



8-24-2019

Hope, Courage, and Resilience in the Lives of Transgender Women of Color

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Recommended APA Citation

Ruff, N., Smoyer, A. B., & Breny, J. (2019). Hope, Courage, and Resilience in the Lives of Transgender Women of Color. *The Qualitative Report*, 24(8), 1990-2008. <https://doi.org/10.46743/2160-3715/2019.3729>

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Abstract

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Keywords

Transgender Women, Photovoice, Hope, Courage, Resilience, Women of Color

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Hope, Courage, and Resilience in the Lives of Transgender Women of Color

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There is a lack of qualitative and strengths-based knowledge about the lived experience of transgender women of color in the US. To address this research gap, a Photovoice project was undertaken with five transgender women living in a small urban area. Thematic analysis of the participants' discussion of their photographs identified three major themes: hope, courage, and resilience. Analysis suggests a framework for understanding these women's lived experiences and the psychosocial tools that they use to negotiate their daily lives and persevere in the face of interpersonal and structural oppression. Keywords: Transgender Women, Photovoice, Hope, Courage, Resilience, Women of Color

Transgender women, who comprise about 2% of the US adult population, include people who were assigned a male identity at birth but identify and express themselves as female (Reisner, Bailey & Sevelius, 2014; Miller, 2015). While awareness and discussion about transgender people in the US is on the rise (Bissinger, 2015; Hart, 2014), there remains a lack of knowledge about the lived experience of transgender women, and transgender women of color in particular. Research focuses on gender transitions, health risks, and incidents of violence and victimization. This focus on health disparities and crises overlooks the more mundane aspects of this population's everyday lived experiences. Further, the voices of transgender women of color are under-represented in stories about their lives. To address these gaps in research, this paper reports on a photovoice project undertaken with transgender women of color that collected and analyzed their narratives in order to learn more about their lived experiences.

Transgender Women of Color

Transgender people experience high levels of discrimination in many areas of life, leading to high levels of poverty, unemployment, homelessness, negative interactions with criminal justice systems, disproportionate incarceration, and interpersonal violence (Dean et al., 2000; Sevelius, Keatley, & Gutierrez-Mock, 2011). These discriminations may inhibit the ability of transgender people to access education, employment, income, and health care (Grant et al., 2011; Lombardi, Wilchins, Priesing, & Malouf, 2002; Reisner et al., 2014). Finding employment can be especially difficult because employers may not be welcoming to transgender people and often discriminate against them in the workplace (Reisner et al., 2014). One survey found that 90% of transgender workers had encountered harassment or mistreatment at work (Bailey, 2014). The experience of being transgender can be very hard and put women on a destructive path of substance abuse and self-harm (Sevelius et al., 2011). Transgender people are more likely than others in society to be at risk for mental health problems; research suggests about one-third have attempted suicide (Clements-Nolle, Marx, & Katz, 2006). About half of all transgender women have been to prison (Reisner et al., 2014).

Transgender women of color face even greater challenges and discrimination than their White counterparts (Nemoto, Operario, Keatley, & Villegas, 2004; Sausa, Keatley, & Operario, 2007). This population experiences intersecting oppressions related to gender, race, class, and sexual identity (Sevelius et al., 2011). This combination of identities complicates their interaction with a society that is deeply racist, sexist, and biased in favor of heterosexual, cisgender people (McCall, 2005). Social environments built on the idea of binary gender (male and female) exclude transgender people in ways that increases the risks they encounter in their everyday lives, including discrimination, sex work, violence, and health problems.

Health challenges. The health-related challenges of transgender women, including human immunodeficiency virus (HIV), sexually transmitted infections (STIs), substance use, mental health problems, and gender alignment procedures, are pronounced (Dean et al., 2000). Transgender people are disproportionately impacted by HIV: between 30-70% of transgender women in the US are HIV-positive, with variation by region (Baral et al. 2013; Sausa et al., 2007; Sevelius et al., 2011). Rates of other STIs are also very high (Sevelius et al., 2011). While the national prevalence of substance use among transgender women is not known, regional studies find high rates of alcohol and drug use and limited availability of detox and treatment programs that are responsive to the trans community (Hughes & Eliason, 2002; Lombardi, 2008). These health-related vulnerabilities present physical challenges to transgender women's quality of life. Building knowledge about their lives and understandings of physical self and health are important in addressing these challenges.

Transition. For the transgender community, there are also significant health and medical issues related to transition, or the transformational journeys through which transgender women embrace their gender identities. Transitioning refers to any physical, mental, or emotional change that people make in order to align their gender identity with their physical self (Budge, Adelson & Howard, 2013). Hormone therapy used to transition, and the impact of these hormones on mental health, are complex treatment issues that demand greater attention (White-Hughto & Reisner, 2016). This therapy cannot be lawfully obtained without a prescription from a medical professional, posing an obstacle for transgender persons of all ages who experience pervasive discrimination by the medical community (Rotondi et al., 2013; Sanchez, Sanchez, & Danoff, 2009). Lack of access to medical care that supports their gender transition may lead transgender women to risky underground markets for drugs and surgical procedures (Gehi & Arkles, 2007; Spicer, 2010). Building safe, affordable, and accessible pathways to transition is a complicated task that remains outstanding. Collecting and analyzing women's stories about transition will help to build knowledge about where and when health care and social service providers might better intervene to support these processes.

Violence. Transgender women face many sources of violence and risk throughout their lives (Grant et al., 2011; Lombardi et al., 2002; Reisner et al., 2014). Many are survivors of childhood trauma and have experienced interpersonal violence as adults, including physical, psychological, and sexual assaults (Grant et al., 2011; Grossman & D'Augelli, 2006; Reisner et al., 2014). One study of transgender women in California reported that 38% had been raped or sexually assaulted before the age of 18 and 61% had attempted suicide (Nemoto, Bodeker, & Iwamoto, 2011). Because transgender women face many barriers in entering traditional workplaces, they may exchange sex for money or other resources in order to survive (Lewis, Maticka-Tyndale, Shaver, & Schramm, 2005). This sex work may make transgender women particularly vulnerable to violence (Iwamoto, 2011). Transgender sex

workers are more likely to report being physically assaulted than male or female sex workers (Lewis et al., 2005). It is important to be mindful about this prevalence of interpersonal violence when working with transgender women to protect against re-traumatization. Trauma sensitive research methods give participants control over the story they want to tell and share and boost participants' autonomy and ability to control their experiences.

Strengths. In spite of these challenges, transgender women are a powerful and resilient group who draw strength from peers, community belonging, spirituality, activism, and self-awareness (Barr, Budge, & Adelson, 2016; Golub, Ja'Nina, Longmire-Avital, Bimbi, & Parsons, 2010; Sausa et al., 2007; Singh, Hays, & Watson, 2011). Recognition of the socially constructed oppressions that impact their lives can help to build resilience (Singh et al., 2011). In addition, connecting with others with whom they can give and receive social support is critical to well-being (Barr et al., 2016; Singh et al., 2011). Storytelling that centers transgender women's strengths can inform and reshape societal narratives about this community. Expanding the narrative from victimization to include narratives of survival and agency provides a more complete representation of these women's lives and highlights their capacity to construct their own liberation.

Gaps in Knowledge

In short, while much is known about the psychosocial and health challenges faced by transgender women, there is also much that is unknown. The research that is available to inform social workers, health care providers, and other professional helpers about transgender people focuses on weaknesses. The lack of comprehensive, strengths-based knowledge about this population is a problem that limits society's ability to support them. In addition, this literature is dominated by quantitative data; the voices of transgender women are largely absent from this research. Studies have found that many professionals lack basic knowledge about transgender people and require trainings to expand their understandings (Leluti-Weinberger et al., 2016). Qualitative inquiry is needed to expand knowledge and include the narratives of transgender women in the research and discussions that inform social services, program interventions, and public policy development.

Study Team

In order to address these gaps in our knowledge, we joined forces to conduct a photovoice research project. The team was led by the first author, Nadine Ruff, who at the time was an undergraduate social work student at Southern Connecticut State University. Nadine was an adult student who came to her college education after five decades of experiential learning. A transgender African American woman, Ms. Ruff had experienced some of the vulnerabilities articulated in the literature but was still surprised and annoyed by the academic literature's narrow focus on transgender oppression. As a leader in her community and founder and facilitator of a transgender support group, Ms. Ruff saw strength and joy in the transgender community that was not represented in the research. With these thoughts in mind, she approached one of her professors, second author Amy Smoyer, who had collaborated with her in the past on community events and projects. Dr. Smoyer proposed that Ms. Ruff develop this inquiry as an Honors Thesis, and the project began. Dr. Smoyer is a cisgender White woman who has been involved in HIV-related projects with LGBT communities since the 1990s. Similarly, the third author, Jean Breny, is a cisgender White professor at Southern CT State University with expertise in photovoice and LGBT health. Dr. Breny and Dr. Smoyer have worked together on HIV-related research for over a decade.

Upon hearing about Ms. Ruff's research interests, Dr. Smoyer suggested bringing Dr. Breny into the collaboration for the variety of skills and expertise that she possesses, including deep experience with the photovoice methodology. Together this team of three women worked on developing and implementing this project with Ms. Ruff serving as the lead investigator, Dr. Smoyer providing support for logistics and general research methodology, and Dr. Breny advising on the photovoice process.

Methodology

Photovoice

Photovoice is a qualitative, participatory action-oriented research methodology that allows researchers to explore the lived experiences of their participants through pictures and words (Wang & Burris, 1997). The methodology allows participants to take photographs in response to a research question and then records and analyzes participants' narratives about these photos. Grounded in feminist theory, Freirian approaches, and community-based participatory research photovoice shares power with participants by creating opportunity for them to speak their truth through images and narrative (Breny & Lombardi, 2017; Breny, Lombardi, Smoyer & Madden, 2017; Wang & Burris, 1997). The emic nature of the methodology allows knowledge to be built about people's lives in ways words alone do not permit. Being action-oriented, the intention of photovoice is to create a purposeful outcome: A policy change, paradigm shift, or new approach to addressing the problem. The method is participatory meaning that everyone in the project is involved with each step of the research process, including decisions around photography choices, data collection, data analysis, and interpretation of findings (Madden & Breny, 2016).

Photovoice has been used extensively to document and explore the lives of vulnerable people in many different settings (Capous-Desyllas & Forro, 2014; Catalani & Minkler, 2010), including transgender people (Boyce & Hajra, 2011; Holtby, Klein, Cook, & Travers, 2015; Hussey, 2006; Klein, Holtby, Cook, & Travers, 2015; Rhodes et al., 2015). Our review of photovoice research with transgender people found only one study that focused on transgender women of color (Rhodes et al., 2015). This project engaged immigrant Latina transgender women in a community-based photovoice project that identified 11 critical themes in these women's daily lives. While findings highlighted the participants' health risks, insecurities, discrimination, and service and psychosocial needs, the participants' wisdom, survival strategies, network of interpersonal and institutional supports, and personal goals were also explored (Rhodes et al., 2015). This work suggests that photovoice is a productive and feasible methodology that can build knowledge about the strengths of transgender women.

Research Design

The purpose of this study was to build understanding about the lived experiences of transgender women of color. Our intent was to learn more about these women's whole lives, including both strengths and weaknesses. A photovoice design was chosen because this community-based participatory methodology centers the lived experience of study participants and has been implemented successfully with transgender women and other marginalized populations.

The study team, including all three authors, used the photovoice protocol developed by Dr. Caroline Wang (Wang & Burris, 1997) to collect and analyze data in this study. Specifically, the study team followed the photovoice procedures outlined in the "*Photovoice*

Training Manual” that was produced by the University of Michigan’s Department of Social Work and is available on-line (Shimshock, 2008). The process includes seven (7) sessions that train participants on logistical and ethical issues related to photography, collect photos from participants, and facilitate discussion about these photographs (see Table 1).

Table 1: Photovoice Sessions

Session	Title	Session Goals
1	<i>Introduction</i>	Explained photovoice method. Administered informed consent.
2	<i>Training & Ethics</i>	Reviewed photography processes and safety. Set ethical guidelines for taking photos, especially of other people.
3	<i>Photo Practice</i>	Practiced taking photos in the community, as a group, to ensure that all participants have a full understanding of the processes and ethical issues.
At the close of Session #3, participants were assigned the task of taking photos on their own during the following week.		
4	<i>Reflection Meetings</i>	Each study participant selected one photo that she felt best represented her life and the story she wanted to tell. All participants met as a group. Within this group, each study participant was asked the following photovoice SHOWeD questions: <ul style="list-style-type: none"> • What do you See here? • What is really Happening? • How does this relate to Our lives? • Why does this problem or strength exist? • What can we Do about it? These discussions were audio-recorded for data analysis purposes.
5	<i>Storytelling Sessions</i>	Group discussion of photos and accompanying narratives. Each participant presented two photos and describe how the image is meaningful to her. All sessions were be audio-recorded.
6	<i>Debriefing Session</i>	Participants were asked to reflect on the photovoice experience and what they learned about themselves and others through participation. Feedback about process were solicited.
7	<i>Celebration/ Information Session</i>	Images and accompanying narratives were shared with the community at an evening event in the city.

Sampling. Participants were recruited from an on-going support group for transgender women of color that the first author facilitates. This group, which began meeting in 2013, provides peer support and resource sharing for transgender women in any stage of their transition. The group is held bi-weekly at a community-based non-profit HIV service organization. The first author chose to collaborate with this agency as a volunteer facilitator because of the agency’s reputation as a trusted and reliable source of social service support for the LGBT community. The small northeastern US city in which the organization and support group are based is very diverse with more than half of the residents identifying a non-

White. Of the roughly 130,000 people who live in the city, 25% of the residents live below the poverty line, 66% are female, and 25% are below 18 years of age.

Although participation has fluctuated over the years, the support group has a core membership of 10 women, all of whom were offered the opportunity to volunteer in this photovoice research project. It was made clear that the decision to participate in the study, or not, would have no impact on the women's access to the support group. In total, five individuals enrolled in the study including three African American women and two Latina women, all of whom were fluent in English.

Informed consent. Written informed consent was administered to each participant. During this process, study staff explained that participants would have complete control over the photos that would be selected for discussion. Participants were told that the discussion about the photos would be recorded, analyzed, and written up for dissemination. The final analyses and all project deliverables, including a PowerPoint presentation, a conference poster, and this paper, were shared with project participants and their input and feedback was solicited and integrated into final drafts. All the participants' names used in this reporting are pseudonyms. The study protocol was reviewed and approved by the Southern Connecticut State University Institutional Review Board (#16-007).

Procedures. The seven-week photovoice series began with training about photovoice that was facilitated by all three authors. The first meeting included an introduction to photovoice with examples provided from specific projects. Dr. Breny began with an overview of the method. Dr. Smoyer discussed a photovoice project which she heard about at a social work conference that described the experiences of methadone users over age 50 in Pittsburg. Ms. Ruff then described three photovoice projects with transgender people. One study, conducted in California with 5 White and Latino transgender men, sought to understand the sample's experiences with healthcare providers (Hussey, 2006). Another study with transgender women in India focused on constructions of sexuality and identity (Boyce & Hajra, 2011). The third project with LGBTQ youth in Canada explored the "coming out" process (Holtby et al., 2015; Klein et al., 2015). She noted that only one Latino was included in the California study, and there was no Black or African American representation. Further, the authors of these studies encouraged future studies to include a more diverse sample of participants. Through this summary, Ms. Ruff sought to position the group's photovoice experience within the larger context of knowledge building about the transgender community. Following this didactic overview, the group engaged in discussion about photovoice.

The next session was spent talking about and practicing photography. The ethics of photography were discussed, and the group decided to not include pictures of any people, including themselves, to allow for more metaphorical images and eliminate concerns about confidentiality and privacy. In this session, techniques for taking photos were explored. The design of the study called for participants to use their personal cell phone cameras to take the pictures. This approach made sense because all of the participants had "smart" phones and experience with cell-phone photography. Photograph ideas were exchanged, and consensus was reached that no filters would be used. Between the second and third session, participants took photographs and in the third session, these pictures were shared with the group for review and feedback. Based on this input and their own preferences, each woman chose up to three photos for further analysis and discussion.

Data collection. During the fourth and fifth meetings, women took turns talking to the group about their selected photos. In the original photovoice protocol articulated by Wang (Shimshock, 2008), interviews are one-on-one dialogues between the photographer and the

researcher. In this project, we chose to discuss the photos as a group because the group was small, and participants were very interested to see and talk about each other's work. These group discussions about the photographs were recorded and transcribed to create the study's data set. The lead author, Ms. Ruff, drew on her academic and practice experience to facilitate these discussions. At the time, Ms. Ruff was in the final semester of her undergraduate social work education. She had completed coursework in research methods, interviewing, running groups, and writing process recordings. In addition, she had been facilitating this bi-weekly support group for more than 2 years when this research began in summer 2016. Dr. Smoyer and Dr. Breny were present as silent observers, taking notes on the discussion and using eye-contact and body language to encourage participation.

Ms. Ruff used the SHOWeD questions set forth in the instrument developed by Wang et al. (2004, p. 912) to structure these discussions about the photos. These questions include: "What do you See here? What is really Happening? How does this relate to Our lives? Why does this problem or strength exist? What can we Do about it?" Participant answered each of these question in describing her photos. In addition, after concluding these preliminary remarks, other members of the group posed questions to the photographer and offered input on her image and related discussion. These conversations about the image were also recorded and transcribed.

Data Analysis

Through an iterative process that integrated study data (i.e., transcribed SHOWeD responses and subsequent group discussion) and existing theory, thematic analysis was used to review and organize the qualitative data in order to identify central themes and ideas in the data (Braun & Clarke, 2006). The first step in the data analysis process was to have all the data transcribed. This was done by a professional transcriber. Once the data was in text form, all three authors read the transcriptions to inductively identify key themes in the data set. After coding independently, the group met as a team to discuss themes. Three major themes (hope, courage, and resilience) were proposed by Ms. Ruff. The team verbally discussed the meaning of these terms and explored existing psychological literature and theory to narrow and fully articulate each theme. In the findings section below, the existing literature and theory that informed each thematic analysis is presented.

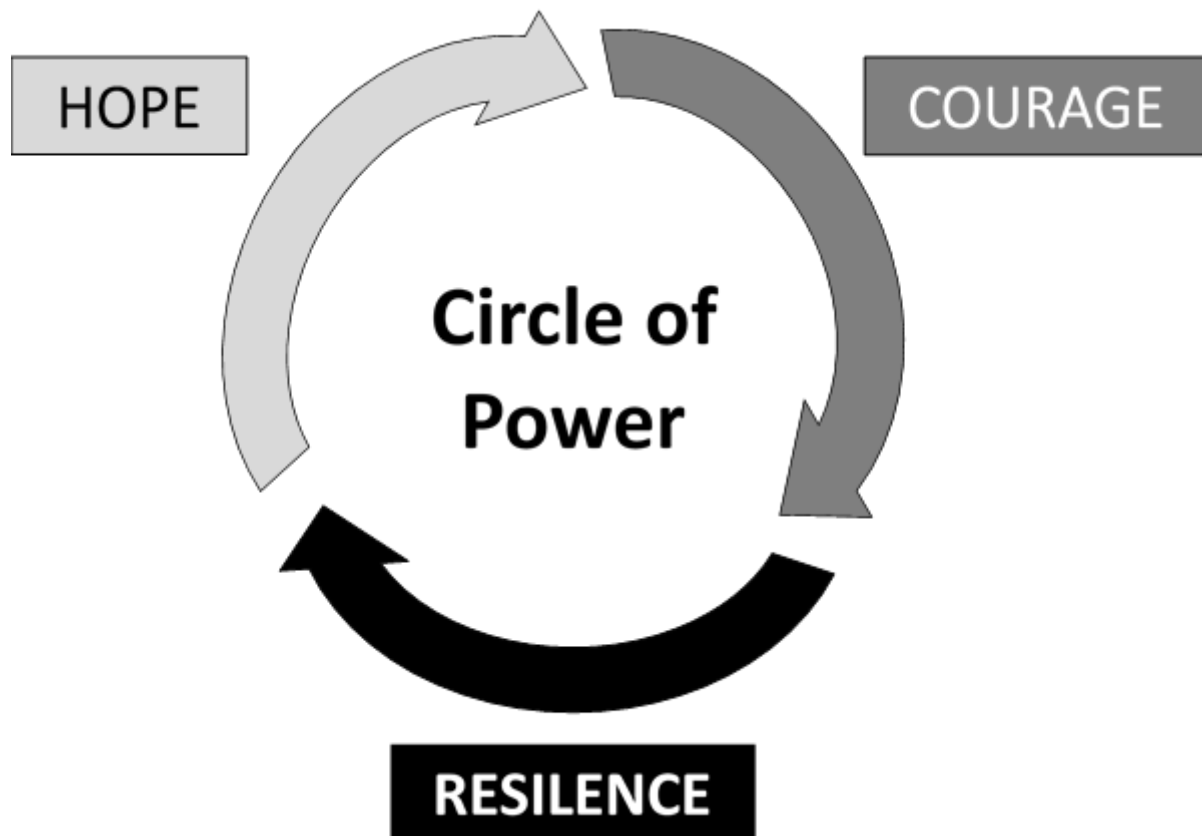
After these themes were fully defined, each team member returned to the data set to deductively code expressly for these three themes. Comparing these final sets of coded data, the group encountered a high level of inter-rater reliability: All three authors had assigned these themes to essentially the same blocks of text. The final stage of data analysis involved bringing these themes back to the participants for verification and validation. The participants concurred with the study's team's articulation and organization of the data. This process of "member checking," helps to establish the credibility and validity of qualitative data (Guba, 1981). In addition, Ms. Ruff presented preliminary findings from this study at a regional conference for LGBT activists and a qualitative working group at the Yale School of Public Health. These forums allowed for further sculpting and articulation of the findings based on input from people with lived experience and academic expertise on related topics.

Results

The transgender women of color who participated in this photovoice project spoke about their challenges and strengths. It was the strengths that stood out the most, namely hope, courage, and resilience. Here each of these themes will be described as will the ways in which they work together. Hope is where participants often began their stories, with goals

about what they wanted to achieve and their plans for how to realize these dreams. It was hope that sparked actions to transition from male to female. To move towards these goals, they drew on deep courage. Pathways forward were treacherous and undefined. Tremendous courage was needed to step into the unknown. Women described setbacks on this journey and drew on resilience to keep moving forward. Spiritual beliefs and social support built this resilience, as did hope, bringing them back to the emotional power that sparked their journey. From there, the circle of power from hope to courage to resilience and back to hope continued to shape their lived experiences (see Figure 1). We present these results, insights, journeys and photos below. The names of the participants have all been changed to protect their identity.

Figure 1: Circle of Power



Hope: Setting Goals and Imaging Pathways

Psychologist and hope theorist Snyder (2002) defined hope as “the perceived capacity to derive pathways to desired goals and motivate oneself via agency thinking to use those pathways” (p. 249). This theory suggests hope is derived from the interaction between having both goals and a vision of the pathways to reach these goals. This sense of hope was evident throughout the study data.

In general, the participants’ discussions about their photos took on a narrative shape. These photovoice narratives, and the journeys of transition that they depicted, often began at a difficult place. Introducing a picture of the street in front of her home where she first began to sell sex as she came out as a transgender woman, Natalie stated, “My photo is the start to a dark story.” Similarly, Tammy, who was incarcerated for 7 years during the early years of her transition explained, “You have to understand – we came out in our ‘hood or whatever.” Andrea concurred, “It’s not easy for many [transgender women] to come out.”

In spite of these difficult circumstances, or maybe because of them, the women drew on hope to move forward. Tammy described her hopeful process of setting goals:

I was in jail and I used to sit up and used to watch a lot of TV and see General Hospital and see all these women, how well they used to dress with business suits and elegance. And I said, “That’s going to be me one day. I want that one day.”

Seeing these role models on TV, Tammy was able to imagine her life and set goals for her future. From the beginning, Danielle was also hopeful, setting her sights on specific goals: “It was going to be a straight shoot [to my goal of transition] - and that nothing was really going to be hard...it was going to be *smooth sailing* the whole time.” Even when the process became more complicated, she held onto her original objectives, stating, “We’re always set on the goal...I have hope.” In her efforts to move away from sex work towards more stable employment, Natalie also shared hopeful goals for the future. She said, “I began transitioning little by little...To me, it’s just now, it’s like I want to be done with it [sex work] ... I’m independent, I like to have my own stuff.” This goal of having her own stuff was Natalie’s way of expressing her goals to transition from male to female, become financially independent of sex work, and live more autonomously. These narratives capture the essence of Snyder’s hope theory (2002) – the women articulate a tremendous capacity to set goals and imagine a path to reach these goals.

Snyder’s theory of hope is clearly presented and reflected in Tammy’s photo and narrative about marriage (see Image #1). To accompany her photo of a wedding dress, she said;

This is where I want to be in the next 5 years. I want to be married with the picket fence and everything like, so that’s what that means basically. I feel like I’m already 75% there, I just gotta find the husband and the house. Or I might not even find the husband, I just want the house...I just want to live a normal life as a citizen.

Image #1: HOPE



For this woman, her goal is to live a “normal life.” Marriage and home ownership are two benchmarks that mark the path to this goal, a dream she hoped for while incarcerated. She is willing to concede that she may not find a husband and may rely on homeownership to pave the path to “normal.” Work also played a part in reaching this goal. After acquiring employment at a clothing retailer, Tammy quickly set her sights on a nearby bridal shop. When she passed the store, she would think “I’d be like I want to work there. I want to work there.” She hoped to acquire this job and, after setting this goal, worked diligently to achieve it. Having reached her professional goal of working in a bridal shop, she continued on the path to her normal, working on being “so comfortable within me” and optimistic about finding a romantic partner to share her life with.

In short, all participants expressed hope, as defined by Snyder, by setting goals, imagining pathways to these goals, and enacting their agency by moving down these paths to their imagined futures. Whether it was personal development, employment, home ownership and/or relationships, all the participants had a clear vision of their goals. However, they were not always certain how these goals would be accomplished: “We never really stop to think about what’s gonna to get us to the goal and what’s gonna benefit us the most on our way to the goal” (Danielle). In this way, actual pathways to their goals were not always fully articulated. The obtuse nature of their pathways can be attributed to the fact that these women are pioneers. They were describing setting goals for transition 5, 10, and 20 years ago, when discussion about transgender health issues and transition was still very muted. In many ways, they were building the paths that they were walking on, and so it makes sense that these pathways were not clear.

Courage: Willful, Deliberate Risk for Good

The multiple meanings, understandings, and definitions of courage is a source of considerable academic writing and debate. In their summary of existing theories about courage, Rate, Clarke, Lindsay, & Sternberg (2007) identified 29 definitions of the term from multiple disciplines, including literature, philosophy and psychology. From this list, the authors attribute the most eloquent and succinct definition to Hemingway who described courage as “grace under pressure” (Rate et al., 2007, p. 81). Their own work is based on the idea that courage is subjective, and individuals cognitively construct their understandings of the term in different ways. Within this variation, however, there are shared parameters. Their research identified these common elements:

- (a) a willful, intentional act, (b) executed after mindful deliberation, (c) involving objective substantial risk to the actor, (d) primarily motivated to bring about a noble good or worthy end, (e) despite, *perhaps*, the presence of the motion of fear. (2007, p. 95)

Participants’ photovoice narratives map onto these five elements, endorsing the theory of courage presented by Rate et al. (2007) and illustrating how transgender women of color enact this construct in their own lives.

In particular, it is within the women’s stories of identifying and pursuing employment that their courageous characters are revealed. In describing their hopeful journeys towards articulated employment goals, the women spoke of willful, intentional acts, taken after careful consideration and with substantial risk, in order to obtain financial independence. Fear was often present but did not deter them from action. For example, Natalie describes choosing to do sex work in order to survive, conceptualizing “prostitution as a business” and seeking advice from peers about how to protect herself. She spoke of actively seeking out the

advice of an experienced sex worker in order to learn the trade, “[Julia] was the one that taught me how to prostitute myself for the first time ever...And ever since then I was corrupted and I liked it so I continued to do it.” Her narrative suggests she made an informed choice to willfully engage in these acts. Further, she entered the work with considerable caution, reaching out to a more experienced woman to learn about the work rather than charging forward unprepared. While the risks were significant, Natalie recounted that the older woman who mentored her was actually murdered years later, she conceptualized sex work as “a business” that was a necessary to bring her out a “dark” place and towards a more independent life.

Similarly, Danielle, the youngest woman in the group, describes her efforts to obtain employment in a clothing retail store:

The most negative thing I have encountered is with the work force, because they see my name on a piece of paper, OK, you don’t think, “OK, this is someone who used to be this, or is this.” So when I walk into [clothing retail store] and have an interview, they’re like, no luck...Oh, they looked at me. I walked in there ‘cause they were advertising for two weeks about job openings or something, just opening up a new store. I walked in, handed them my resume. Mind you, the only people in that store working were [cisgender] females. There was a guy who was the manager. He looked at me and said, “We’ll give you a call.”

For this young woman to walk into this store with her resume, knowing that her state “ID says M instead of F,” to apply for a job in a store with only cisgender people is an act of courage, as defined by Rate et al. (2007). She is not unaware of the risk, she has had “negative” experiences, yet she willfully walks into the store. She deliberately chose this store, because she knows they are hiring and the positive goal of securing a job outweighs the risk of disclosing her transgender identity. In this narrative, there is an absence of fear. While she may have experienced fear during this encounter, she does not articulate this emotion, recounting, “I just walked in there.” This narrative personifies Hemingway’s phrase – grace under pressure.

Sophia shared a similar story about courage and employment that had a different outcome because she was hired and has been very successful in her position. Sophia’s story is also different from Danielle’s because she begins describing the presence of fear:

A lot of us have such a fear of coming outside in the daytime...and being rejected and being harassed and discriminated again. So a lot of time to save myself from all of that, I just go out at night...There is such a fear of going into society and get a job.... It took me, I think I thought 3 or 4 months. It’s worth a try. And I went. And they hired me. And I’m like, oh! Everybody was friendly.

The fact that Sophia took several months to deliberate applying speaks to the level of fear that she was experiencing and the substantial risk that “coming outside in the daytime” posed to her. Yet she was able to determine that “It’s worth a try” and decided to take action. This courage was rewarded with a job and social inclusion (“Everybody was friendly.”), both worthy ends that she was striving to accomplish. These participants’ narratives about employment illustrate the courage of transgender women: “I think trans are the strongest. Because we have to endure so much more...Everywhere you go, they know who you are.

And they mock you for it” (Tammy). There is real risk and fear, yet the women act, after careful consideration and planning, to reach their goals.

The image that most fully expresses this theme of courage is the photo of a tree trunk growing through a wall that was taken by Sophia (see Image #2). The caption that she provided for this image is: “I was not going to budge and that’s how I look at my life.” In this simple sentence, the deliberate will of her intention is clear. There is risk - external forces (represented by the bricks) pushing against personal growth (the rising tree trunk). Indeed, it can be difficult for transgender women of color to grow, to transition, to express themselves. The photovoice participants constructed stories of courage that described how they continued to grow, like the tree in the picture, in spite of risk and fear, through their own sheer will and determination.

Image #2: COURAGE



Resilience: Bouncing Back from Adverse Events

Like courage, resilience is a complex construct that has a range of multi-disciplinary definitions and meanings that individuals understand in different ways based on their own lived experiences and socio-cultural context (Southwick et al., 2014). Generally speaking, resilience is understood to be a trait or process, which develops in response to adverse or stressful events, through which people harness internal and external resources in order to successfully adapt and manage threats (Southwick et al., 2014). Resilience is a dynamic “process of moving forward and not returning back” (Southwick et al., 2014, p. 3), and a trait: “the ability to bend but not break, bounce back, and perhaps even grow in the face of adverse life experiences” (Southwick et al., 2014, p. 2). Resilience surfaced in the women’s discussions about their lives. It was hope that pushed participants from dark places towards their goals. With courage, they moved deliberately and willfully, with considerable risk, towards good. And it was resilience that allowed them to continue to move forward, to bounce back, when faced with adversity.

For example, Tammy suffered a setback when her fiancé called off their engagement. She had really hoped to be married: “It’s hard to talk about. After the breakup, I had to take a week off of work because of it. Well, this was probably one of the worst experiences I’ve ever been through.” Still, she persisted, choosing to let him go, refusing to engage in drama,

and putting her life back on track. Her relationship with her sister and her friends supported her in this difficult time. Another key resource was her own inner strength, which she has nurtured since her release from prison: “When I came out I just kept going and then I moved to [small city]....[I am] a million times, a million time stronger.” In this narrative, she describes moving forward in a literal and psychological sense. In reaction to adverse events (relationship termination, incarceration), she harnesses external and internal resources to bounce back. This is resilience.

Similarly, even when Danielle faced setbacks and rejection (adverse events) while seeking employment, as described above, she continued to move forward. Her reaction to her inability to secure work was to adapt by developing a social media program to help others: “I think the best thing we can do is educate...I’ve started making YouTube videos about the side [of transgender life] they don’t show you.” The stores refusal to hire her led her to work harder to end discrimination against transgender people and help prepare other transwomen to face micro-aggressions and other obstacles. Sophia also demonstrated resiliency by turning the discrimination she faced into advocacy and education. After being harassed in the bathroom at community college, she connected with institutional administrators and professors (external resources) and her own personal strengths and empathy (internal resources) to manage this threat by developing an educational program. “I go there to speak to the classes because it’s about educating...I’m “*Mosia*...I’m here to set my people free, let my people go.” Undefeated, she bounced back from this painful incident to educate and help others.

Image #3: RESILIENCE



The photo of a shadowy tree that was taken by Danielle (Image #3) beautifully illustrates this concept of resilience. As Danielle describes, the branches of the tree represent these women's journey – constantly going out a limb and continuing to grow (adapting) even when branches are snapped (adversity). She captioned the photo with these words:

This tree in my backyard has a million plus branches, or it looks like it does. And they're all interconnected and branching off into about a million directions...You see everything branching off like there's one branch, then right after you're done with one, there's one branching off the side and there's a little short branch off that one. And it's just like you don't ever know what you're going to be dealt with or what life is going to hit you with. You have to go on your journey.

This quote makes the forward momentum of these women's journeys clear: The journey they must make to realize their true selves, to survive, is not optional. The tree, which sprouts new branches and moves in different directions, as needed to grow, is a metaphor for the group's resilience and the ways in which they are able to adapt in order to manage threats and thrive.

Limitations

There are several limitations to this qualitative study. For one, the sample size is small and cannot be generalized. There were 5 participants in this study, and all lived in a small urban area. Living in this type of community creates a lived experience that is different from people who live in a large urban area with opportunities for more privacy and smaller communities where people's lives are more intimately entwined. Another distinct feature of this study is that the project was based in an established group of people who had existing relationships. Engaging a group of strangers in this type of inquiry might produce a more individualized narrative. Finally, because there were no White participants, it is not possible to compare the narratives of these women of color with White women. A more diverse sample might allow racial differences to surface. Our goal with the project was never to create definitive answers, but rather to inspire future inquiry with transgender women that celebrates and explores the diversity of their lives.

Discussion and Implications for Practice

The discrimination and marginalization of transgender women has been well reported in the literature (Grant et al., 2011). Within the photovoice literature, projects with transgender people have focused on how participants negotiate structural oppressions (i.e., health care systems), sexuality, and identity and identify sources of social and institutional support (Boyce & Hajra, 2011; Holtby et al., 2015; Hussey, 2006; Klein et al., 2015; Rhodes et al., 2015). Consistent with this existing research, our findings suggest a high proportion of marginalization and discrimination against male-to-female transgender women of color. These narratives tell a story about the challenges and struggles, including interpersonal violence and trauma, that transgender women of color encounter on a daily basis.

What is unique to this dataset is that these narratives center around the women's strengths. Further, these stories are remarkably human and universal. The narratives do not create an "other" who is unique and different from heterosexual cisgender people. Instead, the narratives speak to our shared mortal experiences of hope, courage, and resilience. These women are driven by a deep-seated hope that they can live in a way that honors their complete identity. Grounded in this hope, the women set goals and imagine pathways that

will allow them to realize these dreams. The women act with courage, taking deliberate and risky steps towards these goals. When they face challenges and setbacks, they persevere, using their resilience to remain steadfast in their journey. Here, Sophia describes this pathway:

I don't foresee those obstacles [*expression of hope*]. So when they come [*adverse events*] sometimes I go into the fetal position. It [*fear, risk*] stops me in my tracks. But then I realize I look at this obstacle [*willful, deliberate courage*] and I grow through it [*moving forward with resiliency*].

The participants' pictures and words express this cycle of strength that begins with hopeful goals and a perceived pathway onto which they deliberately step, in spite of risks and fear, and continue to tread even when faced with adversity, bouncing back again and again.

What surprised us most about the findings from the project was the intimacy that this methodology produced. As has been described, the participants in this project were members of an existing support group that had been meeting on a bi-weekly basis for years. Given the longevity of these relationships, one might expect that the group had discussed "everything." However, the discussion of these photos created a new depth of intimacy among the group. Women were literally spellbound by their peers' stories. Storytelling was punctuated with laughter and tears. In other words, in addition to educating outsiders about the lives of transgender women, this project allowed the women to educate *each other* about their lived experiences. This aspect of the photovoice experience underscores its utility as a tool for strengthening group dynamics and trust. Taking photos and introducing a visual storytelling into the group interaction expanded the group's ways of knowing and seeing each other.

Implications

These findings have several important implications. One, this research demonstrates that transgender women can and should be key informants in the development of knowledge about their lives. Transgender women are experts about the transgender experience and photovoice methodology is one approach to eliciting this expertise. Two, findings can inform the development of programs and policies for transgender women by offering an expanded understanding about this community that centers their strengths. These findings suggest that solutions for supporting this community lie within their capacity for hope, courage, and resilience. Harnessing this circle of power (see Figure 1) offers a roadmap to personal well-being for transgender women and other marginalized communities. Three, the determinants of these traits (hope, resilience and courage) among this specific population of transgender women of color represents an area for future research. It may be that the intersectionality of their lived experience confers particular strengths to this group. Both LGBT communities and people of color have struggled in the US for centuries, an experience which may produce an extraordinary capacity for hope, courage, and resilience among transgender women of color. Learning more about this community's sources of strength may help to articulate interventions that accentuate these processes. Fourth, this inquiry demonstrates the power of photos and images to provoke new levels of discussion and intimacy among groups. Photovoice represents a tool for social workers and community organizers who seek to nurture community and communication.

Finally, these findings position transgender women as people and human beings. While this may seem to be an obvious point, especially for those of us who advocate for transgender rights, it is a positionality that can be compromised by research and community discussion that focuses only on the oppressions and challenges faced by transgender people.

These findings challenge the placement of transgender people as outside the normative culture, as “other,” by highlighting that transgender people are people like everyone else who dream of a hopeful future, muster courage to make it through daily challenges, and cope with disappointment and setbacks. This construction of the “other” as self is critical for moving public policy forward in a way that offers all people the rights and recognition that we each crave.

References

- Bailey, M. (2014). Transgender workplace discrimination in the age of gender dysphoria and ENDA [Employment Non-Discrimination Act]. *Law & Psychology Review*, 38, 193-210.
- Baral, S. D., Poteat, T., Strömdahl, S., Wirtz, A. L., Guadamuz, T. E., & Beyrer, C. (2013). Worldwide burden of HIV in transgender women: a systematic review and meta-analysis. *The Lancet Infectious Diseases*, 13(3), 214-222.
- Barr, S. M., Budge, S. L., & Adelson, J. L. (2016). Transgender community belongingness as a mediator between strength of transgender identity and well-being. *Journal of Counseling Psychology*, 63(1), 87-97.
- Boyce, P., & Hajra, A. (2011). Do you feel somewhere in light that your body has no existence? Photographic research with transgendered people and men who have sex with men in West Bengal, India. *Visual Communication*, 10(1), 3-24.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Bissinger, B. (2015, June 25). Caitlyn Jenner: The full story. *Vanity Fair*. Retrieved from <https://www.vanityfair.com/hollywood/2015/06/caitlyn-jenner-bruce-cover-annie-leibovitz>
- Breny, J. M., & Lombardi, D. C. (2017). ‘I don’t want to be that guy walking in the feminine product aisle’: A Photovoice exploration of college men’s perceptions of safer sex responsibility. *Global Health Promotion*, 26(1), 6-14. <https://doi.org/10.1177/1757975916679362>
- Breny, J., Lombardi, D., Smoyer, A. & Madden, D. (2017). Getting men to explore safer sex responsibility: The use of photovoice in health promotion research. *SAGE Research Methods Cases*. doi:10.4135/9781526419316
- Budge, S. L., Adelson, J. L., & Howard, K. A. (2013). Anxiety and depression in transgender individuals: the roles of transition status, loss, social support, and coping. *Journal of Consulting and Clinical Psychology*, 81(3), 545-357.
- Capous-Desyllas, M., & Forro, V.A. (2014). Tensions, challenges, and lessons learned: Methodological reflections from two photovoice projects with sex workers. *Journal of Community Practice*, 22(1-2), 150-175.
- Catalani, C., & Minkler, M. (2010). Photovoice: A review of the literature in health and public health. *Health Education & Behavior*, 37(3), 424-451.
- 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.
- Dean, L., Meyer, I. H., Robinson, K., Sell, R. L., Sember, R., Silenzio, V. M., ... & Dunn, P. (2000). Lesbian, gay, bisexual, and transgender health: Findings and concerns. *Journal of the Gay and Lesbian Medical Association*, 4(3), 102-151.
- Gehi, P. S., & Arkles, G. (2007). Unraveling injustice: Race and class impact of Medicaid exclusions of transition-related health care for transgender people. *Sexuality Research & Social Policy*, 4(4), 7.

- Golub, S. A., Ja'Nina, J. W., Longmire-Avital, B., Bimbi, D. S., & Parsons, J. T. (2010). The role of religiosity, social support, and stress-related growth in protecting against HIV risk among transgender women. *Journal of Health Psychology, 15*(8), 1135-1144.
- Grant, J. M., Mottet, L., Tanis, J. E., Harrison, J., Herman, J., & Keisling, M. (2011). *Injustice at every turn: A report of the National Transgender Discrimination Survey*. Washington, DC: National Center for Transgender Equality
- Grossman, A. H., & D'Augelli, A. R. (2006). Transgender youth: Invisible and vulnerable. *Journal of Homosexuality, 51*(1), 111-128.
- Guba, E. (1981). Criteria for assessing the trustworthiness of naturalistic inquiries. *Education, Communication, and Technology, 29*, 75-91.
- Hart, L. (2014). With inadequate protection under the law, transgender students fight to access restrooms in public schools based on their gender identity. *North Kentucky Law Review, 41*, 315.
- Holtby, A., Klein, K., Cook, K., & Travers, R. (2015). To be seen or not to be seen: Photovoice, queer and trans youth, and the dilemma of representation. *Action Research, 13*(4), 317-335.
- Hughes, T. L., & Eliason, M. (2002). Substance use and abuse in lesbian, gay, bisexual and transgender populations. *Journal of Primary Prevention, 22*(3), 263-298.
- Hussey, W. (2006). Slivers of the journey: The use of photovoice and storytelling to examine female to male transsexuals' experience of health care access. *Journal of Homosexuality, 51*(1), 129-158.
- Iwamoto, M. (2011). Social support, exposure to violence and transphobia, and correlates of depression among MTF transgender women with a history of sex work. *American Journal of Public Health, 101*(10), 1980-1988.
- Klein, K., Holtby, A., Cook, K., & Travers, R. (2015). Complicating the coming out narrative: Becoming oneself in a heterosexist and cissexist world. *Journal of Homosexuality, 62*(3), 297-326.
- Lelutiu-Weinberger, C., Pollard-Thomas, P., Pagano, W., Levitt, N., Lopez, E. I., Golub, S. A., & Radix, A. E. (2016). Implementation and evaluation of a pilot training to improve transgender competency among medical staff in an urban clinic. *Transgender Health, 1*(1), 45-53.
- Lewis, J., Maticka-Tyndale, E., Shaver, F., & Schramm, H. (2005). Managing risk and safety on the job: The experiences of Canadian sex workers. *Journal of Psychology & Human Sexuality, 17*(1-2), 147-167.
- Lombardi, E. (2008). Substance use treatment experiences of transgender/transsexual men and women. *Journal of LGBT Health Research, 3*(2), 37-47.
- Lombardi, E. L., Wilchins, R. A., Priesing, D., & Malouf, D. (2002). Gender violence: Transgender experiences with violence and discrimination. *Journal of Homosexuality, 42*(1), 89-101.
- Madden, D. & Breny, J. (2016). "How Should I be?" A photovoice exploration into body image messaging for young women across ethnicities and cultures. *Health Promotion Practice, 17*(3), 440-447.
- McCall, L. (2005). The complexity of intersectionality. *Signs, 30*(3), 1771-1800.
- Miller, C. C. (2015, June 8). The search for the best estimate of the transgender population. *The New York Times*. Retrieved from <https://www.nytimes.com/2015/06/09/upshot/the-search-for-the-best-estimate-of-the-transgender-population.html>
- Nemoto, T., Bödeker, B., & Iwamoto, M. (2011). Social support, exposure to violence and transphobia, and correlates of depression among male-to-female transgender women with a history of sex work. *American Journal of Public Health, 101*(10), 1980-1988.

- Nemoto, T., Operario, D., Keatley, J., & Villegas, D. (2004). Social context of HIV risk behaviours among male-to-female transgenders of colour. *AIDS Care, 16*(6), 724-735.
- Rate, C. R., Clarke, J. A., Lindsay, D. R., & Sternberg, R. J. (2007). Implicit theories of courage. *The Journal of Positive Psychology, 2*(2), 80-98.
- 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 U.S. *Women & Health 54, 750-767.*
- Rhodes, S. D., Alonzo, J., Mann, L., M. Simán, F., Garcia, M., Abraham, C., & Sun, C. J. (2015). Using photovoice, Latina transgender women identify priorities in a new immigrant-destination state. *International Journal of Transgenderism, 16*(2), 80-96.
- Rotondi, N. K., Bauer, G. R., Scanlon, K., Kaay, M., Travers, R., & Travers, A. (2013). Nonprescribed hormone use and self-performed surgeries: "Do-it-yourself" transitions in transgender communities in Ontario, Canada. *American Journal of Public Health, 103*(10), 1830-1836.
- Sanchez, N. F., Sanchez, J. P., & Danoff, A. (2009). Health care utilization, barriers to care, and hormone usage among male-to-female transgender persons in New York City. *American Journal of Public Health, 99*(4), 713-719.
- Sausa, L. A., Keatley, J., & Operario, D. (2007). Perceived risks and benefits of sex work among transgender women of color in San Francisco. *Archives of Sexual Behavior, 36*(6), 768-777.
- Sevelius, J. M., Keatley, J., & Gutierrez-Mock, L. (2011). HIV/AIDS programming in the United States: considerations affecting transgender women and girls. *Women's Health Issues, 21*(6), S278-S282.
- Shimshock, K. (2008). *Photovoice project organizer and facilitator manual*. University of Michigan. Retrieved from: <http://deepblue.lib.umich.edu/bitstream/handle/2027.42/108548/PhotovoiceManualREVISED.pdf>
- Singh, A. A., Hays, D. G., & Watson, L. S. (2011). Strength in the face of adversity: Resilience strategies of transgender individuals. *Journal of Counseling & Development, 89*(1), 20-27.
- Snyder, C. R. (2002). Hope theory: Rainbows in the mind. *Psychological Inquiry, 13*(4), 249-275.
- Southwick, S. M., Bonanno, G. A., Masten, A. S., Panter-Brick, C., & Yehuda, R. (2014). Resilience definitions, theory, and challenges: Interdisciplinary perspectives. *European Journal of Psychotraumatology, 5*(1), 1-14.
- Spicer, S. S. (2010). Healthcare needs of the transgender homeless population. *Journal of Gay & Lesbian Mental Health, 14*(4), 320-339.
- Wang, C., & Burris, MA. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health Education & Behavior, 23*(3), 369-387.
- Wang, C., Morrel-Samuels, S., Hutchison, P. M., Bell, L., & Pestronk, R. M. (2004). Flint photovoice: Community building among youths, adults, and policymakers. *American Journal of Health Education, 94*, 911-913.
- White-Hughto, J. M., & Reisner, S. L. (2016). A systematic review of the effects of hormone therapy on psychological functioning and quality of life in transgender individuals. *Transgender Health, 1*(1), 21-31.

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Article Citation

Ruff, N., Smoyer, A. B., & Breny, J. (2019). Hope, courage, and resilience in the lives of transgender women of color. *The Qualitative Report*, 24(8), 1990-2008. Retrieved from <https://nsuworks.nova.edu/tqr/vol24/iss8/11>
