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Cisnormativity, human rights and vulnerability of young transgender women to HIV: An analysis based on their youth trajectories

Dulce Ferraz^{a,b,c} , Júlia C. Pontes^d , Eliana Zucchi Miura^{e,f} , Paola Alves de Souza^g , Ramiro Unsain^e  and Marcia Couto^d 

^aPôle de Psychologie Sociale, Université Lumière Lyon 2, Lyon, France; ^bRESHAPE Inserm U1290, Lyon, France; ^cFiocruz Brasília, Escola Fiocruzde Governo, Brasília, Brazil; ^dDepartamento de Medicina Preventiva, Universidade de São Paulo, São Paulo, Brazil; ^ePrograma de Pós-Graduação em Saúde Coletiva, Universidade Católica de Santos, Santos, Brazil; ^fHospital Israelita Albert Einstein, São Paulo, Brazil; ^gInstituto de Psicologia, Universidade de São Paulo, São Paulo, Brazil

ABSTRACT

In Brazil, young transgender women (YTW) bear a disproportionate burden of HIV, which persists despite technological advances in biomedical prevention. This study explores how rights violations across different areas of life shape YTW's vulnerability to HIV through an intersectional lens. We conducted 13 in-depth interviews and one group interview with YTW participating in an HIV pre-exposure prophylaxis (PrEP) cohort. Thematic analysis with intersectional sensibility focused on six dimensions: family, schooling, romantic-sexual relationships, friendships, work, and health. The results show that gender transition impacted all areas. Rights violations prevailed in family and school settings, while supportive friendships and romantic relationships contributed to protecting their rights. A synergistic effect emerged: family disruptions hindered education, leading to precarious jobs and increased exposure to sexual exploitation. Conversely, family and school support promoted education continuity and access to basic needs. Though healthcare discrimination was reported, HIV services were largely respectful and extended care beyond prevention. The findings highlight how interconnected rights violations during youth can deepen HIV vulnerability. Effective prevention must extend beyond biomedical access to include strategies that protect rights and strengthen community and institutional support for YTW.

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Transgender persons; HIV; youth; human rights; qualitative research

Introduction

Transgender women face a disproportionately high risk of HIV infection compared to the general population. Globally, their odds of being infected with HIV are 66 times higher than for people aged 15 years and older in the general population (Stutterheim et al., 2021). In Brazil, while national prevalence estimates are unavailable, studies conducted in Rio de Janeiro, São Paulo, and Salvador report alarming prevalence rates of 31.2% (Grinsztejn et al., 2017), 26% (Rocha et al., 2020), and 24.3% (Leite et al., 2022), respectively. These numbers even surpass the global estimate of 19.9% for trans women (Stutterheim et al., 2021) and are starkly higher than the 0.6% prevalence in the general Brazilian population.

HIV remains a significant public health challenge for new generations, including young transgender women (YTW). In Brazil, a recent study in São Paulo found an incidence rate of 5.67 among YTW aged 18–24 as compared to 1.47 among those aged 25 and older. Also, that higher incidence is associated with lower education status, sex work and unstable housing (Veras et al., 2021). This finding aligns with the higher incidence rates observed in other studies focusing on young trans women aged 18–24 (Veloso et al., 2023; Wilson et al., 2021).

This epidemiological scenario persists despite substantial prevention efforts over the past forty years in Brazil and, notably, after a decade of implementing combination prevention (CP) programs. Considered a promising strategy to eliminate HIV as a public health problem, HIV CP consists in providing services that

CONTACT Dulce Ferraz  d.ferraz@univ-lyon2.fr  Pôle de Psychologie Sociale, Université Lumière Lyon 2, 5 Av. Pierre Mendès France, Bron, Lyon, 69500, France

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deliver a range of prevention methods recognised as effective, such as internal and external condoms, pre- and post-exposure prophylaxis (PrEP and PEP), HIV tests and self-tests, and diagnosis and treatment of other STIs. These services should be integrated with educational activities and initiatives addressing structural barriers such as stigma and discrimination (Brasil, 2017).

PrEP has been shown to be effective in preventing HIV at both individual and population levels (Estcourt et al., 2021). In Brazil, it has been available through the public health system (SUS) since 2017 for individuals aged 18 and older and was expanded in 2022 to include adolescents aged 15 and above who are at high risk of HIV exposure (Brasil, 2022). Despite this availability, trans women account for only 3% of PrEP users in the country (Brasil, 2025) and, from those, only 0.5% are younger than 18% and 17% are 18–24 years old. Studies with trans women in Brazil highlight both limited awareness of PrEP (Wilson et al., 2021) and a high risk of loss to follow-up, particularly among younger individuals (Echeverri et al., 2023).

Understanding the vulnerability of YTW to HIV requires comprehending how it is linked to the larger social conditions they experience. Building on the recognition of the social determination of health, a substantial body of theoretical work, particularly from constructionist approaches in the social sciences, emphasises that exposure to HIV arises from complex interactions between individual characteristics, social inequalities, and the availability of HIV prevention resources in each context (Ayres et al., 2012). Thus, vulnerability to HIV is particularly pronounced among groups whose rights are systematically violated, which is the case of YTW in Brazil. The literature shows that YTW in the country often face family conflicts, difficulties staying in school, obstacles to entering the formal job market, and experiences of discrimination and violence in various dimensions of their lives (Almeida & Vasconcellos, 2018; Chinazzo et al., 2021; Magno et al., 2019; Magno et al., 2018; Pontes et al., 2025). While these challenges affect the transgender community broadly, they are especially severe for Black and Brown trans people from low-income families (Menezes, 2018). This is despite a legal framework that protects children and adolescents, assigning to families, society, and the State the duty to guarantee their rights with absolute priority and to protect them from neglect, discrimination, exploitation, and violence (Constituição da República Federativa do Brasil de, 1988). Also, despite advances in the rights of trans people, such as the legal recognition of the right to change their name and gender in all identity documents (Conselho Nacional de Justiça, 2023).

This discrepancy can be better understood by examining how systems of meanings and power relations operate and constrain the access of rights (Burr & Dick, 2017; Collins & Bilge, 2020). In the case of YTW, it is particularly relevant to explore how adultcentrism and cisnormativity intersect, operating as political-cultural systems of oppression, and how they may further interact with other systems. Adultcentrism, rooted in developmental theories, constructs young people as incapable of making decisions about their own lives, thereby delegitimising them as rights holders. Cisnormativity marginalises, violates, and dehumanises individuals who do not conform to the gender identity assigned at birth. It underpins and perpetuates transphobia, fuelling violence and systematic denial of rights inflicted on trans people (Passos & Simakawa, 2022; Podestá, 2019; Riggs et al., 2015). In Brazil, cisnormativity is deeply intertwined with rigid gender roles reinforced by religious values (Stucky et al., 2020), in which trans identities are seen as morally deviant or medically pathological, thereby legitimising and enabling violence (CEDEC, 2021; Menezes, 2018). Understanding how cisnormativity, intersecting with other systems of power, increases the vulnerability of YTW to HIV requires an in-depth analysis of their lived experiences. However, most studies on HIV prevention in the context of PrEP availability in Brazil focus on YTW aged 18 and older, often grouping them with men who have sex with men, thus limiting a more nuanced, specific understanding of the unique challenges faced by YTW.

To address this gap, in this study, we analyse how violations of rights affect YTW throughout their youth and contribute to their vulnerability to HIV. We draw on empirical data from YTW participating in a demonstration study on HIV combination prevention conducted in the city of São Paulo, Brazil.

Methods

Theoretical approaches

We adopt a constructionist approach in which youth is defined not merely by biological or psychological markers, but as a phase of life characterised by the progressive acquisition of autonomy (Bozon, 2018;

Heilborn, 2006). Key milestones in this process include the strengthening of peer relationships, completion of education, entry into professional life, initiation of sexual and romantic relationships, and leaving the family home. The unfolding of this autonomy across these dimensions – family, education, work, and sexuality – is interdependent and shaped by the sociocultural contexts in which individuals are embedded.

Additionally, our analytical framework incorporates a human rights-based approach to health, with particular attention to the interdependence of rights – specifically, how violations of any fundamental right inevitably affect the right to health (Ferguson et al., 2019; Gruskin et al., 2010). Complementing this, an intersectional perspective allows us to examine how overlapping identities and positions within systems of power, such as race, class, and others – which, at a structural level, shape oppression – intersect within the lived experiences of our study participants, influencing their ability to fully exercise their rights (Davis, 2008; Spadacio et al., 2024).

Study design and data collection

The data for this study were produced as part of PrEP1519, a demonstration study aimed at analysing the effectiveness of PrEP among YTW, *travestis*, and cisgender men who have sex with men, aged 15 to 19 years (Dourado et al., 2023). PrEP1519 was conducted between 2018 and 2022 in three Brazilian capital cities: Salvador, São Paulo, and Belo Horizonte. For this analysis, we focus on data collected through 13 in-depth interviews and one collective interview specifically with YTW participants in São Paulo, where the study was conducted at an HIV clinic.

Participants were interviewed during two phases of the PrEP1519 project – six of them during the formative research phase, when the collective interview was also held, and seven during the implementation of the demonstration study. Recruitment took place in São Paulo's downtown area, targeting spaces where young people socialise, as well as LGBTQIA+ organisations and HIV services. This region was chosen because it is a well-known hub for sex- and gender-diverse youth, making it a strategic location for implementing PrEP1519 at a local HIV clinic. Inclusion criterion for PrEP1519 encompassed individuals with a history of exposure to HIV (unprotected sex, use of PEP) or who faced conditions associated with increased vulnerability to HIV, such as engaging in sex work, using drugs, or experiencing violence.

Although the interview scripts used in the two phases of the study differed, both explored themes related to life trajectories and vulnerability to HIV, which allowed us to aggregate the data sets. The interviews were conducted in Portuguese by two trained Brazilian qualitative health researchers – one trans woman and one cisgender woman.

Data analysis

The interviews were transcribed verbatim, and their content was verified by comparing the audio recordings with the written texts. We conducted a reflexive thematic analysis (Braun & Clarke, 2022) with iterative categorisation (Neale, 2016), following these steps: (1) reading the interviews; (2) synthesising each interview, systematising content related to the following dimensions of youth trajectories: family relationships, schooling, romantic and sexual relationships, friendships, and work experiences. In line with the objectives of our study, we expanded these dimensions to include participants' relationships with health and HIV prevention services; (3) analysing how rights violations based on cisnormativity intersected with the different dimensions of YTW trajectories; (4) developing new codes based on the data; (5) coding; and (6) interpreting the results, which were then reorganised into categories and themes.

DF and JCP developed the codebook, which was discussed with EMZ, PAS, RU, and MTC. Coding was conducted by DF and JCP, and any differences were resolved through a review of the dataset and by reaching consensus.

Ethical approval and considerations

The PrEP1519 formative research protocol was approved by the Research Ethics Committee of the University of São Paulo (No. 70798017.3.0000.0065). The PrEP1519 study itself was approved by the

Research Ethics Committee of the World Health Organisation (Protocol ID: Fiotec-PrEP Adolescent Study) and the Medical School of the University of São Paulo (No. 3,082,360).

All participants were fully informed about the research objectives and their rights related to participation. Participants aged 18 or older provided informed consent by signing the Informed Consent Form, while those aged 15 to 17 signed the Informed Assent Form. Parental consent was waived based on a decision by the Research Ethics Committee during the formative stage and judicial authorisation during the implementation stage (Zucchi et al., 2023).

Results

Table 1 presents the main characteristics of the participants, with names replaced by pseudonyms. The interviewees ranged in age from 17 to 20 years. Except for Louise, who identified as *gender fluid*, and Mariana, who rejected any classification, all participants identified as trans woman or *travestis*.

The participants form a heterogeneous group in terms of self-identified race/ethnicity, with six identifying as white, five as Black or Brown, and two as Indigenous. Regarding sexual orientation, four identified as pansexual, six as heterosexual, one as bisexual, one as lesbian, and one as both asexual and bisexual. In terms of education, four had completed high school and three were attending university; five had interrupted their studies (four in high school and one in middle school), three of whom had returned to school through Brazil's adult education program (EJA).

When asked how they defined themselves in relation to their age, those who saw themselves as adults associated this status with working, having lived through difficult circumstances, or having accumulated many life experiences. Being young was linked to having a "confused head" (Mariana) and to the gradual increase in responsibilities. Gender transition was described as a significant and ongoing process that began with not identifying with the gender expectations assigned at birth:

The beginning of a transition happens when you simply realise that you are outside the gender box that people have always placed you in. You see yourself as a transitioning person when you no longer want to be where people have always put you (Jade).

Although the process did not follow the same steps for everyone, changes in gender expression – such as clothing, hairstyle, pronouns, and name – were important markers of a process that was both singular and relational. It was singular because gender transition represented a process of identity affirmation, and relational because it impacted various dimensions of their lives, as explored in the following subsections.

Family and school: First reactions to gender transition and its consequences

Family and school relationships were the first to be impacted by gender transition. While there were a few exceptions, reports of non-acceptance, disrespect and even violence prevailed, both at school and within the family, particularly from parental figures. These experiences ranged from difficulties or refusals by family members, peers, and teachers to use preferred pronouns and names, to more severe forms of violence, including bullying, sexual violence, physical and verbal aggression, and expulsion from home.

The most drastic consequence of this violence was the rupture – temporary or permanent – of the interviewees' relationships with their families and school. Carolina, for example, who was living in a LGBTQIA+ shelter, described the gender transition as a "watershed moment" in her relationship with her family:

I turned 19 and then came out as trans. Then I told my father, and he freaked out – he called me crazy and said this could only be because of someone's influence, and a lot of other nonsense. Then I told my mother, who understood what was happening, and I moved in with her [...] But there was something that happened between me and my stepfather [...] He came at me and my mother stepped in, and then he actually punched me in the face. That's when I realised I couldn't stay there [living with them] any longer [...] So I asked for help—I spent all night asking friends to help me find a place to stay, anywhere I could live away from him. And then I got here at *Casa Florescer* and later at *Casa 1* [...] I never imagined I'd go through what I did when I got here – at no point in my life did I think I'd end up living in a shelter." (Carolina)

Table 1. Profile of PrEP1519 research participants interviewed.

	Pseudonyms	Age (years)	Skin colour/ethnicity	Gender identity	Sexual orientation	Schooling	Work	Housing
Participants PrEP1519	Gisele	20	White	Travesti	Bisexual and asexual	High school	Cultural events	Boyfriend
	Clara	17	White	Trans woman	Heterosexual	High school (incomplete)	Sex work	Family
	Jade	19	White	Trans woman	Pansexual	University (ongoing)	Student	Family
	Carolina	19	Brown	Trans woman	Lesbian	High school	Unemployed	Shelter
	Louise	18	Brown	Gender fluid	Pansexual	High school	Unemployed	Family
	Maju	19	Indigenous	Trans woman	Heterosexual	Middle school adult education (ongoing)	Sex work and aesthetics	By herself
	Mariana	18	White	None	Heterosexual	High school	Sex work and aesthetics	By herself
Participants Formative Research	Byanca	19	Brown	Trans woman	Heterosexual	High school (adult education ongoing)	Student	Husband
	Brenda	17	Black	Travesti	Bisexual	High school (incomplete)	Sex work	Friends
	Carla	18	White	Trans woman	Heterosexual	Middle school (adult education ongoing)	Student	Friends
	Rebecca	17	White	Trans woman	Heterosexual	High school	Student	Family
	Lara	19	Black	Travesti	Pansexual	University (ongoing)	Student and cultural events	Friends
	Maiara	19	Indigenous	Trans woman	Pansexual	University (ongoing)	Student and cultural events	Friends

Like Carolina, family conflicts or home expulsion forced most participants to seek temporary housing solutions: Gisele and Byanca lived with a partner, Carolina in a hostel, Maju and Mariana alone, and Brenda and Lara in friend's houses. It is worth noting that, apart from Mariana and Gisele, they all identified themselves as brown, black or indigenous. Maju, an Indigenous person, was forced to leave home at the age of eleven and was sheltered by an NGO in the city where she lived, in north-eastern Brazil. At twelve, she began living with a partner; at seventeen, she separated and moved to São Paulo to live with a foster father. She was living by herself when she was interviewed and working as a sex worker. She eventually reconnected with her family, as did Carolina, Byanca, and Gisele. However, for Brenda and Lara, the rupture with their families of origin had been definitive:

We [me and my family] have each other's numbers, like, to contact each other in case something happens, but we don't have any other kind of contact – not financial or anything. (Lara)

In addition to early unions, as reported by Maju and Byanca, those who left home due to expulsion or family conflicts turned to sex work for financial survival, either temporarily or permanently, as we explore further in the subsection on work experiences.

Clara, Louise, Mariana, and Jade experienced sexual violence during childhood or adolescence, with stepfathers perpetrating the abuse in three cases. For the latter two, this abuse directly contributed to their leaving home. Jade was the only one who received her mother's support after the abuse; they left home together when it happened, and Jade continued to rely on her mother throughout her transition.

My relationship with my mother is very confessional and close. She knows everything I go through, and she was the one who helped me find [gender-affirming] health care at the University Hospital – she was the one who found a psychologist for me three or four years ago. She's been with me through my whole transition, from the very beginning. She never let me go through any emotional distress or anything like that. (Jade)

At school, experiences of bullying, discrimination, and violence were reported mainly between the end of middle school and the beginning of high school by Mariana, Maju, Gisele, and Byanca. For the last three, these experiences contributed decisively to dropping out and psychological suffering:

I haven't finished high school. I stopped exactly because of my transition. There came a point when I started locking myself in my room – I was really lonely, you know? I wouldn't go out for anything, because of the harassment I faced at school, because of the homophobia. But at the same time, I couldn't tell my family I was being beaten at school, because they'd want to know why – and then they'd end up finding out, and that would cause problems at home too, you know? (Gisele)

Mariana managed to stay in school despite numerous violences, such as being bullied by a teacher and had a trash can thrown at her by a classmate. As she explains, "at some point, I became braver, and I started fighting back, we [trans people] end up learning to defend ourselves". In her account, the need to defend herself on her own to stay at school reflects the lack of institutional support.

In contrast to these reports, only Louise, Jade and Maiara had family support during the transition and after it. The first two lived with their families and Maiara had financial support from her family to pursue higher education. Jade also reported a school career marked by respect for her gender identity, with the right to use her chosen name and use the female bathroom. On the other hand, Maju and Byanca, who had faced school discrimination, returned to studying when they found schools where "there is no type of prejudice" (Maju). Aiming for better education and working conditions, other participants also persisted in their pursuit of education, taking courses in theater, singing, English and makeup (Carolina, Gisele, Louise and Byanca) or planning to attend higher education (Louise and Maju).

Friendship and sexual-romantic relationships: Sheltering, identification and protection

Friendship and romantic-sexual relationships were described as sources of emotional and material support, offering respect for gender identity and acceptance of life experiences, while also helping to navigate various challenges, including discrimination and violence.

My friends already knew, you know? Because everything that was happening to me, I was sharing with them – my doubts, my questions like, 'Oh, am I a trans woman, or not?' (Gisele)

On a material level, these relationships were crucial, especially in cases where family ties had broken down. Friends often provided shelter or helped the interviewees access the LGBTQIA + shelter network, as it was the case with Lara, Brenda, Carolina, Carla, and Gisele. Protection also manifested in friends' efforts to choose trans-inclusive and safe places for socialising, as well as support in the workplace. The sense of "family" that some interviewees attributed to their friendships was particularly noteworthy:

There's a friend of mine who's like a mother to me; she took me in and has helped me a lot since I left my parents' house. (Brenda)

Meeting partners and friends who are trans or members of the broader LGBTQIA + community was especially important for exchanging experiences about gender transition. This contributed significantly to promoting well-being, breaking loneliness, and learning new ways of being in the world beyond cisnormativity:

And I learned a lot from them [friends], but especially from my friend Dana, whom I met four years ago [...] We started our transition together, we shared a lot of questions. (Gisele)

Contact with peers also opened new romantic and sexual possibilities. Jade explained that having romantic experiences became easier after entering university, where the "LGBT public is a little more diverse". Carolina had a similar experience in LGBTQIA + shelters. Relating to other trans people was associated with decreased body discomfort, and greater understanding and reciprocity. The exceptions were Mariana and Louise, both identified as non-binary, who reported experiencing sexual and romantic rejection specifically from boyfriends.

"The world accepting us to work is a difficult thing": Participants' work experiences

For most participants, the search for work was a consequence of losing housing and family financial support after gender transition. This was the case for Carolina, Gisele, Mariana, Byanca, Brenda, and Lara. Clara

and Louise began working to contribute to their families' limited budgets, and Maiara sought to supplement the financial support she received from her family. Louise, Gisele, Carolina, and Jade had formal employment experiences within the Brazilian labour laws. Others engaged in informal and sporadic work, mainly in the arts, events, beauty services, and sex work.

Sex as a means of subsistence was mentioned by Clara, Maju, Mariana, and Byanca. For the first three, there was a clear link between this situation and family disruptions: Clara began exchanging sex for money at age 13, after her mother's death, to contribute to family income, while Maju and Mariana started right after leaving their family homes, at the ages of 11 and 17 respectively. It is worth noting that, in Brazil, exchanging sex for money under the age of 18 years is considered sexual exploitation, which is why we do not refer to these situations as sex work. Lara, Maiara and Brenda also mentioned sporadically exchanging sex for money or goods, but this was not their main source of income. As Lara explained, "It happens from time to time because when you are a *travesti*, it is difficult to find a job."

The context of commercial sex was marked by intense rights violations – Maju and Bianca, both non-white, suffered physical violence, rape, and blackmail from clients who wanted to have sex without condoms.

Notably, one case of transphobic violence in formal work was also reported by Gisele:

I joined [women's clothing and accessories store] precisely because the company had a project to include people from groups in situations of extreme social vulnerability in the job market. They partnered with *Casa 1* [LGBTQIA + shelter] to build this bridge and get me in. But we – me and another trans girl – started being harassed at work, with employees getting our pronouns wrong, getting our names wrong, you know? One of my managers even exposed my dead name to other employees. When we joined the project, we were told these things wouldn't happen. Not just me, but Luíza too, who started working there with me through this project – we suffered a lot. And we never had a support network, other than each other. (Gisele)

Health and HIV prevention

Participants reported difficulties with access, negligence, and rights violations in both public and private healthcare services. Gisele and Jade, both white YTW, had these experiences in private healthcare services – Gisele being neglected when she began gender-affirming hormone therapy and Jade being called by her dead name during medical exams. Maju was denied treatment by a dentist after they found out she was trans. The lack of acceptance and misunderstanding of trans health needs were highlighted in the collective interview:

There's no point in (health providers) putting out a thousand words of three meters each, and hoping that the girls will understand it, or even that like she'll take up her time to want to know about it, you know? It has to be accessible information, and to be accessible it has to be part of their reality. (Collective interview)

In contrast, specialised HIV services were associated with greater acceptance, resolution, and respect for gender identity, also facilitating access to other health services, as explained by Louise, a black *travesti* living in a poor neighbourhood in São Paulo:

So, for me, accessing any health services was very precarious and difficult. So, I always ask "Girl, how can I do it? How do I do it? What can I do to speed up the process?" So, I always consult the PrEP1519 staff about what to do and, that way, it works out really well. (Louise).

It was through HIV services and LGBTQIA + shelters that Gisele, Maju, Clara, Carolina, and Mariana found their way to the PrEP1519 project. They unanimously evaluated the project positively, highlighting the respectful treatment and concern shown by the staff. As Clara noted, "They treat me very well, they care about my health, you know?".

Except for Carla, participants emphasised their vulnerability to HIV as YTW, which they attributed to transphobia and its consequences, such as precarious housing, limited access to education, financial and work difficulties, hypersexualisation of trans women and exposure to violence:

Every day. Like, I'm at risk every day, 24/7, you understand? This is the risk of a trans woman [...] So much so that people see us as sex. Only. Just that. Like "Ah, I'm just going to use that person for relief". (Maju)

Regarding their personal experiences, they reported feeling generally well-informed about HIV prevention and preventive methods. However, they faced challenges in consistently using condoms with both casual and stable partners, mainly because their partners didn't like/want to use them, or due to being under the influence of alcohol or drugs. With clients, the primary difficulty was being offered higher payments or facing blackmail for sex without condoms, a common experience for Byanca, Maju, and Mariana.

When I was doing sex work, there was a lot of, like – at the time of having sex, the client would say, 'If you do it without a condom, I'll pay you more.' And we're driven by money, right? We're not doing it for pleasure – we're doing it because we need to. (Byanca)

PrEP was valued as an important protection tool, especially in the aforementioned situations, both by those already using it and those interested in it (Byanca, Brenda and Maiara). As advantages of the method, they highlighted a greater control over prevention and a greater sense of security, which, for some, contributed to peace of mind during sex:

I see PrEP as a kind of security, so to speak, because I'm somewhat, let's say, protected against some STIs. So I also feel more comfortable talking and acting, like, during sex. (Louise)

Regarding the limits of PrEP, participants mentioned difficulties in maintaining daily use due to "forgetfulness" and "laziness", adverse effects, distance from health services and concerns about drug interactions, especially with gender-affirming hormone therapy. A criticism emerged during the collective interview about the possible medicalisation of inequalities represented by PrEP, viewing it as part of a political agenda that neglects the rights of trans and Black people:

So, who are PrEP and PEP for? Who has access to them? Who can afford them, anyway [...] I think it was designed for those who mess around, these people who are white, who are cisgender. So, I think that these problems also have to be solved together with these other ways of preventing them, and not just using this as a palliative measure and letting these people take medication for the rest of their lives and die without the State saying anything. (Collective interview)

Discussion

Our results show that all the dimensions of the trajectories of the YTW interviewed were impacted by their gender transition, with frequent rights violations rooted in cisnormativity. These violations were especially prevalent in family, school, and work contexts—showing situations where adults and institutions, responsible for safeguarding the rights of children and adolescents, not only failed in their protective roles but also actively perpetrated rights violations. Friendship and romantic-sexual relationships tended to offer more protection and support, partially compensating the failure of family and schools. Further, the data suggest a synergy between these violations, notably intertwined with racism, which can contribute to increasing the vulnerability of YTW to HIV, particularly when we consider the limitations in accessing adequate, non-discriminatory healthcare.

Within the family, the right to dignity, security and family life were the most affected. Non-acceptance, disrespect and violence were common, corroborating previous studies (Abreu et al., 2019; Cedec, 2021; Paulino et al., 2022). These violations, especially when they culminate in rupture due to deliberate expulsion or because coexistence became challenging, forced young women to search for alternatives to meet basic needs, such as food and housing. Similar data were found in other studies, such as the mapping of the trans population in the city of São Paulo, which showed that 49% of people interviewed left home between 16 and 20, motivated by conflicts (47%) and expulsion (17%) (Cedec, 2021). When we analyse these dimensions together, it becomes evident that this lack of protection created unstable and temporary housing conditions. This instability led interviewees to seek income sources before they were mature or qualified enough to enter the job market, further exposing them to sexual exploitation.

Similarly, it becomes clear that the right to education is compromised when other rights are violated. The lack of protection when violence occurs in school, combined with disruptions caused by family expulsion, increases the likelihood of interrupting studies, especially in the absence of protective policies

and programs. This will have consequences for working conditions not only immediately, but in the medium and long term. Other studies show that lack of professional qualifications, coupled with transphobia in the job market (Almeida & Vasconcellos, 2018; Batista et al., 2020) often leads trans people to informal and sporadic work or involvement in commercial and transactional sex (Batista et al., 2020; Cedec, 2021; Silva et al., 2015). It is important to note also that most of these young women who were expelled from home identified as non-white, meaning that beyond cisnormativity, they have to face the limits imposed by racism in the job market, which can put them in situations of extreme vulnerability to HIV and other risks (Menezes, 2018). In our study, Maju's trajectory is emblematic of the synergy of violence produced by interlocking transphobia and racism: expelled from home in childhood, she left school and lived in a situation of sexual exploitation, facing various forms of violence from clients and discrimination in other contexts, including healthcare facilities.

Exceptions observed in our study support findings from previous research: family support, particularly acceptance and respect for gender identity, contributes to more secure youth trajectories. This support facilitates the continuity of studies, as seen in the cases of Jade and Maiara, and access to better job conditions, as exemplified by Louise. Additionally, friendship relationships also act as protectors of rights (Brown et al., 2020; Nascimento et al., 2020; Riggs et al., 2020).

The right to work under the conditions established by Brazilian legislation, which permits only apprenticeships that do not interfere with education (Brasil, 2000), was not the reality for our interviewees. Instead, those who worked were engaged in informal and temporary jobs, primarily out of necessity to meet their basic needs. This economic precarity significantly heightened their vulnerability to HIV, as the lack of alternative income sources exposed YTW to sexual exploitation and survival sex (McMillan et al., 2018), both of which are closely linked to increased exposure to violence and heightened vulnerability to HIV.

In contrast, friendship and romantic relationships played a crucial role in ensuring YTW rights and mitigating violations experienced in other areas of their lives. These relationships, along with social policies and LGBTQIA+ shelters, provided essential support for basic survival needs, such as housing, and in the process of developing their gender identity. They were also important in creating opportunities for romantic-sexual relationships with individuals with whom YTW identified and felt more confident and understood. These findings highlight the importance of the social support formed by the LGBTQIA+ community for the protection of YTW rights, corroborating previous studies (Couto et al., 2021; Harner, 2021). However, reports from the two non-binary participants of discrimination by boyfriends suggest that cisnormativity can also manifest within the LGBTQIA+ community itself, reinforcing the marginalisation of those who do not conform to binary patterns.

HIV services also contribute to protection of YTW rights. Expanding preventive methods beyond condoms is particularly significant, especially because PrEP appears as a method that can offer protection precisely in situations in which YTW would be more vulnerable to HIV. However, the low PrEP uptake among this population warrants further examination, especially in light of concerns raised during the collective interview, when participants referred to PrEP as a technology primarily serving white cisgender men, a critique that resonates with existing research identifying cisnormativity as a structural barrier to the prophylaxis in other contexts (Pignedoli & Rivest, 2024). Furthermore, reports of discriminatory attitudes in both private and public healthcare facilities continue to impact YTW across different ethnic backgrounds, with the most vulnerable relying on HIV services to mediate their access to other healthcare services, as seen in the experience of Louise, a Black YTW living in a low-income area.

This study has limitations that need to be acknowledged. First, the small number of participants, which underscores the ongoing challenges in reaching this population. Second, the study was conducted within the framework of a demonstration study that included only YTW with a recent history of HIV risk exposure. While focusing on this specific group is essential for deepening our understanding of the factors contributing to heightened HIV vulnerability among YTW, it also means that our findings cannot be generalised to the broader population of young trans people in Brazil – or even within São Paulo. Third, it is likely that YTW experiencing even more acute forms of marginalisation and vulnerability were not reached by a project like PrEP1519, due to systemic barriers that severely limit access to health services and research participation. In both cases, the absence of these voices highlights the need for future studies that adopt alternative designs and more inclusive recruitment strategies to reach a broader and more diverse spectrum of trans experiences.

Despite these limitations, our qualitative, intersectional methodology enabled a rigorous and nuanced examination of the multifaceted drivers of HIV vulnerability among YTW, grounded in their lived experiences. We emphasise the need for continued investment in developing such analytical frameworks, which entails supporting trans-centred studies that ensure the meaningful participation of trans scholars throughout all stages of the research process – an approach we have prioritised in this study (del Río-González et al., 2021).

Conclusion

Our study provides empirical insights into how cisnormativity, in intersection with other systems of oppression, shapes the trajectories of YTW, leading to rights violations that increase their vulnerability to HIV. Moreover, it helps to explain the persistence of high HIV incidence among YTW despite the availability of highly effective prevention technologies, emphasising that these alone will not be sufficient if basic social protections are not in place to enable these young women to exercise their right to health.

Thus, these results reinforce the need for HIV prevention policies that are fundamentally committed to promoting and protecting the rights of these young women. While ensuring their rights to family life, dignity, housing, education, and employment extends beyond the scope of AIDS programs, these programs must actively engage in intersectoral efforts to achieve these goals. This means, for example, proposing and participating in policies that keep YTW in school, secure their housing, facilitate access to meaningful employment, and shield them from sexual exploitation. It also means supporting the strengthening of the trans community, for example, by expanding LGBTQIA+ shelters. As our data show, these shelters not only provide survival conditions for those who need to leave their families but also create pathways to safety, stability, social support, education, and healthcare access. Expanding PrEP services and ensuring non-discriminatory practices across the healthcare system must also be prioritised in HIV prevention policies.

Protecting YTW from HIV – and more broadly, ensuring their fundamental human right to a dignified life – requires a broader struggle for social transformation. As Vergueiro Simakawa (2023) proposes, this involves envisioning a world in which relationships and language are no longer exclusively shaped by cisnormative perspectives but instead allow trans people to see themselves reflected in these structures and to exist safely within them. Despite the many advances made in recent decades, attempts to roll back progress and attacks on the human rights of trans people remain a critical concern. In the current global context, where human rights are increasingly under threat – evidenced by documented restrictions on LGBTQIA+ rights, reductions in HIV funding, and legislative attacks on gender and sexual minorities – there is a pressing need for sustained social and political mobilisation to defend hard-won rights and engage in collective action to counteract these setbacks.

Finally, our study offers valuable contributions to future research on youth trajectories. As demonstrated, gender identity plays a pivotal role in shaping the experiences of young trans women, *travestis*, and gender-diverse individuals. This underscores the need to consider gender identity not only in studies specifically focused on gender-diverse populations, but also in broader research on youth. In other words, understanding youth trajectories requires moving beyond binary approaches to gender and critically interrogating the often-unquestioned assumption of cisgender identity embedded within many research frameworks.

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Author contributions

DF conceived the study, carried out the analysis and led the writing of the text in all its stages. JCP collaborated in the conception, carried out the analysis and participated in the writing in all its stages. EZM, RU, PAS and MC collaborated in interpreting the results, writing and reviewing the article.

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ORCID

Dulce Ferraz  0000-0002-0443-3183
 Júlia C. Pontes  0000-0002-6506-8685
 Eliana Zucchi Miura  0000-0001-6234-1490
 Paola Alves de Souza  0000-0001-6728-2004
 Ramiro Unsain  0000-0003-3142-0561
 Marcia Couto  0000-0001-5233-4190

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