Transgender People of Color’s Experiences of Sexual Objectification:
Locating Sexual Objectification within a Matrix of Domination

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Abstract

The purpose of this grounded theory study was to investigate transgender People of Color’s (TPOC’s) sexual objectification experiences (SOEs). Fifteen TPOC were interviewed about their experiences with sexual objectification. Utilizing intersectionality and objectification theories as our research paradigms, results suggested that participants’ SOEs were shaped by the intersections of cissexism, sexism, and racism, and that participants experienced various levels of privilege and oppression based on their specific identities. Results revealed similarities with previous sexual objectification research as well as unique sexual objectification experiences for TPOC, including racialized sexual objectification, fetishization, genital- and gender transition-based comments, and body policing. Results also suggested that self-objectification may manifest as a desire to affirm one’s gender identity and result in physical safety anxiety. TPOC may engage in body surveillance in order to achieve transgender congruence and reduce potential victimization experiences. Mental health practitioners are encouraged to attend to how intersections of cissexism, sexism, and racism may encourage SOEs, and the ways in which such experiences may impact TPOC.

*Keywords:* People of Color, transgender, intersectionality, sexual objectification, objectification theory

**Public Significance Statement:**

This study suggests that transgender People of Color’s (TPOC’s) experiences of sexual objectification are shaped by the intersection of systems of oppression; in particular racism, sexism, and cissexism. Our results suggest TPOC may have unique SOEs and that self-objectification may be manifest somewhat differently than among cisgender samples.
Transgender People of Color’s Experiences of Sexual Objectification:
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Little is known about how transgender People of Color (TPOC) experience sexual objectification and its effects on their well-being; yet, this population is at high risk for various forms of discrimination. A recent national survey examined the experiences of transgender people in the United States (U.S.) and concluded that TPOC face higher levels of unequal treatment, harassment, physical attacks, sexual assault, and intimate partner violence than White transgender people (James et al., 2016). In addition, 54% of all respondents were verbally harassed within the past year, and Middle Eastern (67%), Multiracial (66%), and American Indian (65%) respondents were more likely to experience verbal harassment than other racial/ethnic groups, with transgender Women of Color reporting the highest levels. Moreover, transgender Women of Color made up 67% of the anti-LGBTQ and HIV-affected homicide victims in 2013, suggesting they may be especially at risk for deadly hate crimes (National Coalition of Anti-Violence Programs, 2014). TPOC were also more likely to report intimate partner violence (IPV) than White transgender people (54%), with American Indian (61%), multiracial (54%), and Middle Eastern (49%) being the racial/ethnic groups to report IPV involving physical harm. Compared to White transgender people (45%), American Indian (65%), Multiracial (59%), Middle Eastern (58%), and Black (53%) TPOC were more likely to have been sexually assaulted (e.g., oral, genital, or anal contact, penetration, forced fondling, or rape) in their lifetime (James et al., 2016).

Taken together, these findings suggest that TPOC, especially transgender Women of Color, may be at risk for oppression-based victimization. Such disparities can be understood from an intersectional framework that highlights how multiple forms of oppression are
interconnected and produce injustice. Patricia Hill Collins (1990) proposed that people experience oppression according to their location within a matrix of domination (e.g., gender, race, class). Accordingly, present-day social domains (e.g., structural, political, epistemology, and interpersonal) shape the experiences of TPOC.

Furthermore, experimental research has revealed that the tendency to devalue and assert control over another is related to perpetrators’ objectification of others (Rudman & Mescher, 2012). In other words, objectification may be a key process in TPOC’s experiences of victimization and discrimination. A great deal of research on objectification theory (OT; Fredrickson & Roberts, 1997) has addressed gender oppression, but has primarily focused on White, cisgender (i.e., individuals whose current gender identity is congruent with the gender they were assigned at birth) women’s experiences (Moradi & Huang, 2008). The exclusion of transgender women from this line of research may be due to the fact that much of OT research has been conducted on undergraduate female participants; however, it is also important to note that transgender women have historically been viewed as not “real” women and excluded from feminist scholarship. For example, radical feminist writing, such as The Transsexual Empire by Janice Raymond, is exclusionary and prejudicial of transgender women (Riddell, 2006).

Although some researchers have expanded OT research to include cisgender Women of Color and sexual minority people (e.g., Watson, Grotewiel, Farrell, Marshik, & Schneider, 2015; Watson, Robinson, Dispenza, & Nazari, 2012), OT research has sparsely included the experiences of transgender individuals, especially TPOC. Because information regarding the intersections of cissexism, sexism, and racism is lacking in OT research, this study aimed to integrate objectification and intersectionality theories, in order to explore the impact that these systems of oppression may have on the sexual objectification experiences (SOEs) of TPOC.
Objectification Theory

Fredrickson and Roberts (1997) asserted that common psychological concerns among cisgender women are related to existing in a society that sexually objectifies them. Sexual objectification occurs when an individual is reduced to her/his/their body parts and sexual functioning (Fredrickson & Roberts, 1997). Examples of sexual objectification include sexualized comments and media images, inappropriate sexual touch, and in its more extreme form, sexual assault. Routine and persistent SOEs may lead some women to view and treat themselves as sexual objects; this internalization process is called self-objectification (Fredrickson & Roberts, 1997), which may manifest through body surveillance (i.e., surveying one’s body to ensure that it meets societal expectations of gendered appearance norms). Self-objectification was hypothesized to increase body shame and appearance anxiety, and decrease awareness of internal physical and emotional states (e.g., awareness of hunger, fear) and flow (i.e., a peak motivational state). In turn, these symptoms were theorized to contribute to psychological problems commonly experienced among cisgender women, including depression, disordered eating, and decreased psychosexual functioning (Fredrickson & Roberts, 1997).

Cross-sectional and longitudinal research has, to a large extent, supported Fredrickson and Roberts’s (1997) model (see Moradi & Huang, 2008). Although Fredrickson and Roberts (1997) acknowledged that combinations of race, ethnicity, class, sexuality, age, and other identities may create unique experiences, they espoused that being female-bodied in a society that objectifies women likely results in shared social and psychological experiences. Yet, recent research on OT with individuals of multiple marginalized identities has revealed the importance of applying an intersectional lens to individuals’ SOEs.
Intersectionality Theory

Intersectionality theory is rooted in the intellectual production and activism of Black women, Chicanas and Latinas, Asian-American women, and Native women (Collins & Bilge, 2016; Crenshaw, 1991). The 1960s-70s were decades with highly active social movements (i.e., civil rights, feminist, Black Power, Chicano liberation, Red Power, and Asian American movements). Women of Color who were involved with these movements understood that race, class, gender, and sexuality could not be explored and addressed separately; rather these categories are part and parcel of interlocking systems of oppression (Collins & Bilge, 2016; Crenshaw, 1991). For example, Women of Color were actively involved with the feminist movement in the 1970s, but criticized it for only addressing White women’s lived experiences. In 1979, in an open letter, Audre Lorde argued that “to deal with one [gender or race] without even alluding to the other is to distort our commonalities as well as our differences” (in Moraga & Anzaldúa, 1983, p. 97). In other words, Women of Color’s experiences are rendered invisible and marginalized when gender-, race-, and class-based oppression are explored separately (Collins, 1990; Crenshaw, 1991).

Although intersectionality grew out of political movements, it is also a form of inquiry and critical praxis that invites the disruption of categorical conventions, policies, and analytic concepts. At its core, intersectionality invites people to engage in matrix thinking, which involves examining how power and oppression operate simultaneously in multiple systems to create unique experiences according to people’s location within a matrix of domination (Collins, 1990). Intersectionality research has received the most attention in feminist psychology (see Shields, 2008, for a review), although it can advance all areas of psychological research (Cole, 2009; Else-Quest & Hyde, 2016).
Various approaches have been used to enact intersectionality in psychological research. The intersectional perspective—the approach adopted in this study—asserts that multiple privileged and oppressed identities interlock to form unique experiences that are distinct and greater than the sum of its parts (Else-Quest & Hyde, 2016; Szymanski & Henricks-Beck, 2014). Although there is no formal definition of intersectionality, Else-Quest and Hyde (2016) identified the following three common assumptions: 1) a recognition that all people are characterized by multiple interlocking social categories, 2) a recognition of power and oppression within these socially constructed categories, and 3) a recognition that these social categories are characteristics of the social context and of the individual. When combined, intersectional and objectification theories provide a lens to understand how power and oppression operate to create SOEs among People of Color, specifically TPOC.

**Sexual Objectification of TPOC**

Although research on the sexual objectification of transgender people is scarce, recent research with Women of Color has revealed that SOEs are related to race- and gender-based oppression. For example, in one study, Black women reported more SOEs than White women (Watson, Marszalek, Dispenza, & Davids, 2015), likely due to racialized gender stereotypes. Indeed, in a qualitative study, African American women described how their SOEs were influenced by a legacy of slavery and patriarchy, whereby they were depicted as sexually insatiable “Jezebels” in order to justify White slave owners’ rape of them (Watson et al., 2012). Participants attributed their current SOEs to this historical lack of ownership over their bodies. In addition, racism, sexism, and sexual objectification were significantly positively correlated, and related to higher levels of PTSD symptoms among Women of Color (Watson, DeBlare, Langrehr, Zelaya, & Flores, 2016). Relatedly, Latina women’s experiences of racism and sexual
objectification were positively correlated, and body shame significantly mediated the positive links from racist experiences to depressive symptoms and disordered eating (Velez, Campos, & Moradi, 2015).

Furthermore, research with sexual minority people has generally found that heterosexist stressors are significantly positively related to SOEs and other OT tenets. For example, among sexual minority women, heterosexist experiences were positively correlated with SOEs, and internalized heterosexism was indirectly related to disordered eating through body shame and body surveillance (Watson, Grotewiel, et al., 2015). Similarly, among sexual minority men, childhood harassment for gender nonconformity and SOEs were positively correlated, while internalization of masculine appearance norms, body surveillance, and body shame significantly mediated the childhood harassment for gender nonconformity—disordered eating link (Wiseman & Moradi, 2010).

Collectively, these results reveal that multiple forms of discrimination are not separate experiences, but, in fact, overlap. Moradi (2013) urged scholars to adopt a pantheoretical lens to integrate minority stressors within the OT framework, noting that dehumanization is a linchpin in experiences of discrimination and objectification. Furthermore, ignoring one form of dehumanization in favor of another provides an incomplete picture of individuals’ experiences (Moradi, 2013). Thus, these intersecting discriminatory experiences must be centralized in order to fully understand SOEs among people who hold multiple marginalized identities. Within patriarchal, cissexist, and racist social structures, membership in both transgender and People of Color communities may create unique and harmful experiences for TPOC. For example, Black (47.5%) and Latina (65.4%) transgender women were more involved in sex work than White (11.5%) transgender women (Nuttbrock & Hwahng, 2016). Among a sample of Jamaican
transgender women, 47% engaged in paid or transactional sex work in the past year, with approximately one in four doing so in exchange for food, transportation, accommodations, and drugs or alcohol (Logie et al., 2017). Furthermore, interpersonal (lower social support, childhood sexual abuse, intimate partner violence) and structural factors (transgender stigma, unemployment) were associated with the likelihood of engaging in sex work (Logie et al., 2017). Such experiences may expose TPOC to more frequent SOEs and violence.

Given the dearth of research, it is unclear how TPOC experience sexual objectification. A recent study that expanded OT to transgender men found that those who reported more transgender congruence (i.e., felt that their bodies and appearance matched their gender identity) reported less body surveillance (Velez, Breslow, Brewster, Cox, & Foster, 2016). These findings suggest that body surveillance, as originally conceptualized in OT, may have a different function for transgender men; that is, transgender men may engage in body surveillance in order to achieve greater congruence and minimize the occurrence of people questioning their gender. In addition, body surveillance may be a way for transgender individuals with binary gender identities to “pass”¹ and avoid victimization and harassment (Watson, Marszalek, et al., 2015). In another study, transgender congruence was related to lower levels of body dissatisfaction and depressive symptoms among transgender individuals (Kozee, Tylka, & Bauerband, 2012), revealing the importance of attending to transgender congruence in the OT framework—particularly for binary transgender individuals.

¹ “Passing” represents two contrary perspectives on the transgender experience and can be offensive to some transgender people. For some binary transgender people “passing” means being accepted as the gender with which they identify. “Passing” may not be a goal for some non-binary people because they need society to broaden its binary conceptualization of gender and gender expression and allow for non-conformity to be accepted.
In addition to gender “passing,” TPOC may experience appearance anxiety related to their skin-tone. African American people with darker skin tones have been found to report more frequent experiences of racism (Klonoff & Landrine, 2000). Thus, TPOC with darker skin-tones may be at greater risk of racism and racialized sexual objectification, and may feel less satisfied with their appearance. Moreover, lighter skin-tones are often equated with beauty in our society (Buchanan, Fischer, Tokar, & Yoder, 2008). People of Color with lighter skin-tones may reap social benefits, and skin-tone may be an important variable to attend to when extending OT to communities of color (Buchanan et al., 2008). Indeed, among a sample of African American cisgender women, skin-tone monitoring was related to skin-tone dissatisfaction as well as general body dissatisfaction (Buchanan et al., 2008). Although lighter skin-toned TPOC may experience less frequent discrimination than darker skin-toned TPOC, they may be tasked with the burden of having to prove their racial and ethnic identification to White people and other People of Color, which may affect their overall well-being (e.g., Fergus, 2017).

**Current Study**

The purpose of this grounded theory study was to develop a theory of TPOC’s experiences with sexual objectification. Intersectionality theory and OT were integrated and used to inform this grounded theory study. Aligning with a social constructivist perspective (Creswell, 2013), this study acknowledges within group variability based on different gender and racial/ethnic identities, all of which are included under the term TPOC. We sought to answer the following research questions:

1. How does being a transgender Person of Color shape experiences of sexual objectification?
2. How do TPOC experience sexual objectification?
3. How do TPOC cope with and respond to SOEs?

**Method**

**Participants and Procedure**

A total of 15 TPOC participated in this study ($M = 27.2$ years, $SD = 9.01$; range, 18–47). Participants’ race/ethnicity, gender identity, pronouns, and sexual identities are reported in Table 1. Fourteen of the 15 participants lived in the United States and one lived in Sweden. Five participants reported being in a monogamous dating relationship, four single, three non-monogamous dating relationships, two polyamorous relationships, and one married. Five participants reported having some college without a degree, three bachelor’s degrees, two master’s degrees, two associate degrees, one specialist degree, one high school diploma, and one some high school with no diploma. Most participants ($n = 10$) reported an individual annual income between $0-9,999, one between $10,000-19,999, one between $20,000-29,999, two between $30,000-39,999, and one between $40,000-49,999. Three participants identified their spiritual/religious affiliation as Muslim/Islam, three Atheist, two Spiritual but not religious, two Buddhist/Taoist, one Agnostic, one non-denominational Christian, one Wicca, one “raised Jehovah witness,” and one “Haitian Voodoo.” Six participants reported living in the Midwest, three Southeast, two Northeast, two Northwest, one Southwest, and one in Sweden. Most participants ($n = 10$) reported having a chronic illness or disability.

The study was approved by a university Institutionalized Review Board. Participants were eligible to participate in this study if they 1) were 18 years of age or older, 2) self-identified as a TPOC, 3) spoke English, and 4) were not in current significant psychological distress (i.e., in a crisis or very distressful situation). For the purpose of this study, the term *transgender people of color* was conceptualized as an umbrella term encompassing the following: 1) people...
from racially/ethnically diverse minority groups that may share similar experiences based on societal oppression (Smith & Silva, 2011), and 2) those who “move across a socially imposed [gender] boundary away from an unchosen starting place” (Stryker, 2008, p. 1). Participants were recruited via word of mouth and advertisements on listservs, social media (i.e., Facebook, Reddit, Tumblr), and a local community organization. National organizations across all regions of the U.S. were asked to forward an advertisement of the study to its members. However, most of our participants lived in the Midwest or Southwest regions of the U.S. Despite recruitment efforts, the use of snowball sampling method may have contributed to the limited geographical diversity, which may explain the lack of Asian/Pacific Islander participants.

Prior to interviews, participants were emailed a consent form, demographics form, and list of counseling referrals. Participants were provided a definition (i.e., Sexual objectification is “the experience of being treated as a body (or collection of body parts) valued predominantly for its use to (or consumption by) others;” Fredrickson & Roberts, 1997; p. 174) and examples (e.g., sexualized comments, glares, inappropriate touching, sexual assault, sexualized jokes) of sexual objectification. Participants reviewed the consent form and returned the demographics form prior to the interview. Three interviews were conducted in-person and twelve over the telephone, depending on geographical location and comfort. All interviews were audio-recorded and transcribed. Interviews ranged from 45 to 90 minutes. Each participant chose a pseudonym, which was used in the manuscript. As compensation for their participation, participants were given a $25 Visa gift-card.

Research Team

The research team was composed of doctoral and masters-level students, and a Counseling Psychology faculty member. Everyone on the research team belonged to a
stigmatized group, but also held privileged identities. Throughout the research process, we attended to the ways in which our privileged and oppressed identities may have influenced the research process, findings, and presentation of results. Prior to initiating data collection, the research team met to discuss their identities and biases, so as exercise reflexivity in the research process and move beyond superficial interpretations of data. The biases, expectations, and assumptions of the research team included 1) that systemic discrimination would influence sexual objectification experiences, 2) that participants would experience racialized sexual objectification, 3) that gender presentation and identity may influence sexual objectification (e.g., transgender women or those with a feminine gender presentation may experience more frequent sexual objectification and aggression), and 4) non-binary participants may report transgressing gender roles as a salient experience.

**Data Collection and Analysis**

Grounded theory methodology (Charmaz, 2006; Strauss & Corbin, 1990) was used to systematically construct a theory to explain the experience of sexual objectification among TPOC, rather than relying exclusively on preexisting theories. Charmaz (2006) suggested that theoretical framework(s) can be used to anchor the selected method, while allowing the researcher to demonstrate how the theory may expand and refine existing concepts. Grounded theory was an appropriate method to use in this study because OT (Fredrickson & Roberts, 1997) has not yet been extended TPOC, and because we wanted to gain a greater theoretical understanding of TPOC’s SOEs. Consistent with grounded theory methodology (Charmaz, 2006; Strauss & Corbin, 1990), we utilized a constant comparative methodology, which involves comparing newly collected data with previously collected data in a recursive manner to enhance and revise emerging categories. Data collection and revision of categories continued until
saturation of the categories (i.e., no new emergent data; Creswell, 2013; Strauss & Corbin, 1990) was reached, which occurred after the twelfth interview. However, data collection continued because three additional participants expressed interest in the study.

Data were analyzed using recommendations provided by Strauss and Corbin (1990) and included open, axial, and selective coding. During open coding, interview transcripts were coded line-by-line to identify implicit and explicit statements. These statements were then used to develop the initial categories of information (Charmaz, 2006; Creswell, 2013). During axial coding, subcategories were created to further develop the dimensions and properties of categories (Strauss & Corbin, 1990). Categories were organized around a core phenomenon: SOEs. The recommended categories consist of causal conditions, contextual and intervening conditions that influence the core phenomenon, action/interaction strategies (action or interactions in response to the core phenomenon), and consequences (outcome or consequences of using the strategies; Creswell, 2013; Strauss & Corbin, 1990). A story line that described the interrelationships among categories and subcategories was developed during the selective coding stage (Creswell, 2013; Strauss & Corbin, 1990), which moved the story line into a theoretical direction (Charmaz, 2006).

Throughout all stages of the coding process, two members of the research team independently coded two to four transcripts at a time and then met as a team to review coding and reach consensus. In addition to helping resolve discrepancies in coding, the internal auditor provided feedback on the data interpretation and evolving nature of the categories and subcategories. Memos were used throughout the data analytic process to denote researchers’ observations on the interrelationships among categories and subcategories, as well as to track changes in the coding scheme (Charmaz, 2006).
Trustworthiness

Creswell (2013) suggested using at least two procedures to strengthen the trustworthiness of the data. Audits were used to promote the reliability of the data. The internal auditor helped ensure trustworthiness of the data by providing feedback during consensus coding. Data were also reviewed by an external auditor (i.e., someone unfamiliar with the research process), in order to determine if conclusions were adequately supported by the data (Creswell, 2013). Feedback from the auditors were incorporated into data analytic process. In addition, researchers’ identities and biases were recorded prior to data collection and analysis in order to protect against undue influence on the data analytic process and help establish validity (Creswell, 2013). An additional validity check, member-checking, was used whereby participants were provided with a description of the results and asked to provide feedback on the accuracy and representation (Creswell, 2013). Participants were asked to reply if they had any feedback; three of the fifteen participants responded, but they stated that the data appeared both accurate and comprehensive, recommending no edits or additions to the data.

Results

Our study sought to develop a theory of TPOC’s SOEs by utilizing grounded theory methodology. A theory regarding TPOC’s SOEs was generated from participants’ data (see Figure 1). Data analysis revealed four major categories: (1) contextual influences on sexual objectification, (2) SOEs, (3) effects of sexual objectification, and (4) coping with sexual objectification. The research team also identified multiple subcategories within each major category.
Category 1: Systemic Discrimination, Power, and Privilege

Contextual influences were defined as variables within one’s surroundings, interpersonal interactions, and social and cultural systems that were perceived to contribute to TPOC’s sexual objectification. These contextual variables included: (a) systemic discrimination, (b) privileged and oppressed aspects of identity, and (c) cissexism.

Subcategory 1.a: Systemic discrimination \((n = 6)\). Participants expressed that society normalizes the devaluation of TPOC and public policies fail to protect minority groups, which increases their risk of violence, including sexual objectification. As individuals from marginalized groups gain more rights, there is often a backlash that results in violence or a denial of basic human rights for vulnerable populations. Rommy shared:

> I think that because our communities are marginalized, folks who fear communities think, “Well there’s a fear; let that be the driving force.” And also kind of thinking or having this mentality: “Well they’re marginalized groups, who’s going to really care, right?” It’s the system. The way that it’s set up isn’t . . . to protect folks within these communities; whether they’re folks of color, trans folks of color, queer folks, any combination of all that, they know that the system isn’t there to protect us . . . so they know they can get away with it.

Consistent with intersectionality theory, participants’ lives were shaped by political and structural systems that enabled oppression. Perpetrators sexually objectified TPOC with the understanding that structural systems allowed them to do so without consequence, revealing the role of political and structural systems in supporting the oppression of marginalized groups.

Subcategory 1.b: Privileged and oppressed aspects of identity \((n = 13)\). Although all participants self-identified as TPOC, they had different identities that influenced their exposure to sexual objectification. Situational male-passing privilege appeared to protect against SOEs, particularly for six transgender men and non-binary participants. Amina shared:

> When people don’t instantly see me as a woman . . . they don’t objectify me as much or at all. They don’t come over to me and start flirting with me. They don't touch me without
my consent. They don't say these things that they do tend to say when I look a bit more feminine, or if I notice that people are identifying me as a woman.

Moreover, two participants expressed how situational White-passing privilege buffered against the SOEs they faced. Rommy shared:

I am a light-skinned Latinx individual, but I think there are points in time where I do have White-passing privilege. At least within the area that I’m currently living in, I don’t think that I’ve had any run-ins when we’re talking about racial or ethnic identity influencing my experiences with being a trans person of color or with being sexually objectified as a person.

Although situational male and White-passing privilege buffered SOEs for some TPOC, two masculine Black participants noted the interplay of race and gender oppression as influencing their SOEs. Brian shared, “As a Black person I feel more likely to be objectified [than a White person]. However, because I identify as a Black man, it makes me less likely to be objectified [than a Black woman], but still more likely to be objectified than a White man.”

Privilege and oppression is fluid and contextually defined, giving rise to unique and heterogeneous experiences among TPOC. Although TPOC experience cissexism, other aspects of their identities (e.g., skin-tone, male passing privilege) may buffer against or expose them to more SOEs, elucidating the ways in which both privilege and oppression operate simultaneously.

Subcategory 1.c: Cissexism ($n=8$). Participants experienced sexual objectification from strangers, acquaintances, friends, and intimate partners, most of whom were cisgender.

Participants of all gender identities reported having been sexually objectified by cisgender men at some point. Hayven shared, “It’s always men, it always is. And I’m not trying to be misandrous . . . but my own personal experiences with that kind of thing have always come from [cisgender] men.” Similarly, transgender men and non-binary participants identified cisgender women as additional perpetrators of sexual objectification. Amina shared, “Cis-women tend to objectify me sexually... It's mostly women I don't know. But it has happened that people I'm
friends with or acquaintances with have objectified me as well.” Cissexism is a rampant form of discrimination affecting TPOC and other transgender people. This form of oppression fosters sexual objectification by allowing cisgender people to exercise their privilege and power with impunity.

**Category 2: Sexual Objectification Experiences**

All participants described a number of different SOEs: (a) fetishization based on identities, (b) racialized sexual objectification, (c) genital- and transition-based comments, (d) body policing, (e) sexualized gaze and body objectification, and (f) sexual violence. Of note, sexual objectification and general forms of discrimination often seemed indistinguishable to participants. That is, participants often described experiences of racial or anti-transgender discrimination when discussing sexual objectification, revealing overlap among experiences.

**Subcategory 2.a- Fetishization based on identities (n = 13).** Participants expressed being sexually objectified by people who fetishized them and their bodies. This fetishization appeared driven by sexual curiosity and sexualized stereotypes of participants’ bodies. Amina shared:

> This one time at a bar, this woman… just came over and sat down without asking us, and just started talking a lot to me. Making it kind of obvious that she was attracted to me. I couldn't stop feeling like she was attracted to me not because she found me just attractive, but that she found me exotic. She noticed that I'm not a cis-man, and she noticed that I wasn't White.

This fetishization was driven by the confluence of cissexism and racism; perpetrators exotified participants when they perceived them as non-cisgender People of Color. Participants were treated as sexual curiosities rather than as whole people, which is the essence of objectification.

**Subcategory 2.b- Racialized sexual objectification (n = 8).** Participants were often sexually objectified and hypersexualized based on racial stereotypes. Qamar described the
racialized sexual stereotypes they experienced on online forums, which often depended on whether others perceived Qamar to be a man or woman:

It's hypersexual, so like, expecting me to do things because there’s an idea of how men are supposed to be, right. So, there’s this idea that Arab men are short-tempered, violent, savage, we beat our women or whatever it is…If they assume that I’m a male, usually they’ll comment to my inbox asking for something specific to like being an Arab male … [When I'm read as a woman], I've gotten people who think that we should be kind of submissive instead of being dominant and be dominated by Arab men, and so because of that, they expect me to like be subservient.

Black transgender women also encountered racialized sexual stereotypes that were inherently objectifying. Hayven encountered racialized sexual stereotypes of Black women as promiscuous: “There're stereotypes about women who are Black and that we're more sexual somehow, and that we're willing to do things that other women won't … those stereotypes are a lot of things people buy into and believe.” TPOC’s intersecting identities within oppressive social structures exposed them to harmful racialized sexual stereotypes that denote violence, submissiveness, and/or hypersexuality, ultimately reducing them to their race and gender identity.

Subcategory 2.c- Genital- and transition-based comments (n = 7). Participants experienced sexually intrusive comments about their genitals and gender transition experiences. This type of sexual objectification was indeed a fetishization, yet was specifically related to participants’ genitals and gender affirmation procedures. Qamar described persistent genital-based comments on online dating sites, “You’ll get like one person who’s read all the way through your profile and so they’ll realize that you don’t identify as either gender, and then there’s that constant question of, ‘what’s in your pants?’ that pops up.” Jase shared:

There was this girl I was dating and I told her I was trans, and I started to show her pictures of bottom surgery because that’s what I’m working towards. I’m working towards full transition, top surgery and bottom surgery. And then she made a comment, like, “Oh, well after you’re done with the bottom surgery, I want to be the first to try it.”
And it’s like, I’m not your experiment, just to say she’s been with someone who’s trans, you know?

Gender identity is routinely conflated with physical anatomy, reinforcing a binary gender system. This binary system is reflected in perpetrators’ invasive questioning of TPOC’s genitalia, which is an erroneous and offensive attempt to decipher TPOC’s “real” gender identity.

Subcategory 2.d- Body policing \((n = 6)\). Participants also reported experiences in which people commented on their physical appearance and were reduced to their body parts. These comments often communicated that participants’ bodies and appearance should, but did not, conform to social norms and that there is only one transgender narrative. Brian stated, “[There’s] the expectation of once you identify as trans that you’re gonna have all of these surgeries to appear or look like the stereotypical person of your gender or sex.” Participants’ bodies were policed especially when they did not fit these expectations. For example, Jacob has gotten comments from others who tell him “well, you’re not a man, you don’t even have the parts.” Inherent in these comments is the underlying belief that transgender people are not “real” men or women, and that their gender identity and expression should fall within a binary gender system. Moreover, the freedom with which perpetrators feel and are granted to comment on TPOC’s bodies and genitals reveals the expansiveness of cissexist and racial privilege within a matrix of domination.

Subcategory 2.e- Sexualized gaze and body objectification \((n = 5)\). Participants also experienced more prototypical forms of sexual objectification, including the sexualized gaze, body objectification, and unwanted touching. Constance shared, “I have been harassed on a few occasions by some of the local people in town, usually-cat calling. TPOC appear to share some similar experiences with cisgender women (e.g., cat-calls, unwelcome touch), which is consistent with OT’s assertion that sexual objectification may result in some shared social experiences.
**Subcategory 2.f- Sexual violence (n = 5).** Participants experienced threats and acts of sexual violence. This type of sexual objectification was shared by transgender women and non-binary participants, and highlighted the appropriation of women’s bodies and those perceived as women. Adam described being threatened with sexual violence: “I’m walking down a street and there will be people who say they want to fuck me if I don’t smile or things like . . . , ‘Why do you look so butch?’ or whatever, and they bet they could change that. Other participants experienced acts of sexual violence. Goody performed as a drag queen before she identified as a transgender woman. She shared how someone raped her after seeing her dressed in drag:

> I’m into somewhat of a good sleep. I feel the covers start sliding off me. And, before long they just snatched them off . . . so I reach for the covers and he pulls them back off me again. “I’m not interested. I already told you no.” Before I knew it (MAKES CLICKING SOUNDS) . . . He puts a real gun to my head and says, “Shut up bitch. Take this dick.” It was basically prison sex.

In its most extreme form, sexual objectification not only reduces individuals to their bodies and sexual functioning, but threatens or actually results in violence and death. Those who transgress a traditional gender binary system and are perceived as Women of Color may be especially vulnerable, especially given systemic discrimination that fails to protect TPOC.

**Category 3: Effects of Sexual Objectification**

Participants were affected by SOEs both intra- and interpersonally. The effects of sexual objectification included: (a) general psychological distress, (b) hypervigilance and physical safety anxiety, (c) self-doubt and expectations of rejection, (d) transgender incongruence, (e) self-objectification, and (f) increased relatedness to others. These effects were primarily harmful to participants; however, some of these effects were viewed as more favorable.

**Subcategory 3.a- General psychological distress (n = 15).** All participants reported that SOEs resulted in some degree or form of psychological distress. This psychological distress
included feeling uneasy, disgusted, emotionally exhausted, isolated, and more severe levels of psychological distress. Five participants specifically mentioned feeling isolated from others. Taye shared, “[SOE] puts you in a hard place. First, no one cares because of your race or whatever. And then no one really cares because you're trans. So, each sort of reinforces the other.” Two of the participants who reported having been sexually assaulted expressed more severe levels of distress. Goody described her experience after being raped:

I went to work, and it snapped… I told the client to get out of my chair, get the fuck out of the salon … My head wasn't there. I wasn't able to concentrate on my art. So I just went . . . back [home] and had a nervous breakdown. I couldn't go anywhere. I couldn't move. I just kept crying. Couldn't stop balling. And [my mom] had to come get me and take me to [a psychiatric hospital].

In other words, experiences of sexual objectification are not merely harmless, routine events in individuals’ daily lives. Rather, because of their routine and persistent nature, they are viewed as inescapable and result in feelings of isolation and varying levels of distress.

**Subcategory 3.b- Hypervigilance and physical safety anxiety (n = 14).** Experiences of sexual objectification contributed to anticipation of future SOEs and feelings of hypervigilance and physical safety concerns. Mateo spoke about his fears that people would physically hurt him or continue with the unwanted comments if he spoke against it:

I had the childhood of growing up of being treated as a woman in society. Some of those lessons also stay. The same fears that … women experience when it comes to unwanted tension. I still have those sort of fears [of physical repercussion or more unwanted comments] sometimes, even though most people perceive me as male.

Because such experiences carry the threat of sexual and physical violence, TPOC felt unsafe and exercised hypervigilance in order to protect themselves.

**Subcategory 3.c- Self-doubt and expectations of rejection (n = 9).** Participants expressed doubting their worth as partners and expecting rejection from others. Mateo described
the effect of sexual objectification as “damaging in the long run. You might have lower self-esteem or low self-worth or feel like you don't have that much to offer in a relationship.” Participants also questioned their perceptions of sexual objectification, often wondering if they were “sending off signals that maybe [they were] not intending to set off or something (Hayven).” In addition to questioning one’s role in SOEs, sexual objectification led TPOC to question whether potential romantic partners were truly interested in them or if they were being fetishized and reduced to their bodies as a result of their gender identity.

**Subcategory 3.d- Transgender incongruence (n = 7).** SOEs often communicated to participants that their bodies did not match how they see themselves and want to be seen (i.e., transgender incongruence). Amina shared:

> It does make me question my identity a lot…like my gender identity because on the one hand, I do realize that they contact me or talk to me because I look masculine, but it also feels like they just look at me as if I'm butch, as if I'm a butch lesbian. And that does make me, to some extent, feel, have gender dysphoria… it affirms that I don't look like I want to look.

Similarly, Hayven shared, “It causes me a lot of pain and just awkwardness, and it’s [penis] not a part of my body that I am proud of at all. It’s not something I would ever use or want to have… fetishized.” These experiences suggested that others did not see them as “real” men or women or as a person of their true gender, and instead reduced them to their appearance and body parts.

**Subcategory 3.e- Self-objectification (n = 7).** SOEs contributed to participants’ self-objectification, particularly viewing and treating their bodies as sexual objects. Qamar shared:

> You're told that you're just there for consumption. If you think that all you are is . . . somebody else's fantasies, then you end up letting people use you in ways that probably are hurting you in the future… I used to use sex as self-harm… and that had a lot to do with my identity, my gender identity and who I was . . . as a queer Arab, but also it had a lot to do with my sexuality, because like I said, I identified as ace [asexual] and people would kind of push back on that and tell me . . . that it was my job to put out in a relationship. And so, eventually, sex just became like something that was really numbing,
and something that just took place in a lot of the cases, but even though I didn’t necessarily want it.

Participants also noted that they often used sexual objectification to their advantage to reap certain material goods (e.g., money). Often, however, this resulted in pressure to engage in sexual acts.

Although some described how their self-objectification contributed to negative self-perceptions, other participants’ experiences of sexual objectification affirmed their gender identity. Goody described how she felt the need to appear more feminine in order to attract men, even if they sexually objectified her, “Well, for the most part, men are visual creatures, most of them . . . . Most people in general are physical… but because of transitioning you have to do more for feminization to look and to be this [points to a picture of a cisgender model she had].”

Consistent with OT, some participants internalized SOEs and came to view themselves as objects of sexual desire. Moreover, some participants noted that sexual objectification affirmed their gender identity, which may protect against feelings of gender incongruence, especially for binary transgender people.

**Subcategory 3.f- Increased relatedness to others (n = 6).** SOEs contributed to a sense of camaraderie and relatedness to others who also faced sexual objectification. Amina shared, “there's something good to take from it [sexual objectification] because it makes me feel like I can bond a lot better with other trans people or other queer People of Color because I've been through similar things.” Four of the participants expressed that they felt particularly connected to feminine people and cisgender and transgender women. Although unique combinations of race, gender, sexuality, and other identities may differentially expose TPOC to SOEs, the shared experience of being reduced to one’s body and body parts may enhance empathy and points of connection with people who hold diverse identities.
Category 4: Coping with Sexual Objectification

Participants employed a number of coping strategies in order to deal with the harmful effects of SOEs. Coping strategies included: (a) asserting self and establishing boundaries, (b) avoidant methods, (c) cautionary/protective measures, (d) social support, (e) advocacy and educating others, (f) self-care, (g) (re)defining gender, (h) counseling, (i) self-harming behaviors, and (j) survival responses. Participants reported that most forms of coping helped them manage the harmful effects of SOEs.

Subcategory 4.a- Asserting self and establishing boundaries \((n = 12)\). Participants coped with SOEs by addressing their needs and establishing boundaries with other people. This often contributed to increased confidence. Qamar recounted:

> Living through that [being pressured to have sex with previous partners] has made me more aware of the things that I need to be doing for myself. Like, instead of letting people use me, I set more boundaries, I set limits. And I tell people what I’m going through, what I’m not comfortable with.

Although SOEs had a number of harmful impacts, there were also opportunities for growth and resilience. Actively addressing sexual objectification appeared empowering for some TPOC and enabled them to be more transparent and authentic in interpersonal relationships.

Subcategory 4.b- Avoidant methods \((n = 11)\). These coping strategies included a variety of methods in which participants did not directly deal with sexual objectification in the moment, but chose to avoid it; for example, dismissing the impact of the experience and changing the subject. In doing so, participants reported that they lost opportunities to educate others. Participants also avoided actively responding to perpetrators for physical safety concerns. Amina stated that he “play[s] along” with SOEs because “I'm kind of worried what might happen if I don't play along… when it's men who do it, I'm literally scared that I might get hurt.” Thus, avoidant methods should not be viewed as inherently maladaptive. Rather, the context in which
sexual objectification occurs must be considered. For example, twenty-one transgender people have been killed in 2017 as of late August, and all of them, except four, were transgender Women of Color (Rude, 2017) Choosing not to actively address sexual objectification may be a way to ensure survival, especially given the backlash that occurs against marginalized groups who seek to empower themselves.

Subcategory 4.c- Cautionary/protective measures \((n = 10)\). These coping methods were meant to prevent future SOEs, and included avoiding certain spaces, carrying protection (e.g., mace), learning who to distance oneself from, and self-policing one’s body. For the most part, these coping methods contributed to a sense of safety. Adam shared:

Generally, if I’m around strangers or on the street, I’ll make sure that I’m walking in a way that doesn’t make me look vulnerable, like looking down…. I guess I have to take care of myself. My dad had me take taekwondo for a couple of years, and carry pepper spray on me all the time.

Although coping via cautionary/protective measures helped participants feel safer, in four cases, this safety came at the expense of a sense of community and the freedom to dress as one desires. One participant shared that he avoids queer spaces for fear of being objectified as a transgender person, which results in the loss of potential community. Furthermore, Hayven shared how she monitors her clothing to try to prevent sexual objectification: “I dress a bit on the conservative side in order to avoid that sexualization. And … it doesn’t always work; however, it’s something I do to . . . fend that off a bit. And it shouldn’t be something I have to consider.”

The persistent nature of sexual objectification, as well as the potential for violence during these acts, contributed to feeling a lack of personal safety. In turn, participants adapted or altered aspects of themselves (e.g., gender expression, physical stature) in an attempt to prevent SOEs.

Subcategory 4. d- Social support \((n = 9)\). This coping mechanism included reaching out to others who can relate to participants’ SOEs. These support systems often included TPOC,
People of Color, transgender people, or people who were safe and affirming. Seeking social support contributed to an increased sense of community. Blair recounted that she seeks support from other transgender women:

My friends, we talk about it [sexual objectification], we kind of laugh about it. Like, “This guy, he’s trying to talk to you too?” The guys who are attracted to trans women they all talk to us, but they all say the same thing to us. So, we buddy-buddy together and we share information, and we talk with it that way.

Consistent with the finding that SOEs offers points of connection with other individuals, participants coped with sexual objectification by finding community. This social support may not only foster inclusion, but safety as well; participants gained practical information on ways to ensure safety as well as certain people to avoid.

**Subcategory 4.e- Advocacy and educating others (n = 6).** This coping strategy involved educating others about the harmful effects of sexual objectification in an effort to decrease sexual objectification for transgender and TPOC communities. Hayven shared that she is “more vocal about standing against these sorts of situations: against rape culture, against street harassment and cat-calling and things like that.” The advocacy efforts included dispersing information about the hurtful effects of sexual objectification to a wider audience through engaging in writing, making film, and simply sharing one’s story and experiences with others. Engaging in advocacy and other social justice pursuits is a frequent way in which individuals with marginalized identities cope with oppression. Because discrimination occurs within oppressive sociocultural contexts, advocacy efforts that actively seek to change that context may prove effective in ultimately decreasing SOEs.

**Subcategory 4.f- Self-care (n = 6).** This coping method included attending to and nurturing one’s self and emotionally processing SOEs. Rommy shared that they will “sit with my
thoughts and hash out what it means to me.” Some participants would process the SOE through an art form. adam shared:

I have this sketchbook journal where I draw, because that way I can focus on my feelings ... I do slam poetry sometimes, and [I am] a part of one of the slam groups on campus. There’s the personal sort of aspect of it where I have this sketchbook journal where I personally try to process my feelings on things. [And] there’s the being able to go to an open mic and perform my thing.

In a sociocultural context that actively devalues TPOC, self-care may be seen as an extraordinary act of resistance against violence and sexual objectification.

**Subcategory 4.g- (Re)Defining gender** (*n* = 3). This coping mechanism was used to cope with the transgender incongruence resulting from sexual objectification, and involved taking steps to grow into one’s gender identity. Of note, all of the participants that coped by (re)defining gender shared a non-binary gender identity. Rommy shared how intrusive questions about their genitals contributed to them not feeling “trans enough.” In order to cope with the transgender incongruence, Rommy tried to understand that “there is not one way to be trans, and that being trans belongs to the person who owns that term. To define it…that’s the power that they have and no one else.” Thus, in combating gender dysphoria brought upon by a rigid gender binary, non-binary transgender people may actively resist such oppression and empower themselves to define their own gender identity.

**Subcategory 4.h- Counseling** (*n* = 2). This coping method involved seeking counseling to address SOEs. While one participant reported being able to talk with their counselor, the other participant, adam, found counseling a “hard space to share things.” adam further shared that it (participant’s gender pronoun) had “trouble even talking about it [SOE] with my therapist, because it was hard to say things I wasn’t sure if she knew [what] I was talking about.” Notably,
few participants shared they used counseling to cope with sexual objectification, suggesting that TPOC may be less inclined to utilize counseling as a way to cope with SOEs.

**Subcategory 4.i- Self-harming (n = 2).** This coping method included cutting and contemplating suicide. Both participants engaged in this coping mechanism during a time in their lives when they felt particularly alienated. Samuel shared:

> When I was sixteen I was pretty suicidal and I wanted to die... and I ended up going to a mental hospital for it... I never sort of had any self-worth because I didn't fit all these ideas of "here's what you do when you're a good wife or a good lady or a good partner."

Being reduced to one’s gender and sexual functioning had a deleterious impact for these participants. In a sociocultural context that pathologizes those who transgress rigid gender roles, it is not entirely surprising that these messages would be internalized and result in distress and self-harming behaviors as a way to manage painful emotions and transgender incongruence.

**Discussion**

Intersectionality theory recognizes that various forms of privilege and oppression work together to produce injustice. Our study supported this assertion by highlighting how racism, sexism, and cissexism intertwined to influence participants’ SOEs. This study also expanded OT literature by revealing certain SOEs that may be more unique to TPOC, namely fetishization based on identities, racialized sexual objectification, genital- and gender transition-based comments, and body policing. Moreover, findings also suggested that self-objectification – a common effect of sexual objectification – had a different function for our participants than with cisgender women. Taken together, these findings reveal the importance of adopting a multi-axis perspective, in which intersecting forms of oppression are recognized, in understanding TPOC’s experiences with sexual objectification.
Locating Sexual Objectification within a Matrix of Domination

Findings revealed that participants’ SOEs were influenced by oppression that occurs within structural, hegemonic, and interpersonal domains of a matrix of domination (Collins, 1990). Moreover, participants’ intersecting identities within this matrix shaped the nature of their SOEs. For example, participants who had more feminine presentations and darker skin-tones were exposed to more frequent sexual objectification than those with lighter skin-tones and more masculine gender expressions. The lack of protective policies and resources allocated to transgender people and communities of color created vulnerability to such oppressive experiences. These findings demonstrate the influence of social structures (e.g., large-scale institutions such as criminal law) on TPOC’s SOEs, while also communicating a harmful message: those with more social power can oppress, dehumanize, and harm vulnerable populations without consequence.

Moreover, participants’ sexual objectification was also bolstered by prejudicial and dehumanizing ideas promoted within societal messages. Participants reported being fetishized and viewed as a sexual curiosity based on both their gender and racial identities, which was often driven by racialized sexual stereotypes of sexual violence, subservience, and promiscuity. For example, one Black transgender woman reported that she was often viewed as sexually insatiable due to racialized sexual stereotypes of Black women, whereas another shared that she was frequently objectified due to having both breasts and a penis. Such experiences reveal the overlap among cissexism, sexism, and racism. That is, participants were reduced to their body parts because of stereotypes of People of Color (e.g., sexually promiscuous, submissive, violent) and transgender people (e.g., sexual oddity and curiosity), which was ultimately supported by a
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structural system that devalues TPOC. Such experiences should be understood as resulting from larger social domains that objectify and dehumanize TPOC.

Relatedly, results revealed cissexism as a contextual factor influencing participants’ SOEs. That is, cisgender people were primarily identified as perpetrators of sexual objectification and would frequently fetishize TPOC. To date, however, the role of cissexism has been largely missing from OT and intersectional scholarship. OT has primarily focused on the role of societal sexism in fostering sexual objectification among predominantly White, cisgender women. Although intersectionality attends to interlocking systems of oppression (Collins, 1990), to date, few intersectional scholars have specifically discussed cissexism as a form of oppression (e.g., Singh & McKleroy, 2011; Velez et al., 2016). This study minimizes the current gap in the literature and highlights the importance of attending to cissexism and other intersecting forms of oppression in both OT and intersectionality research.

Heterogeneity of TPOC

Although all TPOC hold multiple oppressed identities, this study also highlighted the heterogeneity within this group. All of our participants experienced sexual objectification, but the frequency and experience of sexual objectification varied based on participants’ specific identities. For example, White and male passing privilege reduced instances of SOEs for some of our participants, while transgender Women of Color and those with more traditionally feminine gender presentations reported increased exposure to SOEs based on their racial and gender identities. Intersectional researchers have called psychologists to examine heterogeneity within social categories by attending to how social categories depend on one another for meaning (e.g., Cole, 2009; Else-Quest & Hyde, 2016). Our study supports the importance of attending to within group differences (e.g., privilege) even when the particular group holds more than one oppressed
Intersectionality proposes that social identities are properties of the individual as well as their social context; thus, we should consider the power held by social identities as potentially fluid and dynamic (Warner & Shields, 2013). The notion of passing that emerged among some of our participants highlighted the fluidity of social categories and their power. The same participants who *situationally* passed as White and/or male also reported SOEs based on being viewed as People of Color and transgender in other interactions. Intersectional literature has been criticized for not sufficiently attending to how identities (of others and oneself) are fluid (Warner & Shields, 2013). These results reduce this gap in knowledge by indicating how being viewed as holding privileged identities may, in some contexts, reduce one’s exposure to oppressive experiences (e.g., sexual objectification).

**Expanding Sexual Objectification and Self-Objectification**

Participants in this study discussed frequent comments regarding their genitalia, gender transition, and body policing. Similarly, in a qualitative study of transgender peoples’ experiences of microaggressions, participants were denied personal body privacy when others asked about their genitalia and made appearance-based comments (Nadal, Skilnik, & Wong, 2012). Microaggressions are brief, daily assaults on members of marginalized social groups that can be social or environmental, verbal or nonverbal (Sue et al., 2007). Consistent with Moradi’s (2013) pantheoretical model of dehumanization, our results reveal overlap between OT and microaggressions scholarship, as sexual objectification and microaggressions are both forms of oppression that may occur in peoples’ daily lives. However, sexual objectification is not a consistent element of microaggressions. Rather, sexual objectification is characterized by the treatment of a person as a sexual object, and reduces an individual to their body and appearance.
Framing such experiences solely as microaggressions neglects the role of sexual objectification and dehumanization. Thus, these findings expand Nadal et al.’s (2012) research by framing such experiences as another form of sexual objectification directed towards TPOC.

Because a person’s specific location within a matrix of domination influences their experiences (Collins, 1990), we expected TPOC to experience sexual objectification and its effects in unique ways not previously captured by OT literature. In fact, participants noted certain forms of sexual objectification that may be more unique to transgender and TPOC populations: fetishization based on identities, racialized sexual objectification, genital- and gender transition-based comments, and body policing. Moreover, by attending to the interconnections among sexism, cissexism, and racism, our findings revealed that self-objectification, as originally conceptualized by OT (Fredrickson & Roberts, 1997), did not fully fit participants’ experiences. That is, some of our participants noted feeling affirmed in their gender identities when experiencing sexual objectification. In her gender affirmation framework, Sevelius (2013) proposed that transgender Women of Color may be more likely to engage in risky behaviors (i.e., sexual risk behaviors and risky body modification practices) in an attempt to affirm their identities and decrease psychological distress. Indeed, sexual and self-objectification have been linked to increased sexual risk behaviors among cisgender women and sexual minority men (Watson & Dispenza, 2014; Watson, Matheny, Gagne, Brack, & Ancis, 2013). Although SOEs might affirm cisgender women’s femininity, this gender affirmation poses a different meaning for TPOC since they are at severe risk of violence and harm (James et al., 2016); thus, this affirmation might be critical for TPOC’s sense of safety.

Although some participants felt affirmed in their gender identities in response to SOEs, others, non-binary people in particular, reported that SOEs negated their gender identities. This is
likely due to the cissexist sociocultural environment that defines gender through one’s physical anatomy, reducing gender to a binary system. Perpetrators may sexually objectify non-binary people—while also playing on racialized gender stereotypes (e.g., that Muslim women are submissive)—which may communicate to the non-binary person that they are perceived as a cisgender woman, despite not identifying that way.

Self-objectification is also thought to manifest via body surveillance (Moradi & Huang, 2008); yet, only one participant reported engaging in body surveillance as it is typically conceptualized. Instead, some reported experiencing transgender incongruence as a result of SOEs because these experiences suggested that they were not perceived as their true gender (i.e., transgender incongruence). Transgender congruence has been linked to body surveillance, which was related to body shame and appearance anxiety among transgender men (Velez et al., 2016). Thus, body surveillance may be a way that transgender people seek to ensure that their gender presentation is congruent with their gender identity, while also reducing gender dysphoria and potential risk of victimization (Kozee et al., 2012; Watson, Marszalek, et al., 2015). Although scholars have begun to examine transgender in/congruence in the OT framework (Kozee et al., 2012; Velez et al., 2016), we encourage further research on this topic, particularly among TPOC.

Effects of and Coping with SOEs

Notably, all participants reported psychological distress, and nearly all reported physical safety anxiety and hypervigilance, in response to SOEs. These findings converge with prior research, whereby White and Black cisgender women experienced higher levels of physical safety anxiety in response to sexual objectification, which was related to higher levels of distress (Watson, Marszalek, et al., 2015). To date, however, few researchers have attended to the role of physical safety anxiety in response to sexual objectification, despite this being a major tenet of
Participants coped with this physical safety anxiety by utilizing a variety of cautionary/protective measures (e.g., carrying mace, wearing more conservative clothes) and at times avoided confronting perpetrators due to fear of retaliation and physical harm. Because TPOC experience inordinate rates of victimization (James et al., 2016), participants’ decisions not to directly address their perpetrators may be considered an act of self-preservation. In other situations, participants felt safe enough to directly challenge their perpetrator and this contributed to an increased sense of confidence. Research has revealed that active coping methods (i.e., confronting the perpetrator) were related to less psychological distress among cisgender women who experienced sexual harassment (Fairchild & Rudman, 2008), and less rumination among African American cisgender women who experienced racism and sexism (Hyers, 2007).

Although assertiveness is often viewed as more adaptive than avoidant coping mechanisms, our results suggest that understanding a person’s level of safety (and relatedly power), which may be fluid and context dependent, is crucial. Future research may wish to further examine the role of power in TPOC’s coping responses to SOEs.

Intersectionality’s political genealogy emphasizes collective action—engaging in social and political action to increase equity for one’s group—in producing meaningful change (Collins, 2000). Indeed, some participants coped with their SOEs through advocacy and educating others about the deleterious effects of sexual objectification. This coping mechanism was used to decrease sexual objectification for TPOC communities and to support themselves through these endeavors. Collective action has been found to buffer the effects of discrimination among transgender people (Breslow et al., 2015), and among people with multiple oppressed identities, including sexual minority Women of Color (DeBlaere et al., 2014). Thus, future
research may wish to further examine the potential protective role of TPOC’s collective action in response to discrimination.

It is also important to note that some of our participants (n = 3) found it important to redefine the imposed societal meaning of gender. This method of coping was often used in response to genital-based comments, which communicated that participants were not “trans enough.” Research with diverse samples of transgender people has found that they use self-acceptance and gender and/or racial identity pride to cope with minority stressors (McFadden, Frankowski, Flick, & Witten, 2013; Singh, Hays, & Watson, 2011; Singh & McKleroy, 2011). Resisting a societally imposed meaning of gender may enable TPOC to harness resilience, particularly when their identities are invalidated by SOEs. Notably, all participants who utilized this method of coping possessed a non-binary transgender identity, revealing how non-binary transgender people are often encouraged to conform to binary gender norms. Thus, future research may wish to examine unique experiences of discrimination that non-binary transgender individuals encounter as well as coping responses.

Although only two of our participants discussed going to counseling, one of them found it difficult to disclose SOEs with the counselor because it (participant’s gender pronoun) questioned whether the counselor would understand it’s experiences. It is unclear why so few of our participants engaged in counseling as a means to cope with SOEs. However, research has suggested that mental health professionals often make therapeutic mistakes in working with transgender clients (Mizock & Lundquist, 2016). Moreover, psychology has historically been an oppressive institution to communities of color (e.g., Tuskegee syphilis experiment on impoverished Black men) and transgender communities (e.g., transgender identity being framed as a disorder). Currently, psychologists are “gate keepers” in transgender people’s access to
gender-affirming interventions, and psychological services are primarily offered in a model that is not as accessible to some communities of color (e.g., traveling to the psychologist’s office rather than psychologists coming to community centers). Thus, it may be that our participants did not find this method of coping possible, necessary, or beneficial. Additional research that explores the use of counseling to cope with SOEs among TPOC may be worthwhile.

**Practice Implications**

Several counseling implications result from our study and align with guidelines for working with transgender and gender nonconforming persons (American Psychological Association [APA], 2015). Counselors are encouraged to attend to the variety of SOEs that TPOC encounter, including unique forms of sexual objectification that may be more specific to TPOC. For example, participants reported experiences of racialized sexual objectification, body policing, and fetishization, all of which were influenced by cissexism, sexism, and racism. Thus, consistent with APA (2015) guidelines (Guidelines 3 & 10), mental health providers are encouraged to locate SOEs within a matrix of oppression and domination.

Mental health providers are also encouraged to consider how TPOC may be uniquely affected by SOEs. For example, SOEs often resulted in feelings of transgender incongruence, especially when participants were not perceived as their true gender. Research suggests that transgender people report higher levels of body dissonance and body disturbance than cisgender people (Bandini et al., 2013; Fisher et al., 2014). Gender affirmative treatment, such as hormone replacement therapy, is related to lower body-related uneasiness (Fisher et al., 2014) and may enhance psychological functioning (Keo-Meier et al., 2015) and quality of life (Ainsworth & Spiegel, 2010). Thus, psychologists should support transgender clients who seek medical interventions. Although not all TPOC desire gender affirming medical interventions, for those
who do, such interventions are considered medically necessary by the World Professional Association for Transgender Health (WPATH, 2016).

All non-binary participants in this study coped with transgender incongruence by (re)defining one’s gender identity. Psychologists must recognize that gender is a non-binary construct (APA, 2015, Guideline 1) and allow clients the space and freedom to define their own gender identity. This may be particularly effective in the face of SOEs, which often invalidated non-binary TPOCs’ gender identity. Cultural humility, a nonjudgmental “way of being” with clients, may serve as an affirmative approach by allowing practitioners to remain open to new ways of knowing (Owen et al., 2016). Notably, transgender and gender nonconforming people tend to experience positive life outcomes when they receive social support and trans-affirmative care (APA, 2015, Guideline 11). Affirmative work may aid in counteracting the SOEs and other discriminatory experiences that TPOC face.

Moreover, mental health providers are encouraged to help clients affirm their gender identities without engaging in self-objectification. This may be helpful, since self-objectification is associated with a range of harmful effects (see Moradi & Huang, 2008). Rather, gender identity may be affirmed through practices that shift focus away from the body, such as, when possible, legal name changes and/or gender designation changes. However, it is also important to note that for some TPOC, especially those with binary identities, self-objectification—and the way in which it tends to manifest (i.e., body surveillance)—may be a way to ensure that one “passes” and avoid victimization and further discrimination. TPOC’s sense of safety and survival may, in fact, be tied to their body, appearance, and gender expression. Thus, mental health professionals are encouraged to attend to the ways in which unique facets of TPOC’s identities shape the meaning of and connection to the body without taking a “one size fits all” approach.
Many participants reported increased hypervigilance and awareness, feeling that they were at risk of victimization. Therefore, mental health providers should attend to the reality that TPOC experience inordinate rates of sexual victimization (James et al., 2016), and how such experiences may be due to objectification (Fairchild & Rudman, 2008). Mental health providers may also assist their TPOC clients in developing and strengthening coping mechanisms to deal with SOEs. Many of our participants asserted themselves and established boundaries with perpetrators, yet others also engaged in avoidant and cautionary measures so as to maintain their comfort and safety. Although there may be psychological benefits to directly confronting a perpetrator of sexual objectification (Fairchild & Rudman, 2008), mental health providers should encourage their TPOC clients to assess their level of safety before doing so. Moreover, participants reported engaging in advocacy and educational efforts, which appeared to enhance their sense of empowerment. Thus, mental health providers are encouraged to support their clients’ involvement in activities that enhance the collective status of TPOC, which may also create avenues of social support (APA, 2015, Guideline 5 & 7).

**Strengths and Limitations**

To our knowledge, this is the first qualitative to study to examine TPOC’s SOEs. Our study’s qualitative approach highlighted the voices of TPOC, a marginalized population whose experiences have been missing from OT and intersectional literature. To date, both OT and intersectionality scholarship has scarcely examined the role of cissexism (along with other oppressive experiences) in peoples’ lives. Joining OT with intersectionality, this study illustrated the influence of multiple forms of privilege and oppression—particularly cissexism, sexism, and racism—on TPOCs’ SOEs. Thus, this study fills a notable gap in the literature and supports Moradi’s (2013) assertion that multiple oppressive experiences should be simultaneously
explored in order to more accurately describe the experiences of those who hold multiple, marginalized identities.

In addition, our results provide evidence that some tenets of OT (e.g., body surveillance) may not be uniformly applied to TPOC and should be adapted. As indicated, TPOC may engage in body surveillance in order to achieve transgender congruence and reduce potential victimization, rather than solely seeking to achieve traditional feminine appearance norms. Future quantitative research may wish to extend OT to TPOC and investigate more unique forms of SOEs (e.g., body policing, fetishization) and their effects (e.g., transgender in/congruence) among transgender populations.

An additional strength of this study is heterogeneity among participants, some of whom identified as transgender women, transgender men, and non-binary transgender individuals of various racial and ethnic identities. Rather than focusing exclusively on the experiences of one group within the transgender community, this study revealed the ways in which experiences may differ depending on gender identity, race, and sexuality. By attending to the heterogeneity among TPOC, this study addressed a criticism of intersectional research and revealed the ways in which privilege and oppression may shift according to context and work in tandem to foster unique experiences.

There are several limitations to our study. Many of our participants were in their twenties, and therefore age and generational factors might have shaped our findings. Further research may wish to examine SOEs among TPOC in later life stages. Another limitation of this study is that although most participants (n = 10) reported having a chronic illness or disability, the influence of these social categories was not explored in this study. Future research might want to consider how these social categories intertwine with TPOC identities and shape their SOEs. Another
limitation of our study is that none of our participants identified as Asian/Pacific Islander. Asian American men are often demasculinized, while Asian American women are frequently exotified in U.S. culture (e.g., being viewed as mail-order brides, submissive, sexually exotic). The geographical location of our participants might be an explanation for the lack of Asian/Pacific Islander participants. That is, most of our participants were in geographical areas with low numbers of Asian/Pacific Islanders. Thus, future research that examines SOEs among Asian/Pacific Islander transgender individuals, particularly women, is needed. Moreover, most of our participants lived in the Midwest \((n = 6)\) and Southwest \((n = 3)\) regions of the U.S. Because these areas of the U.S. are not known for their “progressive” laws, participants might have been more attuned to systemic discrimination and more likely to identify SOEs. A further limitation is that participants may have been drawn to participate in the study based on having experience with the topic (i.e., sexual objectification), which may have excluded participants who had fewer SOEs.

Given geographical distance, many of our interviews took place over the phone. It is likely that the interviewer missed important nonverbal information when conducting interviews. Moreover, the interviewer failed to follow up with participants who noted having used counseling to cope with SOEs. Thus, a richer description of TPOC’s experiences with counseling is needed. A further limitation of our study is that our protocol contained two questions that asked participants to reflect on their SOEs based on their gender and racial/ethnic identity, which may have primed participants to consider these identities separately rather than as intersecting. However, most participants described their SOEs by integrating their identities as TPOC. Despite these limitations, we believe that we garnered important and timely information on TPOC’s SOEs.
Conclusion

Taken together, results illustrate the influence of intersecting forms of oppression – namely racism, cissexism, and sexism – on TPOC’s SOEs. By attending to the heterogeneity among participants, results further revealed that SOEs may differ depending on participants’ specific location within a matrix of domination. Moreover, results revealed similarities with previous sexual objectification research as well as unique SOEs for TPOC, including fetishization, racialized sexual objectification, genital- and gender transition-based comments, and body policing. The emergence of unique forms of SOEs supports Collins’s (1990) assertion that people’s locations within a matrix of domination gives rise to unique experiences. Moreover, data provide evidence that some tenets of OT (i.e., self-objectification, body surveillance) may not be uniformly applied to TPOC. Particularly, TPOC may engage in self-objectification as a means to affirm their gender identities and experience physically safety. Thus, these results support the applicability of intersectionality and OT to TPOC, while expanding literature in these domains.
References


Logie, C. H., Wang, Y., Lacombe-Duncan, A., Jones, N., Ahmed, U., Levermore, K., ...


SEXUAL OBJECTIFICATION OF TRANSGENDER PEOPLE OF COLOR


Figure 1

1. Systemic Discrimination, Power, and Privilege
   1.a. Systemic discrimination
   1.b. Privileged and oppressed aspects of identity
   1.c. Cissexism

2. Sexual Objectification
   2.a. Fetishization based on identities
   2.b. Racialized sexual objectification
   2.c. Genital- and transition-based comments
   2.d. Body policing
   2.e. Sexualized gaze and body objectification
   2.f. Sexual violence

3. Effects of Sexual Objectification
   3.a. General psychological distress
   3.b. Hypergivilance and physical safety anxiety
   3.c. Self-doubt and expectation of rejection
   3.d. Transgender incongruence
   3.e. Self-objectification
   3.f. Increased relatedness to others

4. Coping with Sexual Objectification
   4.a. Asserting self and establishing boundaries
   4.b. Avoidant methods
   4.c. Cautionary/protective measures
   4.d. Social support
   4.e. Advocacy and educating others
   4.f. Self-care
   4.g. (Re)defining gender
   4.h. Counseling
   4.i. Self-harming behaviors
   4.j. Survival responses

Figure 1. Theory of transgender People of Color’s experiences with sexual objectification.
**Table 1**

Table 1. Demographic Information for All Participants

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Age</th>
<th>Race/Ethnicity</th>
<th>Gender</th>
<th>Pronouns</th>
<th>Sexuality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rommy</td>
<td>26</td>
<td>Brown/Latinx/Chilean</td>
<td>Non-Binary</td>
<td>They/them/theirs</td>
<td>Queer</td>
</tr>
<tr>
<td>adina</td>
<td>19</td>
<td>Indigenous North</td>
<td>Agender/no gender</td>
<td>It/it/its/itself *</td>
<td>Queer</td>
</tr>
<tr>
<td>Qamar</td>
<td>23</td>
<td>North African and White</td>
<td>Non-binary/genderqueer</td>
<td>They/them/theirs</td>
<td>Queer/Asexual</td>
</tr>
<tr>
<td>Amina</td>
<td>21</td>
<td>Arabic/north African/Swedish</td>
<td>Trans masculine, non-binary</td>
<td>He/him/his</td>
<td>Queer</td>
</tr>
<tr>
<td>Jase</td>
<td>28</td>
<td>African-American</td>
<td>Transgender man</td>
<td>He/him/his</td>
<td>Heterosexual</td>
</tr>
<tr>
<td>Taye</td>
<td>18</td>
<td>Black, African American, Irish, Swedish, Danish, mixed</td>
<td>Genderless</td>
<td>They/them/theirs</td>
<td>Bisexual and Pansexual</td>
</tr>
<tr>
<td>Jacob</td>
<td>19</td>
<td>Mixed (White, Haitian, and Dominican)</td>
<td>Transgender man</td>
<td>He/him/his</td>
<td>Heterosexual</td>
</tr>
<tr>
<td>Goody</td>
<td>45</td>
<td>Black</td>
<td>Transgender woman</td>
<td>She/her/hers</td>
<td>Heterosexual</td>
</tr>
<tr>
<td>Blair</td>
<td>27</td>
<td>African/Haitian</td>
<td>Transgender woman</td>
<td>She/her/hers</td>
<td>Bisexual</td>
</tr>
<tr>
<td>Korea</td>
<td>37</td>
<td>Black American</td>
<td>Transgender woman</td>
<td>She/her/hers</td>
<td>Asexual</td>
</tr>
<tr>
<td>Samuel</td>
<td>24</td>
<td>Mexican/Hispanic</td>
<td>Transgender man</td>
<td>He/him/his</td>
<td>Queer</td>
</tr>
<tr>
<td>Brian</td>
<td>20</td>
<td>African American/Black</td>
<td>Transgender man</td>
<td>He/him/his</td>
<td>Pansexual</td>
</tr>
<tr>
<td>Constance</td>
<td>47</td>
<td>Native American, Irish, and German</td>
<td>Transgender woman</td>
<td>She/her/hers</td>
<td>Asexual</td>
</tr>
<tr>
<td>Hayven</td>
<td>29</td>
<td>African-American</td>
<td>Transgender woman</td>
<td>She/her/hers</td>
<td>Queer</td>
</tr>
<tr>
<td>Mateo</td>
<td>25</td>
<td>Latino/Native South American</td>
<td>Transgender man</td>
<td>He/him/his</td>
<td>Queer</td>
</tr>
</tbody>
</table>

*Participant self-identified with these pronouns.
Appendix

Transgender People of Color’s Sexual Objectification Experiences
Interview Protocol

Sexual objectification is “the experience of being treated as a body (or collection of body parts) valued predominantly for its use to (or consumption by) others” (Fredrickson & Roberts, 1997, p. 174).

1. How do you identify within the transgender community? What pronouns do you use?
2. How do you identify racially/ethnically?
3. In what ways does your identity as a transgender Person of Color shape your life experiences?
4. The purpose of this study is to learn about the experiences of sexual objectification faced by transgender People of Color. Please tell me about some of your experiences of sexual objectification.
5. Are there any particular experiences that stand out the most? Why do you think this stands out the most to you?
6. How do you think being a transgender Person of Color influences your experiences with sexual objectification, if at all?
   6.1. How do you think your gender identity influences these experiences, if at all?
   6.2. How do you think your racial/ethnic identity influences these experiences, if at all?
   6.3. What do you think is the impact of the combination of your gender and racial/ethnic identities in these experiences, if at all?
7. Why do you think this experience happens to transgender individuals? How about transgender People of Color?
8. What type of environment(s) and/or situation(s) have you noticed these experiences tend to occur in?
9. What internal reactions do you experience in these situations?
10. Do you respond in these moments? If so, how do you respond in these moments?
11. What impact have these experiences had on your overall wellbeing, if any impact at all?
12. What are some of the ways you cope with these experiences, if at all?
13. What impact have your ways of coping had on your wellbeing, if any impact at all?
14. Have any benefits arisen from these experiences? Please explain.
15. What advice/message would you give another transgender Person of Color who may experience sexual objectification?
16. Is there anything else that you would like to add about your experience with sexual objectification?