, Nieto, Fehrenbacher, & Landrian, 2019	Black and Latina transgender women	Qualitative	HIV prevention; PrEP knowledge/attitudes; PrEP stigma	Perception that PrEP users are HIV+, perception that black and Latina transgender women engage in elevated sexual risk behaviours, negative labels ascribed PrEP users	Social support after PrEP disclosure, dissemination of PrEP information
7	Bukowski et al., 2018	Black transgender women	Quantitative	HIV care/testing; healthcare access/barriers	Incarceration and lack of medical access associated with undiagnosed HIV+,	N/A
8	Callander et al., 2020	Transgender women of colour	Mixed-methods	HIV testing; PrEP use; healthcare access/barriers;	N/A	Focusing on an intersectional perspective of neighbourhoods and PrEP uptake
9	Chen et al., 2020	Black MSM, transgender women	Quantitative	HIV+/HIV prevention; PrEP; community engagement	N/A	Having more social connections/confidants who openly discuss sex and who are employed; if HIV+, if confidants know HIV status, more likely to be virally suppressed
10	Crosby, Salazar, Hill, & Mena, 2018	Black MSM, transgender women	Quantitative	HIV risk; general STI risk; structural barriers	HIV risk, pharyngeal chlamydia, and gonorrhoea risk, lack of financial resources/food/housing may mean relying on sex partners for basic needs	Condom use did not differ between groups
11	Denson et al., 2017	Black and Latina transgender women	Quantitative	HIV+/HIV risk; healthcare access/barriers; structural barriers	Viewing self as "low-risk," fear of positive result, and structural barriers (e.g., lack of transportation) cited as common reasons for not	More than three quarters of the sample were using hormones or gender affirming medical technologies

TABLE 1 (Continued)

#	Citation	Sample/population	Methodology	Issue examined	Push factors	Pull factors
					utilising HIV testing; almost half reported engaging in sex work or sex for money	
12	Frye et al., 2015	Black MSM, transgender women	Qualitative	HIV self-testing; access/barriers to healthcare	Feeling unsupported during testing, financial barriers	Convenience, control, privacy
13	Galvan, Chen, Contreras, & O'Connell, 2019	Latina transgender women, HIV+	Quantitative	HIV+; violence	Perpetrators were predominantly intimate partners, sexual partners, or acquaintances/strangers	Reaching out to social groups for support
14	Goldenberg et al., 2019	Black transgender individuals	Quantitative	Gender affirmation; stigma in healthcare; resilience	Frequent delay of care due to fear of stigma	Gender affirmation can moderate relationship between stigma and healthcare delay/non use
15	Hatchel & Marx, 2018	Transgender youth of colour	Quantitative	Substance use, peer victimisation, school belonging	Experience more victimisation than white peers, and diminished school belonging	Do not use drugs more frequently than white peers, greater sense of school belonging associated with less drug use
16	Hill et al., 2018	Transgender women of colour	Quantitative	Healthcare access/barriers; structural barriers	N/A	Legal name change was associated with higher income, more social support, and stable housing
18	Hirshfield et al., 2019	Transgender women of colour (primarily Latina), HIV+	Quantitative	HIV+ care; healthcare access/barriers; social support	Intervention may not be as beneficial to those with lower educational attainment, or fewer social assets	Community engagement and becoming a peer leader were associated with more stable housing, and led to lower CD4 count and viral load

(Continues)

TABLE 1 (Continued)

#	Citation	Sample/population	Methodology	Issue examined	Push factors	Pull factors
19	Holder et al., 2019	Transgender women of colour	Quantitative	HIV risk/ HIV+; PrEP knowledge; healthcare access/barriers	Black/Latinx individuals less likely to have received HIV screenings, and more likely to have had sex with more than one partner, engaging in sex work, and the least aware/ willing to use PrEP	N/A
20	Hotton et al., 2020	Transgender women of colour	Quantitative	HIV+ care; healthcare access/barriers; structural barriers	Housing instability was associated with social class adversity, which was associated with lower odds of viral load suppression	Recommends future interventions should target housing
21	Howard et al., 2019	Transgender people of colour	Qualitative	Healthcare experiences; patient-provider interactions	Discrimination based on race or gender identity, and assumptions about transgender PoC led to negative experience	Individuals sought out in-group providers (either gender or race) and LGBT friendly spaces
22	Hudson, 2019	Transgender women of colour	Qualitative	Healthcare experiences; gender affirmation	Educating staff, treated as "one issue," personal biases, and enduring micro aggressions	Treating patients holistically, in-group providers, identity conscious services, and respectful environments
23	Hwahng & Nuttbrock, 2014	Transfeminine individuals of African, Latina, and Asian descent	Mixed-method	HIV risk; financial barriers; mental health/abuse; androphilia	Racial stratification determined access to resources, sex work for financial survival, loss of power within sexual relationships, high rates of abuse (verbal, sexual, physical), structural barriers (e.g., racism, transphobia) contribute to HIV risk	N/A

TABLE 1 (Continued)

#	Citation	Sample/population	Methodology	Issue examined	Push factors	Pull factors
24	Koblin et al., 2017	Young black MSM, transgender women	Quantitative	HIV prevention/ testing; healthcare access/barriers	Those with fearing stigma, lack of health insurance, comfort at home, and lack of social support were directed to use home HIV testing. Those with a history of incarceration, self-efficacy, and social support were directed to test at a provider/clinic. Those with a primary partner and higher educational attainment were directed toward a counsellor.	Testing options were individualised, in order to maximise testing
25	Kuhns et al., 2019	Transgender women of colour (primarily black), HIV+	Quantitative	HIV+ care; healthcare access/barriers; structural barriers	Structural barriers (e.g., homelessness, unemployment, incarceration) associated with lack of HIV care	Engaging in adjunctive care (e.g., housing interventions, legal services, employment) assists with HIV care engagement
26	Loza, Beltran, & Mangadu, 2017	Latinx transgender women (mainly of Mexican descent)	Qualitative	Healthcare access/barriers; gender affirmation; mental health	Self-administration of gender affirming procedures, substance use, mental health concerns (e.g., suicidal ideation), barriers to healthcare (financial/ discrimination)	Some report self-acceptance of transgender identity, friends as primary social support
27	MacCarthy, Barreras, Mendoza-Graf, Galvan, & Linnemayr, 2019	Latino MSM, Latina transgender women	Qualitative	HIV prevention/testing; healthcare access/barriers; intervention	Sharing phone number potential concern, culturally sensitive messaging (e.g., texts in Spanish) may alienate those who do not speak Spanish	Weekly personalised messages help participants feel engaged, culturally sensitive messaging may help

(Continues)

TABLE 1 (Continued)

#	Citation	Sample/population	Methodology	Issue examined	Push factors	Pull factors
28	Molina & Ramirez-Valles, 2013	Latino MSM, Latina transgender women	Quantitative	HIV+ stigma (general enacted, perceived, internalised, sexual/romantic)	General enacted stigma negatively associated with self-esteem, social support, and self-efficacy, romantic/sexual stigma was associated with substance use, internalised stigma mediated association between generalised enacted stigma, self-esteem, and safe sex efficacy	N/A
29	Nemoto, Cruz, Iwamoto, & Sakata, 2015	African-American transgender women, with a history of sex work	Quantitative	Healthcare access/barriers; social support	Need for social support and transgender community identification was associated with unmet needs (basic assistance, mental healthcare, healthcare)	N/A
30	Nemoto, Iwamoto, Suico, Stanislaus, & Piroth, 2020	Black transgender women	Mixed-methods	HIV+ care; stigma/discrimination; structural barriers; patient-provider interactions	Experiencing discrimination means less likely to enrol in care, stigma attached to HIV care, experiencing homelessness, experience in medical settings	Identifying as a transgender woman (vs female), earning less income, being older, and having more social support associated with likelihood to enrol in care
31	Nieto, Fehrenbacher, Cabral, Landrian, & Brooks, 2020	Black and Latina transgender women	Qualitative	HIV prevention; PrEP; healthcare access/barriers	Language/cultural barriers of medication engagement, lack of transgender competent medical care, prioritising basic needs vs PrEP	Peer education/personal testimonials from PrEP-user peers, accurate information dissemination about sexual health benefits

TABLE 1 (Continued)

#	Citation	Sample/population	Methodology	Issue examined	Push factors	Pull factors
32	Palazzolo, Yamanis, De Jesus, Maguire-Marshall, & Barker, 2016	Latina transgender women (*chicas trans*)	Qualitative	HIV risk/care; gender affirmation; social support; structural barriers	Stigma of HIV testing, lack of financial resources/primary care provider, witnessing violence, experiencing abuse within relationships	Feeling supported in gender identity within relationships
33	Poteat et al., 2019	Black and Latina transgender women	Mixed-method	HIV prevention; attitudes/knowledge about PrEP, PEP, other medical interventions	Concern about hormone interaction, financial concerns (meeting basic needs vs. medication), medical mistrust, lack of knowledge	Many would use PrEP (or other intervention) if made more accessible
34	Reback, Kisler, & Fletcher, 2019	Transgender women of colour	Quantitative	HIV+; medication management; healthcare access/barriers	N/A	Peer health navigation led to increased HIV care retention
35	Rebchook et al., 2017	Transgender women of colour	Review	HIV+ care; healthcare access/barriers; gender affirmation	N/A	Projects frequently focus on adjunctive services (e.g., housing, employment) and gender affirming healthcare
36	Reisner, Bailey, & Sevelius, 2014	Transgender women of colour	Quantitative	Healthcare access/barriers; structural barriers	Likelihood of being incarcerated. Incarceration associated with of substance use, sex work, assault, and have an HIV+ status. Being denied healthcare	N/A
37	Rhodes, Alonzo, Mann, Simán, & Sun, 2015	Latina transgender women	Qualitative	Gender affirming care; psychosocial support; healthcare access/barriers; sexual health	Unsafe hormone usage, uncertainty about transitioning/future, discrimination, fear of family reaction, stigma impacts sexual health	Psychosocial support from family members, access transgender-specific and gender affirming care, community engagement

(Continues)

TABLE 1 (Continued)

#	Citation	Sample/population	Methodology	Issue examined	Push factors	Pull factors
38	Rosen et al., 2019	Black and Latina transgender women, who are HIV positive	Quantitative	HIV care; gender affirmation	Lack of hormone access/surgical options associated with antiretroviral therapy disruption	Gender affirmation can help with HIV treatment
39	Salerno et al., 2019	Black MSM, transgender women	Qualitative	Patient-provider interactions, healthcare experiences	N/A	Experiences are more positive when provider is an in-group member, non-judgemental, and establishes trust
40	Seelman, Young, Tesene, Alvarez-Hernandez, & Kattari, 2017	Transgender PoC, transgender white individuals	Quantitative	Mental and/or non-sexual physical health	Higher lifetime prevalence of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia, and asthma; less likely to be notified of depression	N/A
41	Siembida, Eaton, Maksut, Driffin, & Baldwin, 2016	Black MSM, transgender women	Quantitative	HIV risk and prevention; access/barriers to healthcare	Transgender women face more psychosocial burden, homelessness, lower educational attainment, higher rates of transactional sex	N/A
42	Sun, Ma, et al., 2016; Sun, Reboussin, et al., 2016	Latino men and transgender individuals	Quantitative	Sexual behaviour; structural barriers; substance use	Using dating apps or websites was associated with more sexual partners, illicit drug use, and STD diagnosis	N/A
43	Van Devanter et al., 2012	Adolescent transgender male-to-females of colour	Qualitative	Sexual risk-taking behaviour; substance use; structural barriers	Stigma leads financial vulnerability which leads to sex work, sex/drugs used to manage stigma, financial vulnerability influences sexual risk-taking with clients	N/A
44	Wilson, Arayasirikul, & Johnson, 2013	African-American transgender women	Qualitative	HIV care; healthcare access/barriers; community engagement; social support	Barriers include: Gender stigma, peer distrust/no sense of community, institutional distrust	Facilitators include: Individuals/institutions providing information,

TABLE 1 (Continued)

#	Citation	Sample/population	Methodology	Issue examined	Push factors	Pull factors
						assistance, and emotional support
45	Wilson et al., 2015	Trans*female PoC ages 18–24	Quantitative	HIV+/risk; healthcare access/barriers; substance use; structural barriers	Poverty, lower educational attainment, unstable housing associated with HIV risk, more likely to engage in condomless sex, coping with racism through substance use	Lower HIV prevalence than adult population of San Francisco
46	Wilson et al., 2018	Transgender women of colour	Quantitative	HIV+; healthcare access/ barriers; structural barriers	Engaging in illicit income methods, sex work, or experiencing unstable housing was associated with a lower CD4 count	N/A
47	Yockey, Vidourek, & King, 2020	Hispanic transgender individuals	Quantitative	Minority stress; substance use	Being older than 25 and reporting using other substances had the highest likelihood of illicit substance use	N/A
PSYCHOLOGICAL WELLBEING AND RESILINCE						
48	Bauermeister, Goldenberg, Connochie, Jadwin-Cakmak, & Stephenson, 2016	Racial/ethnic minority MSM, transgender young adults	Quantitative	Psychosocial outcomes; structural barriers	Socioeconomic vulnerability	N/A
49	Bazargan & Galvan, 2012	Latina transgender women	Quantitative	Discrimination; depression; violence	Experiencing discrimination on a daily basis, sexual partner violence, suicidality, depression	N/A
50	Benson, 2019	Native American transgender youth	Conceptual	Experiences in juvenile justice system	Misgendering and invisibilisation	N/A

(Continues)

TABLE 1 (Continued)

#	Citation	Sample/population	Methodology	Issue examined	Push factors	Pull factors
51	Bith-Melander et al., 2010	Transgender people of colour	Qualitative	Community engagement/ group membership; structural barriers; sex work; substance use	Socioeconomic vulnerability (e.g., transactional sec) and gender-related discrimination	Being seen as "in-group," individual meanings of transitioning, sense of community
52	S. Brooks, 2016	Black lesbian and transgender women	Qualitative	Community dynamics/ neighbourhoods	N/A	Feelings of belonging and strategy of "staying in"
53	Bukowski et al., 2019	African American transgender women	Quantitative	Intimate partner violence; depression	Intimate partner violence and depression	Direct suppression effect of perceived social support
54	Cerezo, Morales, Quintero, & Rothman, 2014	Latin American transgender immigrants	Qualitative	Immigration; discrimination; social support; structural barriers	Cited reasons for leaving home country as severe violence and harassment, discrimination, rejection	N/A
55	Cerezo, Cummings, Holmes, & Williams, 2019	Black and Latinx transgender women	Qualitative	Intersectional identities	N/A	Identity formation and integration as resistance
56	Chang & Singh, 2016	Transgender and gender non-conforming people of colour	Clinical psychological guidelines	Therapeutic practice recommendations; intersectional identities; gender affirmation	N/A	N/A
57	Collier, Colarossi, Hazel, Watson, & Wyatt, 2015	Transgender women of colour	Quantitative	Intervention adaptation; depression; HIV knowledge; sexual behaviours; structural barriers	N/A	N/A
58	Erich, Tittsworth, & Kersten, 2010	Transsexuals of colour	Quantitative	Quality of life; social support; wellbeing	N/A	Reported higher levels of social support
59	Etengoff & Rodriguez, 2020	Muslim TGNC	Mixed-method	Religion/spirituality; mental health; coping	Difficult "coming-out" experience	Depression scores within normal range, religion and spirituality as coping,

TABLE 1 (Continued)

#	Citation	Sample/population	Methodology	Issue examined	Push factors	Pull factors
60	Flores et al., 2018	Transgender and gender non-conforming people of colour	Qualitative	Intersectional identities; objectification	Experiences shaped by racism and cissexism; varied racialized sexual objectification and body policing; negative psychological outcomes	N/A
61	Ghabrial, 2019	Bisexual women and gender diverse people of colour	Qualitative	Intersecting identities;	N/A	N/A
62	Gordon, Austin, Krieger, White Hughto, & Reisner, 2016	Transgender women; majority black, Latinx, and multiracial	Qualitative	HIV+/risk; body image/ shape control; resilience	Discrimination/stigma, white beauty ideals vs ethnic/race-specific beauty ideals, gender socialisation	Gender affirmation, social support, resilience
63	Graham et al., 2014	Black transgender women	Qualitative	Social support; gender affirmation	N/A	Affirmation experienced when contacting other transgender women
64	Graham, 2014	Black transgender women	Qualitative	Institutions; discrimination; violence; harassment	Reporting of discrimination and harassment within institutions (e.g., incarceration, school, church)	N/A
65	Hipp, Gore, Toumayan, Anderson, & Thurston, 2019	African American transgender individuals	Review	Civil rights; community dynamics	Conversion, "church hate," gatekeeping	N/A
66	Hwahng et al., 2018	Latina transgender women	Qualitative	Community dynamics; social support; education/ training; substance use reduction	N/A	Alternate kinship structures and sources of income, social support, education and skills training, lack of substance use
67	Jefferson, Neilands, & Sevelius, 2013	Transgender women of colour	Quantitative	Intersectional identity discrimination; depression	N/A	N/A

(Continues)

TABLE 1 (Continued)

#	Citation	Sample/population	Methodology	Issue examined	Push factors	Pull factors
68	Lefevor, Janis, Franklin, & Stone, 2019	Transgender people of colour	Quantitative	Minority stress and intersectionality; anxiety and depression; distress levels	N/A	N/A
69	Nicolazzo, 2016	Black non-binary/ transgender collegians	Qualitative	Identity formation, passing, realness, and trans*-normativity	Negative experiences around identities and how they were perceived in college settings	N/A
70	Reicherzer & Spillman, 2014	Mexican American transsexual women	Qualitative	Community dynamics/social support; narratives of identities	Estrangement from families	Stories of accountability, family cohesiveness, self-acceptance, spirituality, talent, and womanhood
71	Crosby et al., 2016	African American transgender women	Quantitative	Gender affirmation; psychosocial outcomes	Medical gender affirmation was not associated with any mental health measures	Social gender affirmation was associated with positive mental health outcomes
72	Singh & McKleroy, 2011	TGNC people of colour	Qualitative	Intersectional identities; community dynamics	Recognising and negotiating oppression, accessing mental and physical health resources	Pride in racial/gender identities, engaging with community, hope for future
73	Singh, 2013	TGNC youth of colour	Qualitative	Intersections of racism and transphobia; structural barriers; community dynamics; gender affirmation	Awareness of "adultism" experiences	Evolving definitions of identities (racial/ethnic and gender), self-advocacy in education systems, finding community, social media for gender affirmation
74	Sevelius, 2012	Transgender women of colour	Qualitative	Risk behaviour	Access to gender affirmation	N/A

TABLE 1 (Continued)

#	Citation	Sample/population	Methodology	Issue examined	Push factors	Pull factors
75	Sun, Ma, et al., 2016; Sun, Reboussin, et al., 2016	Latino sexual minority men, and Latina transgender women	Quantitative	Depression; discrimination	N/A	N/A
76	Woods, Galvan, Bazargan, Herman, & Chen, 2013	Latina transgender women	Qualitative	Interactions with law enforcement; systemic oppression	Physical, verbal, sexual harassment from law enforcement	N/A
77	Yamanis et al., 2018	Latina transgender women	Quantitative	Depression; immigration status; social support; structural barriers	N/A	N/A

3.3 | Core clusters of research

Of the 77 articles identified in the review, 47 were focused on physical health and 30 psychological wellbeing, including resilience (see Table 1). We address the characteristics of these two clusters separately below.

3.3.1 | Physical health

Forty-seven of the total articles that we reviewed were focused on physical aspects of health, and drew predominantly on a biomedical models or health sciences frameworks. Topics tended to be exclusively related to sexual behaviour, sexually transmitted infections (STI), and human immunodeficiency virus (HIV) transmission, as well as access/barriers to general healthcare (but within the context of STI/HIV research). Only one article centring TGNC POC focused on other realms of physical health such as cardiovascular health, autoimmune health, metabolic health, and reproductive health unrelated to sexual behaviour.

The largest cluster of the physical health research was HIV-focused (32) and examined pre-exposure prophylaxis (PrEP) or HIV prevention/medication management (e.g., Nieto et al., 2020; Poteat et al., 2019), HIV Care (e.g., Rosen et al., 2019), or HIV risk and testing (e.g., Barrington et al., 2018; Palazzolo et al., 2016; Siembida et al., 2016). PrEP research addressed attitudes and knowledge (e.g., Barreras et al., 2019; Poteat et al., 2019), demographics of PrEP users (Holder et al., 2019; Nieto et al., 2020), reasons for not taking PrEP (Nieto et al., 2020; Poteat et al., 2019), barriers or access to PrEP (Holder et al., 2019), and interventions for delivering PrEP to this population (Callander et al., 2020). Researchers also explored willingness to have a vaccine or take a microbicide by TGNC POC (Poteat et al., 2019).

Sexual behaviour was also a large cluster of this research. TGNC POC were more likely to engage in condomless sex (Denson et al., 2017; Wilson et al., 2015), where depressive symptomatology and lower educational attainment were associated with such a trend (Siembida et al., 2016). One study evaluated sexual risk behaviours and the prevalence of STI rates between Black men who have sex with men and Black transgender women, and while transgender women were more likely to be the receptive anal sex partner, rates of STIs did not differ between these two groups (Crosby et al., 2018). Latinx individuals who found sex partners on websites or dating apps were more likely to have an STI diagnosis, and use illicit substances (Sun, Ma, et al., 2016; Sun, Reboussin, et al., 2016).

Substance use was also a commonly assessed (e.g., Molina & Ramirez-Valles, 2013; Wilson et al., 2015; Yockey et al., 2020), where incarceration was associated with greater use (Anderson-Carpenter et al., 2017; Reisner et al., 2014). A sense of belonging in school mediated the pathway between peer victimisation and substance use among transgender youth of colour (Hatchel & Marx, 2018). Transgender youth of colour did not use substances more frequently than their white transgender peers (Hatchel & Marx, 2018). Only one study explored general health outcomes of TGNC POC (Seelman et al., 2017), emphasising a need to move beyond HIV and sexual behaviour research, in order to focus more broadly on general physical health.

3.3.2 | Psychological wellbeing and resilience

Twenty-three of the articles we reviewed were concerned with psychological health and wellbeing, and seven others were directly concerned with resilience within the TGNC PoC populations. Many of the studies investigated the intersection of racial and gender identity, including utilising an intersectional (Cerezo et al., 2014; Chang & Singh, 2016; Flores et al., 2018) and minority stress (Graham et al., 2014; Jefferson et al., 2013; Lefevor et al., 2019) frameworks. Articles focused on resilience best captured an intersectional and PoC-centred approach. The first cluster of studies explored a wide variety of psychological health and wellbeing topics but tended to focus on depression and anxiety (e.g., Bazargan & Galvan, 2012; Lefevor et al., 2019; Sun, Ma, et al., 2016; Sun, Reboussin, et al., 2016;

Yamanis et al., 2018). Resilience factors included resistance to gender and racial/ethnic oppression (Singh, 2013; Singh & McKleroy, 2011), alternative kinship structures (Hwahng et al., 2019), gender affirmation (Crosby, Salazar, & Hill, 2016), and religious resiliency (Etengoff & Rodriguez, 2020).

We found six articles on the psychological wellbeing of TGNC that were POC-centred (Bazargan & Galvan, 2012; Gordon et al., 2016; Jefferson et al., 2013; Lefevor et al., 2019; Sun, Ma, et al., 2016; Sun, Reboussin, et al., 2016; Yamanis et al., 2018). That research was limited in relation to specific psychological disorders and mostly focused on depressive symptoms and outcomes, especially as they related to experiences of discrimination. Experiences of discrimination, perceived discrimination, as well as combined racism and transphobia were positively associated with depressive symptoms (Bazargan & Galvan, 2012; Jefferson et al., 2013; Sun, Ma, et al., 2016; Sun, Reboussin, et al., 2016). In addition, higher levels of coping and self-efficacy (associated with increased Transgender identification) were associated with lower levels of depressive symptoms (Jefferson et al., 2013). Depression scores were also inversely associated with legal documentation status as well as income above the federal poverty lines, levels of social support, and resilience in Latina immigrants who were transfeminine (Yamanis et al., 2018).

Other research focused on distress and disordered eating (Lefevor et al., 2019), where TGNC POC was found to experience higher rates of distress compared to white TGNC individuals and cisgender POC (Lefevor et al., 2019). Disordered eating in transgender women of colour was linked to similar risk factors to general population, such as economic and housing instability, as well as gender socialisation and femininity ideals (such as thinness) and biological processes (weight gain from hormone use) interacting with social processes (such as navigating Western body shape/weight ideals). Stigma, discrimination, and levels of resilience also influenced disordered eating (Gordon et al., 2016).

4 | DISCUSSION

In this review, we sought to identify the current state of knowledge in the psychological literature as it pertained to TGNC POC. We identified two broad clusters of research, focused on physical health and psychological wellbeing, which included resilience. As part of the review, we identified specific factors that hindered physical health, psychological wellbeing, and resilience (what we call "push factors") as well as those that promoted physical health, psychological wellbeing, and resilience ("pull factors").[2] We also identified a series of issues related to clinical practice with TGNC POC. Here, we outline the push and pull factors that we identified in the research when it came to each of these categories and offer our recommendations for how this knowledge should be taken into consideration in the associated clinical settings.

4.1 | Physical health

4.1.1 | Push factors

Most of this research focused on HIV, it drew on various structural barriers to accessing healthcare for TGNC POC, such as: homelessness (Hotton et al., 2020; Wilson et al., 2015), lower levels of educational attainment (Siembida et al., 2016), engaging in sex work (Van Devanter et al., 2012), incarceration (Anderson-Carpenter et al., 2017; Bukowski et al., 2018; Reisner et al., 2014), unemployment (Kuhns et al., 2019), and substance use (Denson et al., 2017; Van Devanter et al., 2012). Experiencing transgender or HIV stigma was also detrimental to accessing healthcare (Baguso et al., 2019; Van Devanter et al., 2012; Wilson et al., 2013). Institutional and peer distrust, along with a lack of community affiliation, were also noted as specific barriers to HIV care (Wilson et al., 2013).

Transgender women reported higher rates of transactional sex (i.e., exchange of sex for basic needs such as food and shelter) or relying on their sexual partners for food, housing, healthcare, and other necessities (e.g., Crosby et al., 2018; Denson et al., 2017; Hwahng & Nuttbrock, 2014). Transgender individuals of colour also report engaging in risky sexual behaviour within relationships (e.g., condomless sex), being subjected to abuse (e.g., Galvan et al., 2019; Hwahng & Nuttbrock, 2014) and experiencing a sense of disempowerment within relationships (Hwahng & Nuttbrock, 2014).

Financial concerns ultimately formed the largest layer of structural barriers to better physical health (Loza et al., 2017; Palazzolo et al., 2016; Wilson et al., 2015). Lower income was associated with worse general health (Seelman et al., 2017), where individuals frequently had to choose between HIV care, hormonal therapies or body modifications, and/or meeting their basic living needs (Nieto et al., 2020; Poteat et al., 2019). Individuals without financial means may take it upon themselves to administer gender affirming healthcare (e.g., hormone therapies), despite being aware of the risks (Loza et al., 2017; Rhodes et al., 2015).

4.1.2 | Pull factors

Social groups were frequently noted as protective, such as peer health support and community engagement (e.g., Hirshfield et al., 2019; Reback et al., 2019). Strong social networks and disclosure of HIV status (Chen et al., 2020) were also associated with healthcare utilisation, specifically within the realm of HIV care or prevention (e.g., PrEP uptake). Reporting a need for community identification or social support was associated with unmet basic health needs (Nemoto et al., 2015), emphasising the importance of belonging and social support.

Legal name change was associated with positive financial outcomes (Hill et al., 2018), emphasising the importance of gender affirmation in everyday life. Unmet needs for gender affirmation may ultimately inhibit antiretroviral therapy adherence (Rosen et al., 2019), however, when participants had access to gender affirming healthcare (e.g., hormone therapies, gender affirming surgery) healthcare outcomes improved (Goldenberg et al., 2019; Rosen et al., 2019). In addition, when individuals had access to adjunctive services with housing or employment, they were more likely to engage in HIV care (Kuhns et al., 2019).

4.1.3 | Clinical applications/implications for providers

Members of the TGNC POC community frequently noted their desire to be approached from a holistic framework by healthcare providers (e.g., R. A. Brooks et al., 2019; Hudson, 2019; Salerno et al., 2019). For example, the stigma of being seen exclusively as a member of an HIV-risk population led to a delay in seeking care (Goldenberg et al., 2019). There is a significant need for in-group healthcare providers (Hudson, 2019; Poteat et al., 2019; Salerno et al., 2019), particularly as participants sought out providers who matched their racial/ethnic and/or gender identity (Howard et al., 2019; Hudson, 2019). When examining interventions around HIV preventative measures that do not include PrEP, the literature suggested that interventions be aimed at testing (Bukowski et al., 2018), be culturally sensitive, and tailored to the individual (Koblin et al., 2017; MacCarthy et al., 2019).

Articles focusing on HIV issues with TGNC POC frequently addressed a myriad of other psychosocial issues (e.g., depression, stigma, and discrimination). This work often came from larger research programmes focused on HIV, which may speak to the realities of health research funding priorities. Better accuracy in research characterisation may aid in reducing the stigmatisation of TGNC POC as only a HIV-risk group, while ignoring other healthcare issues (see also Hoyt & Rubin, 2012). Such a focus on HIV (and transfeminine individuals) also came at the cost of research on the transmasculine population, which was greatly neglected. While there were some protective aspects reflected in "pull factors"; there were very few articles focusing on positive aspects of the TGNC POC community within physical health literature.

4.2 | Psychological wellbeing and resilience

4.2.1 | Push factors

Within this cluster of research, push factors included psychosocial issues (Bauermeister et al., 2016; Bith-Melander et al., 2010), navigating public institutions (Benson, 2019; Graham, 2014; Nicolazzo, 2016; Woods et al., 2013) objectification, violence, and harassment (Bazargan & Galvan, 2012; Bukowski et al., 2019; Cerezo et al., 2014; Hipp et al., 2019; Sevelius, 2012), traumatic life events (e.g., hate crimes, intimate partner violence, child sexual abuse) (Singh & McKleroy, 2011), as well as perceived stress, recent anxiety, depression, and suicide ideation (Crosby et al., 2016). Studies of psychosocial factors identified risk factors such as socioeconomic vulnerability (e.g., transactional sex) and gender-related discrimination (including in medical and mental health settings) (Bauermeister et al., 2016; Bith-Melander et al., 2010). Navigating institutions such as schools or the criminal justice system also presented risks such as harassment for TGNC POC individuals (Graham, 2014; Nicolazzo, 2016; Woods et al., 2013). Both Latina and Black Transgender Women reported experiencing harassment and assault in the criminal justice system, as well as the minimisation of their victimisation when reporting crimes or assault they experienced in the community and when incarcerated (Graham, 2014; Woods et al., 2013). Native American transgender youth also face misgendering and were invisible within the juvenile justice system (Benson, 2019).

Black transgender women and black non-binary transgender collegians reported negative social enforcement of gender in schools (Graham, 2014; Nicolazzo, 2016). Some also struggled with "passing" (being perceived as their preferred gender), adhering to gender and sexual norms, and trans-normativity (the notion that transgender individuals should follow a binary model of gender and only transition from one sex/gender to another) (Nicolazzo, 2016). In addition, research investigated how some churches and ministries served as sites of conversion by propagating structural violence and "church hurt" (Hipp et al., 2019).

Issues such as sexual objectification, intimate partner violence, immigration, and social oppression were also explored (e.g., Bukowski et al., 2019; Sevelius, 2012). Sexual objectification was informed by racism, sexism, and cissexism, and included "body policing" (comments about physical appearances not conforming to societal norms and being reduced to body parts) (Flores et al., 2018). These experiences created psychological distress and hypervigilance in relation to maintaining one's safety, and lead to various coping mechanisms such as establishing boundaries with others, not acknowledging sexual objectification or not responding to those perpetuating it (Flores et al., 2018).

Intimate partner violence and sexual partner violence compounded depressive symptoms and severity (Bazargan & Galvan, 2012; Bukowski et al., 2019). Severe violence, harassment, discrimination, and rejection in their home country were key reasons for Latina transgender women immigrating to the U.S. (Cerezo et al., 2014). A need for, and lack of access to, gender affirmation was associated with identity threat for transgender women of colour in the form of social oppression (Sevelius, 2012).

4.2.2 | Pull factors

Various articles focused on protective psychological factors and resilience strategies. These were oriented toward psychosocial factors (Bith-Melander et al., 2010), social support (e.g., Erich et al., 2010; Graham et al., 2014), and identity formation (S. Brooks, 2016; Cerezo et al., 2019). Protective factors included resilience and social support, including identification with an "in-group" and having a sense of community (Bith-Melander et al., 2010). Socialising and participating in social networks within the black transgender women community were found to provide emotional support, validation, safety and other resources to individuals (Graham et al., 2014). TGNC POC also reported higher levels of support from romantic partners and friends in their social network compared to white TGNC individuals (Erich et al., 2010).

Several studies focused on identity formation and navigation for TGNC POC individuals (S. Brooks, 2016; Cerezo et al., 2019). Exploring one's gender identity and seeing it as a form of resistance to family and cultural expectations were explored, alongside daily negotiations of insider/outsider status (S. Brooks, 2016; Cerezo et al., 2019;). In addition, communities yielded both feelings of belonging and unsafe moments, as well as requiring "staying in" strategies (S. Brooks, 2016). "Staying in" can involve being "out" about one's LGBTQ+ identity without advocating LGBTQ+ politics or being "out" and organising around LGBTQ+ issues in black spaces (i.e., involving a gender, race, and activist element).

Resilience research reported pride in one's gender and ethnic/racial identity, recognising and negotiating gender and racial/ethnic oppression, navigating relationships with family, accessing healthcare and financial resources, connecting with an activist transgender community of colour, and cultivating spirituality and hope for the future (Etengoff & Rodriguez, 2020; Singh & McKleroy, 2011). Personal competence, acceptance of the self, acceptance of life circumstances, and recognising accountability with perpetrators were also deemed to bolster resiliency (Crosby et al., 2016; Reicherzer & Spillman, 2014).

Alternative kinship structures and a surrogate family were also protective by offering close emotional, psychological, and social bonds with members of a supportive group (Hwahng et al, 2019). Generating income by trading sex for money and food, begging, receiving welfare/disability benefits, utilising unspecified underground economic sources, as well as engaging in legal forms of employment were also identified as resilience-building strategies (Hwahng et al, 2019). Other factors that improved health were formal social support groups (which provided legal and social support to navigate health systems), gender-transition, educational access, skills training, and substance use reduction (Hwahng et al, 2019). Across these studies, individual-level resilience increased as a result of community engagement, belonging and resilience building.

4.2.3 | Clinical applications/implications for providers

This research provided specific clinical and advocacy implications for culturally responsive work (Chang & Singh, 2016; Collier et al., 2015). These included being transgender-positive, supporting identity affirmation within the context of psychological treatment, an awareness of intersecting identities that shape TGNC POC experiences (e.g., gender, race, class, age, sexual orientation), the use of inclusive language and providing gender identity resources to clients (Chang & Singh, 2016; Collier et al., 2015). Recommendations for psychologists generally drew on the American Psychological Association (APA) Guidelines for Psychological Practice with TGNC Clients (APA, 2015), including: developing an awareness of one's own race/ethnicity and gender identity (and how this could influence work with TGNC POC clients), recognising intersectionality and working directly with the nexus of race/ethnicity and gender identity, challenging one's own assumptions about client experiences, establishing rapport and trust while acknowledging differences, assessing strength and resilience factors, and providing affirming resources (Chang & Singh, 2016). Furthermore, clinicians would benefit from conducting ongoing and extensive self-reflective assessments, that explore potential biases, degree of knowledge, awareness and skills (Singh & McKleroy, 2011). Setting out to create safe environments for TGNC POC was also discussed. For example, adding transgender-positive information to one's professional library (e.g., magazines, books, DVDs) and explicitly stating a commitment to addressing the impact of systemic oppression (e.g., racism, transphobia) in their professional literature (e.g., brochures, client paperwork) (Singh & McKleroy, 2011). One study demonstrated the efficacy of participatory approaches in an HIV risk-reduction intervention (Collier et al., 2015).

Overall, the literature on psychological wellbeing and resilience of TGNC POC tended to utilise an intersectional framework and specifically discussed how racial and gender identities interrelated to create complex and unique experiences (Cerezo et al., 2019; Chang & Singh, 2016). This body of work varied with less focus on specific psychological disorders and more on general factors that affect psychological wellbeing. As with the physical health research, psychological wellbeing research was also often done as part of an HIV intervention or an existing HIV research project (Gordon et al., 2016; Sun, Ma, et al., 2016; Sun, Reboussin, et al., 2016).

4.3 | Summary and recommendations for future research

Specific literature on TGNC POC individuals is limited, despite thousands of articles claiming to involve TGNC POC participants. In physical health, only 47 studies centred TGNC POC individuals, and most of these were focused on HIV and conflated men who have sex with men (MSM) and transgender women into one category. Much of the research focused on lower income individuals, or people living below the poverty line, as accessed through government HIV-care programmes, community recreation centres, and organisations that catered directly to TGNC POC. While these modes of recruitment are fruitful, and capturing the experiences of such populations important, the experiences of TGNC POC populations who cannot be accessed via such venues remain untapped.

Research on TGNC POC populations mostly focused on African American and Latinx populations. Other racial and ethnic groups were either not represented (i.e., Asian Americans were largely absent) or were included under the broad LGBTQ+ umbrella, by chance (i.e., Native Americans). The focus on HIV not only medicalises but makes hypervisible Black and Brown bodies, while ignoring other health issues and POC. This is an area for future research and investigation. In addition, there was a dearth of research on transmasculine individuals across all the research categories, indicating a bias against those born as female, and an urgent need to conduct research with this population. Lastly, research focused solely on non-binary or gender fluid individuals (that is, those that do not identify with a fixed gender) seems pertinent.

The lack of clarity between the subgroups, the varied centring of race, and the focus on HIV or sexual behaviour created barriers to a full understanding of the physical health of TGNC POC. In examining psychological wellbeing, research largely focused on anxiety and depressive symptoms/outcomes, especially as they related to experiences of discrimination (i.e., racism and transphobia). Lastly, the articles focused on the resilience of TGNC POC individuals tended to offer a more rounded and strength-based approach to understanding a variety of experiences within these populations. Studies that utilised critical race theory (Salter & Adams, 2013), an intersectional approach (Wesp et al., 2019), or a minority stress model (Meyer 2003), also tended to better capture the TGNC experiences.

Overall, we identified various risk and protective factors, which we named "push" and "pull" factors. Push factors included structural barriers such as homelessness, unemployment, incarceration, poverty or economic hardship, and engaging in sex work or transactional sex. Psychosocial factors included experiencing stigma or discrimination (i.e., around HIV-status, gender identification/expression or racism), navigating public institutions (e.g., schools, colleges, penal system), substance use, engaging in risky sexual practices (e.g., condomless sex), and experiencing objectification, harassment, abuse, violence in general, and violence within intimate relationships or within public institutions. Conversely, pull factors included social support and community engagement, activism, and alternative kinship practices that provided a sense of family, fostered belonging, and promoted connectedness. Furthermore, gender affirming social practices (e.g., being referred to by the right pronouns, having one's gender identity accepted by family and friends), medical practices (e.g., hormonal therapies, gender affirming surgery), and legal practices (e.g., name change) provided additional protective factors. Finding community and connectedness was by far the most important pull factor, which bolstered resilience, creating a buffer against trauma, daily hardships, and discrimination that are uniquely experienced at this intersection of gender and ethnicity/race.

During the review process, we were surprised that there were no studies on psychological well-being on gender affirming surgeries. There were references to medical gatekeeping, yet this is one area where psychologists are very much embedded in the field. We wondered if this meant there were few empirical studies that look at mental health and well-being and gender affirming surgery, or if these studies exist but do not centre POC. More investigation is needed here, but it does signal an uneven spread of technoscientific interventions where "some protest excessive biomedical intervention into their lives, [while] others lack basic care" (Clarke, Shim, Mamo, Fosket, & Fishman, 2003). In the context of this paper, stratified biomedicalisation describes the ways in which individuals are encouraged to seek certain biomedical interventions (e.g., PrEP) because they are defined as "risky" but their access to other interventions (e.g., gender affirming surgery) is viewed as less important – hence foregrounding these groups in terms of their risk, but not attending to their well-being. This area and the possible racial/ethnic discrimination that underpins it requires further investigation.

The clinical and advocacy implications of the research involved ensuring culturally responsive work with TGNC POC individuals across various settings (see also Carroll et al., 2002; Hendricks & Testa, 2012). There was a call for in-group healthcare providers and approaching TGNC POC clients from a holistic perspective. Developing an awareness of one's own race/ethnicity and gender identity and how this shapes the work with TGNC POC clients was also deemed important – alongside exploring, validating, and supporting the intersectionality of race/ethnicity and gender identity. In addition, challenging one's assumptions about clients' experiences while establishing rapport, trust, and acknowledging differences were deemed vital. Lastly, it is important that providers utilise a strength-based framework in assessing the strength and resilience factors such as social support with other TGNC POC individuals.

During our review, we identified theories, frameworks, approaches, and methodologies that appeared better suited to research with TGNC POC. Research that centred race at the core of the investigation was more effective in capturing the experiences of TGNC POC. Better-yet, the work that directly applied an intersectional framework was best suited to untangle the complex interaction of various axes of identity within these populations. Research also worked best if it was not solely risk/deficit-oriented (or at least focused on pull factors as much as push factors). In addition, participatory methodologies (e.g., Fine & Torre, 2021) offered a safer, more meaningful, and responsive research approach. Such work was more inclusive, less pathologising, or "othering" and hence was less likely to produce knowledge that inadvertently further stigmatised or harmed this population. Furthermore, we noticed a general lack (although not total absence) of researcher positionality, community consultation, and an absence of TGNC POC on the research teams. Attending to these issues would produce more ethically robust and egalitarian research that better captures the TGNC POC experience in the future.

4.4 | Limitations

While seeking to best capture the current knowledge on TGNC POC, some of the parameters we set may have hindered a fuller understanding of this research. While focused on POC, comparing the research on other TGNC populations (e.g., those that are white) may have provided an opportunity to see if studies that centre POC ask different questions than studies that do not. In addition, a more comprehensive examination of POC categories may have led to other research questions and trends being identified.

5 | CONCLUSIONS

The literature on TGNC POC is still developing, signalling the importance of continued data collection that advanced our understanding of the psychical health, psychological wellbeing, and resilience among these individuals. Going forward, research with this population (particularly within psychology) would benefit from drawing on critical race theory, minority stress, and/or intersectional approaches that better capture the unique experiences of this population. Furthermore, resilience-based research, drawing on, or tapping into community-building, has the best capacity to inform the development of strength-based interventions tailored to meet the needs of TGNC POC. Prospective studies should focus on expanded areas of physical health and psychological wellbeing, and how resilience is created and maintained. In the future, comprehensive and scholarly published articles are needed to continue intentionally on centring race in research and providing a holistic view of health outside of HIV and sexual risk factors highlight other health challenges. Lastly, more TGNC research that is first and foremost centred on race and ethnicity is needed, as well as research that captures the diversity (e.g., in ethnicity, age, economic access, geographic location) in populations and experiences.

DATA AVAILABILITY STATEMENT

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

ORCID

Panteá Farvid https://orcid.org/0000-0001-7638-5793

ENDNOTES

[1] In this review, we have chosen to use the phrase People of Colour (POC), to denote individuals who are not White. Another phrase currently used in the context of U.S. is: Black, Indigenous and People of Colour (BIPOC), which seeks to denote the specific forms of injustice that affect Black and Indigenous people. BIPOC has recently emerged as a preferred phrase due to its specificity for denoting blackness and indigeneity, but for this review we have chosen to use the more generalized phrase POC as an organizing feature, but to search for and denote specific issues and findings that affect unique populations captured under this umbrella (including Indigenous, Black or non-Black Hispanic individuals).

[2] In using "push" and "pull" factors, we are borrowing concepts from classic migration research (e.g., Mejia, Pizurki, & Royston, 1979).

REFERENCES

(*part of the review)

*Adams, B., Krier, S., Netto, J., Feliz, N., & Friedman, R. M. (2018). "All we had were the streets": Lessons learned from a recreation-based community health space for young black MSM and trans women across the HIV prevention and care continuum. *AIDS Education and Prevention*, *30*(4), 309–321.

American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist*, *70*(9), 832–864.

*Anderson-Carpenter, K. D., Fletcher, J. B., & Reback, C. J. (2017). Associations between methamphetamine use, housing status, and incarceration rates among men who have sex with men and transgender women. *Journal of Drug Issues*, *47*(3), 383–395.

*Baguso, G. N., Turner, C. M., Santos, G. M., Raymond, H. F., Dawson-Rose, C., Lin, J., & Wilson, E. C. (2019). Successes and final challenges along the HIV care continuum with transwomen in San Francisco. *Journal of the International AIDS Society*, *22*, e25270.

*Barreras, J. L., Linnemayr, S. L., & MacCarthy, S. (2019). "We have a stronger survival mode": Exploring knowledge gaps and culturally sensitive messaging of PrEP among Latino men who have sex with men and Latina transgender women in Los Angeles, CA. *AIDS Care*, *31*(10), 1221–1227.

*Barrington, C., Ghandi, A., Gill, A., Villa Torres, L., Brietzke, P., & Hightow-Weidman, L. (2018). Social networks, migration, and HIV testing among Latinos in a new immigrant destination: Insights from a qualitative study. *Global Public Health*, *13*(10), 1507–1519.

*Bauermeister, J. A., Goldenberg, T., Connochie, D., Jadwin-Cakmak, L., & Stephenson, R. (2016). Psychosocial disparities among racial/ethnic minority transgender Young adults and Young men who have sex with men living in Detroit. *Transgender Health*, *1*(1), 279–290.

*Bazargan, M., & Galvan, F. (2012). Perceived discrimination and depression among low-income Latina male-to-female transgender women. *BMC Public Health*, *12*(1), 633–670.

*Benson, K. (2019). What's in a pronoun?: The Ungovernability and Misgendering of trans native kids in juvenile justice in Washington state. *Journal of Homosexuality*, *67*(2), 1–22.

*Bith-Melander, P., Sheoran, B., Sheth, L., Bermudez, C., Drone, J., Wood, W., & Schroeder, K. (2010). Understanding sociocultural and psychological factors affecting transgender people of color in San Francisco. *Journal of the Association of Nurses in AIDS Care*, *21*(3), 207–220.

Bockting, W. O., Miner, M. H., Romine, R. E. S., Hamilton, A., & Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the U.S. transgender population. *American Journal of Public Health*, *103*(5), 943–951.

Bockting, W. O., Robinson, B. E., & Rosser, B. R. S. (1998). Transgender HIV prevention: Qualitative evaluation of a model prevention education program. *Journal of Sex Education and Therapy*, *23*(2), 125–133.

*Brooks, R. A., Cabral, A., Nieto, O., Fehrenbacher, A., & Landrian, A. (2019). Experiences of pre-exposure prophylaxis stigma, social support, and information dissemination among black and Latina transgender women who are using pre-exposure prophylaxis. *Transgender Health*, *4*(1), 188–197.

*Brooks, S. (2016). Staying in the Hood: Black lesbian and transgender women and identity management in North Philadelphia. *Journal of Homosexuality*, *63*(12), 1573–1593.

*Bukowski, L. A., Chandler, C. J., Creasy, S. L., Matthews, D. D., Friedman, M. R., & Stall, R. D. (2018). Characterizing the HIV care continuum and identifying barriers and facilitators to HIV diagnosis and viral suppression among black transgender women in the United States. *Journal of Acquired Immunodeficiency Syndrome*, *79*(4), 413–420.

*Bukowski, L. A., Hampton, M. C., Escobar-Viera, C. G., Sang, J. M., Chandler, C. J., Henderson, E., & Stall, R. D. (2019). Intimate partner violence and depression among black transgender women in the USA: The potential suppressive effect of perceived social support. *Journal of Urban Health*, *96*(5), 760–771.

*Callander, D., Schneider, J. A., Radix, A., Chaix, B., Scheinmann, R., Love, G., & Duncan, D. T. (2020). Longitudinal cohort of HIV-negative transgender women of colour in New York City: Protocol for the TURNNT ('trying to understand relationships, networks, and neighborhoods among transgender women of colour') study. *BMJ Open*, *10*, e032876.

Carroll, L., Gilroy, P. J., & Ryan, J. (2002). Counseling trangendered, transsexual, and gender-variant clients. *Journal of Counseling & Development*, *80*(2), 131–138.

*Cerezo, A., Cummings, M., Holmes, M., & Williams, C. (2019). Identity as resistance: Identity formation at the intersection of race, gender identity, and sexual orientation. *Psychology of Women Quarterly*, *44*(1), 67–83.

*Cerezo, A., Morales, A., Quintero, D., & Rothman, S. (2014). Trans migrations: Exploring life at the intersection of transgender identity and immigration. *Psychology of Sexual Orientation and Gender Diversity*, *1*(2), 170–180.

*Chang, S. C., & Singh, A. A. (2016). Affirming psychological practice with transgender and gender nonconforming people of color. *Psychology of Sexual Orientation and Gender Diversity*, *3*(2), 140–147.

*Chen, Y. T., Duncan, D. T., Issema, R., Goedel, W. C., Callander, D., Bernard-Herman, B., … Hotton, A. (2020). Social-environmental resilience, PrEP uptake, and viral suppression among young black men who have sex with men and young black transgender women: Neighborhoods and networks (N2) study in Chicago. *Journal of Urban Health*, *97*(5), 728–738.

Clarke, A. E., Shim, J. K., Mamo, L., Fosket, J. R., & Fishman, J. R. (2003). Biomedicalization: Technoscientific transformations of health, illness, and U.S. biomedicine. *American Sociological Review*, *68*, 161–194.

Clements-Nolle, K., Marx, R., & Katz, M. (2006). Attempted suicide among transgender persons: The influence of gender-based discrimination and victimization. *Journal of Homosexuality*, *51*(3), 53–69.

*Collier, K. L., Colarossi, L. G., Hazel, D. S., Watson, K., & Wyatt, G. E. (2015). Healing our women for transgender women: Adaptation, acceptability, and pilot testing. *AIDS Education and Prevention*, *27*(5), 418–431.

*Crosby, R. A., Salazar, L. F., & Hill, B. (2016). Gender affirmation and resiliency among black transgender women with and without HIV infection. *Transgender Health*, *1*(1), 86–93.

*Crosby, R. A., Salazar, L. F., Hill, B., & Mena, L. (2018). A comparison of HIV-risk behaviors between young black cisgender men who have sex with men and young black transgender women who have sex with men. *International Journal of STDs & AIDS*, *29*(7), 1–8.

*Denson, D. J., Padgett, P. M., Pitts, N., Paz-Bailey, G., Bingham, T., Carlos, J. A., … Finlayson, T. (2017). Healthcare use and HIV-related behaviors of black and Latina transgender women in 3 US metropolitan cities: Results from the transgender HIV behavioral survey. *Journal of Acquired Immunodeficiency Syndrome*, *75*(3), 268–275.

*Erich, S., Tittsworth, J., & Kersten, A. (2010). An examination and comparison of transsexuals of color and their White counterparts regarding personal well-being and support networks. *Journal of GLBT Family Studies*, *6*(1), 25–39.

*Etengoff, C., & Rodriguez, E. M. (2020). "At its core, Islam is about standing with the oppressed": Exploring transgender Muslims' religious resilience. *Psychology of Religion and Spirituality*, *Online*, 1–14.

Fine, M., & Torr, M. E. (2021). *Essentials of critical participatory action research*. Washington, DC: American Psychological Association.

*Flores, M. J., Watson, L. B., Allen, L. R., Ford, M., Serpe, C. R., Choo, P. Y., & Farrell, M. (2018). Transgender people of color's experiences of sexual objectification: Locating sexual objectification within a matrix of domination. *Journal of Counseling Psychology*, *65*(3), 308–323.

*Frye, V., Wilton, L., Hirshfield, S., Chiasson, M. A., Usher, D., Lucy, D., … Koblin, B. (2015). "Just because it's out there, people aren't going to use it". HIV self-testing among young, black MSM, and transgender women. *AIDS Patient Care and STDs*, *29*, 617–624.

*Galvan, F. H., Chen, Y. T., Contreras, R., & O'Connell, B. (2019). Violence inflicted on Latina transgender women living with HIV: Rates and associated factors by perpetrator type. *AIDS and Behavior*, *Online*, 1–10.

Ghabrial, M. A. (2019). 'We can Shapeshift and Build Bridges': Bisexual Women and Gender Diverse People of Color on Invisibility and Embracing the Borderlands. *Journal of Bisexuality*, *19*(2), 169–169. https://doi.org/10.1080/15299716.2019.1617526

Goldberg, S. (2017). The gender revolution [special issue]. *National Geographic*, *231*, 1–154.

Golden, R. L., & Oransky, M. (2019). An intersectional approach to therapy with transgender adolescents and their families. *Archives of Sexual Behavior*, *48*, 2011–2025.

*Goldenberg, T., Jadwin-Cakmak, L., Popoff, E., Reisner, S. L., Campbell, B. A., & Harper, G. (2019). Strategies for improving mobile technology-based HIV prevention interventions with Latino men who have sex with men and Latina transgender women. *Journal of Adolescent Health*, *65*, 483–490.

*Gordon, A. R., Austin, S. B., Krieger, N., White Hughto, J. M., & Reisner, S. L. (2016). "I have to constantly prove to myself, to people, that I fit the bill": Perspectives on weight and shape control behaviors among low-income, ethnically diverse young transgender women. *Social Science & Medicine*, *165*, 141–149.

*Graham, L. F. (2014). Navigating community institutions: Black transgender women's experiences in schools, the criminal justice system, and churches. *Sexuality Research & Social Policy*, *11*(4), 274–287.

*Graham, L. F., Crissman, H. P., Tocco, J., Hughes, L. A., Snow, R. C., & Padilla, M. B. (2014). Interpersonal relationships and social support in transitioning narratives of black transgender women in Detroit. *International Journal of Transgenderism*, *15*(2), 100–113.

Grant, M. J., & Booth, A. (2009). A typology of reviews: an analysis of 14 review types and associated methodologies. *Health Information & Libraries Journal*, *26*(2), 91–108. https://doi.org/10.1111/j.1471-1842.2009.00848.x

*Hatchel, T., & Marx, R. (2018). Understanding intersectionality and resiliency among transgender adolescents: Exploring pathways among peer victimization, school belonging, and drug use. *International Journal of Environmental Research and Public Health*, *15*(6), 1289.

Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the minority stress model. *Professional Psychology: Research and Practice*, *43*(5), 460–467.

*Hill, B. J., Crosby, R., Bouris, A., Brown, R., Bak, T., Rosentel, K., … Salazar, L. (2018). Exploring transgender legal name change as a potential structural intervention for mitigating social determinants of health among transgender women of color. *Sexuality Research & Social Policy*, *15*(1), 25–33.

*Hipp, T. N., Gore, K. R., Toumayan, A. C., Anderson, M. B., & Thurston, I. B. (2019). From conversion toward affirmation: Psychology, civil rights, and experiences of gender-diverse communities in Memphis. *American Psychologist*, *74*(8), 882–897.

*Hirshfield, S., Contreras, J., Luebe, R. Q., Swartz, J. A., Scheinmann, R., Reback, C. J., … Molano, L. F. (2019). Engagement in HIV care among New York City transgender women of color: Findings from the peer-led, TWEET intervention, a SPNS trans women of color initiative. *AIDS and Behavior*, *Online*, 1–10.

Holder, C. L., Perez-Gilbe, H. R., Fajardo, F. J., Garcia, S., & Cyrus, E. (2019). Disparities of HIV risk and PrEP use among transgender women of color in South Florida. *Journal of the National Medical Association*, *111*(6), 625–632.

*Hotton, A. L., Perloff, J., Paul, J., Parker, C., Ducheny, K., Holloway, T., … Kuhns, L. M. (2020). Patterns of exposure to socio-structural stressors and HIV care engagement among transgender women of color. *AIDS and Behavior*, *24*, 3155–3163.

*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*, 2068–2074.

Hoyt, M. A., & Rubin, L. R. (2012). Gender representation of cancer patients in medical treatment and psychosocial survivorship research: Changes over three decades. *Cancer*, *118*(19), 4824–4832.

*Hudson, K. D. (2019). (un)doing Transmisogynist stigma in health care settings: Experiences of ten transgender women of color. *Journal of Progressive Human Services*, *30*(1), 69–87.

*Hwahng, S. J., Allen, B., Zadoretzky, C., Barber, H., McKnight, C., & Jarlais, D. D. (2018). Alternative kinship structures, resilience and social support among immigrant trans Latinas in the USA. *Culture, Health and Sexuality*, *21*(1), 1–15.

Hwahng, S. J., Allen, B., Zadoretzky, C., Barber, H., McKnight, C., & Des Jarlais, D. (2019). Alternative kinship structures, resilience and social support among immigrant trans Latinas in the USA. *Culture, health & sexuality*, *21*(1), 1–15. https://doi.org/10.1080/13691058.2018.1440323

*Hwahng, S. J., & Nuttbrock, L. (2014). Adolescent gender-related abuse, androphilia, and HIV risk among transfeminine people of color in New York City. *Journal of Homosexuality*, *61*(5), 691–713.

*Jefferson, K., Neilands, T. B., & Sevelius, J. (2013). Transgender women of color: Discrimination and depressive symptoms. *Ethnicity and Inequalities in Health and Social Care*, *6*(4), 121–136.

*Koblin, B., Hirshfield, S., Chiasson, M. A., Wilton, L., Usher, D., Nandi, V., … Frye, V. (2017). Intervention to match young black men and transwomen who have sex with men or transwomen to HIV testing options (all about me): Protocol for a randomized control trial. *JMIR Research Protocols*, *6*(12), e254.

*Kuhns, L. M., Hotton, A. L., Perloff, J., Paul, J., Parker, C., Muldoon, A. L., … Garofalo, R. (2019). Evaluation of translife care: An intervention to address social determinants of engagement in HIV care among transgender women of color. *AIDS and Behavior*, *Online*, 1–7.

*Lefevor, G. T., Janis, R. A., Franklin, A., & Stone, W.-M. (2019). Distress and therapeutic outcomes among transgender and gender nonconforming people of color. *The Counseling Psychologist*, *47*(1), 34–58.

Liberati, A., Altman, D. G., Tetzlaff, J., Mulrow, C., Gøtzsche, P. C., Ioannidis, J. P. A., … Moher, D. (2009). The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate health care interventions: explanation and elaboration. *Journal of Clinical Epidemiology*, *62*(10), e1–e34. https://doi.org/10.1016/j.jclinepi.2009.06.006

*Loza, O., Beltran, O., & Mangadu, T. (2017). A qualitative exploratory study on gender identity and the health risks and barriers to care for transgender women living in a U.S.–Mexico border city. *International Journal of Transgenderism*, *18*(1), 104–118.

*MacCarthy, S., Barreras, J. L., Mendoza-Graf, A., Galvan, F., & Linnemayr, S. (2019). Strategies for improving mobile technology-based HIV prevention interventions with latino men who have sex with men and Latina transgender women. *AIDS Education and Prevention*, *31*(5), 407–420.

Mejia, A., Pizurki, H., & Royston, E. (1979). *Physician and nurse migration: Analysis and policy implications*. Geneva, Switzerland: World Health Organization.

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bi- sexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, *129*(5), 674–697.

*Molina, Y., & Ramirez-Valles, J. (2013). HIV/AIDS stigma: Measurement and relationships to psycho-behavioral factors in Latino gay/bisexual men and transgender women. *AIDS Care*, *25*(12), 1559–1568.

*Nemoto, T., Cruz, T. M., Iwamoto, M., & Sakata, M. (2015). A tale of two cities: Access to care and services among african-american transgender women in Oakland and San Francisco. *LGBT Health*, *2*(3), 235–242.

*Nemoto, T., Iwamoto, M., Suico, S., Stanislaus, V., & Piroth, K. (2020). Sociocultural contexts of access to HIV primary care and participant experience with an intervention project: African American transgender women living with HIV in Almeda county. *AIDS and Behavior*, *Online*, 1–12.

Nicolazzo, Z. (2016). 'It's a hard line to walk': Black non-binary trans collegians' perspectives on passing, realness, and trans*-normativity. *International Journal of Qualitative Studies in Education*, *29*(9), 1173–1188.

*Nieto, O., Fehrenbacher, A. E., Cabral, A., Landrian, A., & Brooks, R. A. (2020). Barriers and motivators to pre-exposure prophylaxis uptake among black and Latina transgender women in Los Angeles: Perspectives of current PrEP users. *AIDS Care*, *33*(2), 244–252.

*Palazzolo, S. L., Yamanis, T. J., De Jesus, M., Maguire-Marshall, M., & Barker, S. L. (2016). Documentation status as contextual determinant of HIV risk among young transgender Latinas. *LGBT Health*, *3*(2), 132–138.

*Poteat, T., Wirtz, A., Malik, M., Cooney, E., Cannon, C., Hardy, W. D., … Yaminis, T. (2019). A gap between willingness and uptake: Findings from mixed-methods research on HIV prevention among black and Latina transgender women. *Journal of Acquired Immunodeficiency Syndrome*, *82*(2), 131–140.

*Reback, C. J., Kisler, K. A., & Fletcher, J. B. (2019). A novel adaptation of peer health navigation and contingency management for advancement along the HIV care continuum among transgender women of color. *AIDS and Behavior*, *Online*, 1–12.

*Rebchook, G., Keatley, J., Contreras, R., Perloff, J., Molano, L. F., & SPNS Transgender Women of Color Study Group. (2017). The transgender women of color initiative: Implementing and evaluating innovative interventions to enhance engagement and retention in HIV care. *American Journal of Public Health*, *105*, 224–229.

*Reicherzer, S., & Spillman, J. (2014). A multiple case study examination of resiliency factors for Mexican and Mexican-American transsexual women. *International Journal of Transgenderism*, *13*(3), 147–164.

*Reisner, S. L., Bailey, Z., & Sevelius, J. (2014). Racial/ethnic disparities in history of incarceration, experiences of victimization, and associated health indicators among transgender women in the US. *Women & Health*, *54*(8), 750–767.

Reisner, S. L., Vetters, R., Leclerc, M., Zaslow, S., Wolfrum, S., Shumer, D., & Mimiaga, M. J. (2015). Mental health of transgender youth in care at an adolescent urban community health center: A matched retrospective cohort study. *Journal of Adolescent Health*, *56*(3), 274–279.

*Rhodes, S. D., Alonzo, J., Mann, L., Simán, F. M., & Sun, C. (2015). Using photovoice, Latina transgender women identify priorities in a new immigrant-destination state. *International Journal of Transgenderism*, *16*(2), 80–96.

*Rosen, J. G., Malik, M., Cooney, E. E., Wirtz, A. L., Yamanis, T., Lujan, M., … Poteat, T. (2019). Antiretroviral treatment interruptions among black and Latina transgender women living with HIV: Characterizing co-occuring multilevel factors using the gender affirmation framework. *AIDS and Behavior*, *23*, 2588–2599.

*Salerno, J. P., Turpin, R., Howard, D., Dyer, T., Aparicio, E. M., & Boekeloo, B. (2019). Healthcare experiences of black men who have sex with men and transgender women: A qualitative study. *Journal of the Association of Nurses in AIDS Care*, *31*(4), 466–475.

*Seelman, K. L., Young, S. R., Tesene, M., Alvarez-Hernandez, L. R., & Kattari, L. (2017). A comparison of health disparities among transgender adults in Colorado (USA) by race and income. *International Journal of Transgenderism*, *18*(2), 199–214.

*Sevelius, J. M. (2012). Gender affirmation: A framework for conceptualizing risk behavior among transgender women of color. *Sex Roles*, *68*(11-12), 675–689.

*Siembida, E. J., Eaton, L. A., Maksut, J. L., Driffin, D. D., & Baldwin, R. (2016). A comparison of HIV-related risk factors between black transgender women and men who have sex with men. *Transgender Health*, *1*(1), 172–180.

*Singh, A. A. (2013). Transgender youth of color and resilience: Negotiating oppression and finding support. *Sex Roles*, *68*, 690–702.

*Singh, A. A., & McKleroy, V. S. (2011). "Just getting out of bed is a revolutionary act": The resilience of transgender people of color who have survived traumatic life events. *Traumatology*, *17*(2), 34–44.

Steinmetz, K. (2014). The transgender tipping point. *Time Magazine*, *183*(22), 38–46.

*Sun, C. J., Ma, A., Tanner, A. E., Mann, L., Reboussin, B. A., Garcia, M., & Rhodes, S. D. (2016). Depressive symptoms among Latino sexual minority men and Latina transgender women in a new settlement state: The role of perceived discrimination. *Depression Research and Treatment*, *2016*, 1–7.

*Sun, C. J., Reboussin, B., Mann, L., Garcia, M., & Rhodes, S. D. (2016). The HIV risk profiles of Latino sexual minorities and transgender persons who use websites or apps designed for social and sexual networking. *Health Education & Behavior*, *43*(1), 86–93.

Testa, R. J., Habarth, J., Peta, J., Balsam, K., & Bockting, W. (2015). Development of the gender minority stress and resilience measure. *Psychology of Sexual Orientation and Gender Diversity*, *2*(1), 65–77.

*Van Devanter, N., Duncan, A., Raveis, V. H., Birnbaum, J., Burrell-Piggott, T., & Siegel, K. (2012). Continued sexual risk behavior in African American and Latino male-to-female transgender adolescents living with HIV/AIDS: A case study. *Journal of AIDS Clinical Research*, *19*(1), 002.

Wesp, L. M., Malcoe, L. H., Elliott, A., & Poteat, T. (2019). Intersectionality research for transgender health justice: A theory-driven conceptual framework for structural analysis of transgender health inequities. *Transgender Health*, *4*(1), 287–296. https://doi.org/10.1089/trgh.2019.0039

*Wilson, E. C., Arayasirikul, S., & Johnson, K. (2013). Access to HIV care and support services for African-American trans-women living with HIV. *International Journal of Transgenderism*, *14*(4), 182–195.

*Wilson, E. C., Chen, Y. H., Arayasirikul, S., Fisher, M., Pomart, W. A., Le, V., … McFarland, W. (2015). Differential HIV risk for racial/ethnic minority trans*female youths and socioeconomic disparities in housing, residential stability, and education. *American Journal of Public Health*, *105*(s3), 41–47.

*Wilson, E. C., Turner, C., Arayasirikul, S., Woods, T., Nguyen, T., Lin, R., … Iwamoto, M. (2018). Housing and income effects on HIV-related health outcomes in the San Francisco bay area: Findings from the SPNS transwomen of color initiative. *AIDS Care*, *30*(11), 1356–1359.

*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.

*Yamanis, T., Malik, M., Río-González, A. D., Wirtz, A., Cooney, E., Lujan, M., … Poteat, T. (2018). Legal immigration status is associated with depressive symptoms among Latina transgender women in Washington, DC. *International Journal of Environmental Research and Public Health*, *15*(6), 1246.

*Yockey, A. R., Vidourek, R. A., & King, K. A. (2020). Prevalence and correlates to lifetime illicit substance use among a national sample of hispanic transgender individuals. *Hispanic Healthcare International*, *18*(3), 158–162.

SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section at the end of this article.

How to cite this article: Farvid, P., Vance, T. A., Klein, S. L., Nikiforova, Y., Rubin, L. R., & Lopez, F. G. (2021). The health and wellbeing of transgender and gender non-conforming people of colour in the United States: A systematic literature search and review. *Journal of Community & Applied Social Psychology*, 1–29. https://doi.org/10.1002/casp.2555