Chapter

Transfeminine Bodies: Survival and Resilience Experiences in Brazil

Silvana de Souza Nascimento and Luz Gonçalves Brito

Abstract

This article aims to provide the results of anthropological research in Brazil regarding how trans and transvestites have survived in a country that is world-ranked in transfeminicide and how they find ways of resistance and resilience through support and care from networks to public health policies. The methodology used in the research was based on a multisited ethnography, through fieldwork and qualitative interviews, in two different regions: the metropolitan area of João Pessoa, in the state of Paraíba, in the Northeast, and the metropolis of São Paulo, in the Southeast. Using an intersectional perspective, the results show an increase in risks and vulnerabilities by black transfeminine people, mostly those who work in prostitution, because they do not have access to public health systems and have informally produced their care strategies based on local knowledge about the body, health, hormonal therapy, and so forth.

Keywords: transfeminine people, Brazil, care, vulnerability, ethnography

1. Introduction

Lilith went to the basic health unit near her home in a big city of Brazil. She thought she had HIV and she wanted to make sure. Lilith was a middle class trans woman in process of social and hormonal transition. She studied social science at the university. Although she was not a sex worker, she had had unsafe sex, due to her extreme emotional vulnerability. She arrived at the basic health unit, watching her steps, unsecure about her appearance, even though she wore a mask, which hid her sparse laser-removed facial hair. There was an enormous line, and she asked someone if she could use the stairs. “Are you going to the infectious disease department, sir?” said out loud the ugly men in the front desk. He disrespected her twofold, misgendering her and exposing a presumed health status. She reached the stairs, thorn inside. While she was waiting in the line to schedule her appointment with the doctor, a white man, who was working in the reform of the windows in the public health center, noticed she was trans. He looked at her with creepy eyes, approached her, almost touching her, invading her personal space. Without any words, he was suggesting sex. Lilith was feeling terrible with her silent social suffering. She left the place, heading to the bakery. While she was paying for the cheese bread, a Black woman who was homeless came into the place and asked her for money. She could not
help at that moment. Angry, the woman said: “You are just a boy who sits on cocks,” and left. When Lilith arrived home, with all the transphobic situations returning over and over in her head, she looked at the windows of her room on the 10th floor. She thought it would be a final solution for her social suffering. She took out her clothes of her heavy body, stepped to the rampart, with anxious breath. She could not even feel the air. She imagined her monstrous armor floating in the direction of the morning blue sky. But she returned to the basic health unit, talked to the manager, and decided to report the harasser to the police. The women’s bureau was not prepared to register cases like hers, not only because she was trans (the cops subtly laughed at her and one female cop was not sure if her case should be investigated there), but also because sexual harassment is naturalized in Brazil, even by the police, whose scope of action usually prioritizes domestic violence.

Social suffering, as Kleinman et al. [1] defined, is an important category of analysis when it comes to the experience of trans women and transvestites in Brazil.¹ The narrative above situates the evident and subtle social suffering, which is part of the lived experience of trans people in Brazil. The allegoric narrative contains some modalities of the structural violence experienced by a trans woman in process of social transition in the country. Such a structural violence involves misgendering, emotional and psychological abuse, sexual harassment, discrimination, misogyny, difficulties in accessing health services. The narrative is the composite picture that summarizes samples of oral information and written texts of transgender women gathered by means of ethnographic interviews during 15 years of research. Nevertheless, the situations experienced by a trans person are not merely personal problems, but rather social problems, which are experienced personally and aggravated by the different layers of intersectionality. A poor Black transvestite woman who does not have access to privileged spaces of knowledge production, such as a university, experiences other forms of oppression and violence, even though the main modalities of discrimination affect most trans women.

Along the narrative, the social problems are experienced as personal and intimate discomfort, anger and hate, leading to a sense of unease and bodily sensations of desperation, sadness, and hopelessness. Although such an experience could seem extremely particular, if we consider the wide set of research on the transgender experience in Euro-American societies, we will find that suicide ideation and trials are more common among trans people than among cisgender population [2]. We understand that such a prominent reality is a result of transphobia—the culturally shared hate discourses and structural violence by a certain society in detriment of trans people—and not a correlate fact relative to a supposedly inherently problematic identity [3].

We understand that most of the mental health issues experienced by transgender people are deep and intimate impacts of the sociological problem of transphobia. The core of transphobia is a naturalized, socially tolerated, and still unpunished violence against trans people (transgender men, transgender women, nonbinary people, and transvestites). In a country where transfeminicide exceeds all the rates in comparison to other nations [4–7], it is not surprising that trans people, and specifically transgender women and transvestites, need to face huge problems whose origins certainly are not a particular mental disease or an individual nonconformity.

¹ Alongside this text, we use trans women as an umbrella term that includes transgender women and Transexual women. Usually, the term trans is also used to encompass a set of diverse identities, such as non-binary and gender-non-confirming people.
In the context of this culturally shared hate, the cycles of violence faced by trans women and transvestites have been reiterated like a precise sociological pattern. The revelation of the transgender identity is frequently followed by parental alienation, abandonment, truancy, and—due to marginalization, exclusion, social hostility, and the lack of formation and social support—compulsory sex work, which often begins in the early adolescence. The dynamics of social vulnerabilities experienced by the population of trans women and transvestites in Brazil also impact their access to public health services.

In the face of adverse circumstances, trans women and transvestites create their own strategies of resilience through their own support and care networks. Interestingly, trans women and transvestites who work as sex workers declare that the experience of prostitution enables resilient ways of life, through which care networks and affective bonds are built [8–14].

This article will explore how trans women and transvestites have built their networks in order to survive in such a difficult social environment caused by the structural violence of transphobia. First, we delineate an overview of trans health in Brazil. The other two topics present ethnographic experience in the metropolitan area of João Pessoa, state of Paraíba, in the Northeast, and in the metropolis of São Paulo, situated in the Southeast. We conclude suggesting an analogy between the “Brazilian racism” explored by Lelia Gonzalez [15] and the “Brazilian transphobia.” We also suggest that transvestites and trans women construct a lived knowledge on their own bodies as an important form of resistance.

2. Methodology

Since 2009, Professor Silvana de Souza Nascimento has coordinated ethnographic research regarding trans women and transvestites who work as sex workers in the Northeast and Southeast. First, in the Northeast region of the state of Paraíba, the fieldwork was done at one peripheral place, on the margins of a federal road, where transvestites from rural and Indigenous areas live, circulate, and work on the local sex markets. The aim of this primary research, between 2009 and 2012, was to understand how this population occupied and mobilized the territory. Two other circuits beyond prostitution were identified: the LGBTQIA+ movements and the beauty contests. We could observe that transvestites and trans women who were sex workers at the countryside of Paraíba have a lifestyle translated on the road as an interstitial space, in its metaphorical and literal meaning, constituted on the borders of metropolitan regions. They circulate in small and medium-sized cities, relatively close to the main centers, whose strategic locality allows for a great circulation of people, vehicles, information, and networks of relations [12].

Research conducted in Paraíba followed the ethnographic method, including fieldwork, 15 interviews, and production of photographs. The ethnographic perspective is the theoretical base of our reflections, which are drawn upon the experience and the lived knowledge of our interlocutors.

The first research, “Variations of the feminine: dialogue between gender, city and transexualities”, funded by CNPQ, included the participation of young undergraduate researchers at the Federal University of Paraíba: Lívia Freire, Verônica Guerra, Luzicleide Bernardo and Thiago Oliveira, who are currently Masters or Phd students of Anthropology at different universities. Paulo Rossi, a photographer and sociologist, also participated.
The ethnographic theory aims to elaborate a model of comprehension of any social object (language, magic, politics) that, even though being produced in a particular context, may work as a matrix of intelligibility in other contexts (...) The ethnographic theory proceeds like the savage thought: takes the very much concrete elements collected in the fieldwork and articulates them in a little bit more abstract propositions, giving intelligibility to the happenings and the world. ([16], p. 460).

In 2014, after her move to the University of São Paulo, Professor Silvana Nascimento began to research in São Paulo city. A new research project was developed, from 2015 to 2017. The aim of the project was to comprehend the forms of urbanity by means of the transits and mobilities of trans women and transvestites in three regions of the country: in the metropolitan region of João Pessoa, Northeast; in the city of São Paulo, Southeast, specifically, the Butantã area; and in the triple Amazonic frontier, in the region of Alto Solimões, at the North, between the cities of Leticia (Colombia), Tabatinga (Brazil), and Santa Rosa (Peru). This text concerns only the two first regions mentioned above because the ethnographic data are more structured.

In São Paulo, research was conducted, mainly, at the spaces of prostitution in the Butantã area, near Cidade Universitária, where the biggest campus of the University of São Paulo is situated. During our interviews, in partnership with the Defensoria Pública do Estado de São Paulo and the Service of Specialized Assistance STD/SIDA of Butantã, we dispensed informative leaflets on the rights of sex workers and gender violence, besides condoms.

By means of a multisited ethnography, drawing upon the notion of sharing as the condition for a certain anthropological project, this ethnography is informed by transfeminism, putafeminismo, by the demands of trans movements, and by the wide knowledge produced by trans researchers ([6, 17–24], among many others).

3. Trans health in Brazil

The recognition of “trans” as a socially visible identity is inherently tied to the public health policies that included the population of trans people. Hand in hand with those policies, the recognition of gender identity of trans people was widely divulgated for health providers in the context of SUS, the Brazilian national public health system. An important identity policy was the recognition of the social name. The main health policies are the processes of gender affirmation, such as sex reassignment surgery and other related body transformations, provided by a dozen hospitals in the country. The pioneers were Hospital de Clínicas (Porto Alegre-Rio Grande do Sul); Hospital das Clínicas (Goiânia-Goiás); Hospital de Clínicas
“Transexualizer process” regards the set of specialized services offered to trans people as a public health service. It encompasses endocrinological follow-up, psychological and social support, and surgeries. The transexualizer process was first established in 2008 by the Ministry of Health by means of Portaria 1707 and Portaria 457. In 2013, the “transexualizer process” was expanded and included as part of the National Policy of LGBT Integral Health. According to Cardoso ([25]: 6), the main goal of the National Policy of LGBT Integral Health is “promoting the integral health of lesbians, gays, bisexual people, and trans people, and eliminating discrimination and institutional prejudice, as well as the reduction of inequalities and consolidation of SUS as universal, integral and equitable.”

More recently, family health facilities began to offer basic assistance to trans people, regardless of their participation on the “transexualizer process” of SUS. This is remarkable because these “ambulatórios” propose another perspective on transgender health. On the one hand, they propose a non-pathologizing practice, avoiding the confinement of identities by the diagnosis of gender dysphoria. On the other hand, they do not prevent gender nonconforming people and nonbinary people to access services of hormone therapy or other relative therapeutic processes. The notion of a “true transsexual” is abandoned, favoring self-determination of identity and including people who would not fit the criteria of a psychiatric diagnosis.

Even though the “ambulatórios” are, indeed, more inclusive than the biggest hospitals of reference, there is a parcel of trans population who still face more difficulties in accessing health services: the poor Black transvestites. In fact, gender, class, and race as social markers of difference overlap, engendering forms of discrimination, which are increased and shifted depending on how these social markers are embodied and perceived in social relations. Rego [7] suggested that the state plays an important role in the extermination of the abject bodies, particularly trans, Black, and poor people. The difficulties of poor and Black trans people in being truly included and welcome at public health spaces are the extension of their marginalization of social life as a whole. According to Rego, “afronecrotansphobia is a politics of symbolic and actual extermination of Black trans people; politics that affect living and take away life” ([7], p. 179) Afronecrotansphobia is rooted in the social hierarchy of bodies who deserve to live and others who are not “grievable.”

These different forms of violence, according to Snorton [26], clearly reveal the failures of the promise made by the state and its technique of production of a “racialized gender.” In other words, it is necessary to investigate the articulation between gender and race in order to understand the specific form of violence against trans people and transvestites. Such a violence denunciates the grammar of a genocide state and demonstrates the construction of a continuous state of emergency for this population. “There is no absolute difference between the importance of Black lives and trans lives under the sign of the racialized gender” ([26], p. 13).

We understand that the visibility of trans identities in Brazil is largely tied to the institutionalization of public health services for trans people. Nevertheless, trans visibility in Brazil is due more to the social action of Black transvestites by means of the trans movement. Trans woman and transvestites, especially the Black ones, have always been very important for the activism in Brazil, likely Marsha P. Johnson and

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4 Portaria is an official document signed by a state leadership in Brazil.
Sylvia Rivera during the sixties in the Gay Liberation Front. Fernanda Benvenutty, for example, a transvestite who became an important political leadership is well recognized, and her photograph can be seen in the posters of the campaign for the social name, which are affixed to the walls at the public hospitals all around the country.6

4. The experience of the streets

The activist Fernanda Benvenutty (1962–2020), one of our interlocutors who followed our work in Paraíba, was a Black transvestite. She was born in a small city of Paraíba and participated in the trans movement, locally and nationally. Fernanda had an important trajectory in the field of trans health, participating in national and regional councils. She also participated in the process of foundation of ABGLT and ANTRA (National Association of Transsexuals and Transvestites), with Keyla Sympson, another Black transvestite. When she was a member of CNS (National Health Council), which established the national politics of health at that time, she became a protagonist of the campaign for the social name of transvestites and transexuals in the realm of SUS. The campaign included, specially, the distribution of posters with images of transvestites and trans women to the health facilities and hospitals. It aimed to inform about the existence of the legitimacy of the social name, defending the guaranteed use of the social name as part of the citizenship for transexuals and transvestites.

Locally, in Paraíba, Fernanda was one of the founders of ASTRAPA (Association of Transvestites and Transsexual of Paraíba). Together with Movimento do Espírito Lilás (gay movement) and Grupo de Mulheres Lésbicas e Bissexuais Maria Quitéria, Fernanda organized numberless seminars, debates, meetings and proposed public policies for the local and regional governments. In 2017, she collaborated with the creation of the Ambulatório de Saúde Integral Travestis e Transexuais da Paraíba.7

Fernanda was not only an activist of the LGBTQIA+ movement. She was a nurse technician who worked for more than 20 years at a public maternity hospital, where she participated in hundreds of childbirth processes. She also worked at a psychiatric hospital. Her experience in the field of public health made her well known and respected not only by the professionals, but also by the users of the hospitals. Thus, through her political and professional action, she built a network of care and affection beyond her biological and familiar circle. In the region she lived, she founded a Samba School (Unidos do Roger), which became a space of solidarity and possibilities for people who had dissident gender identities and sexual orientations. Consequently, her house was the main space for the Samba School and a gathering place for LGBTQIA+. Fernanda was the leader of the Samba School, and she took care of everybody as a family united by affection and care, with her attentive, rigid, and controlling maternity.

As the director of ASTRAPA, Fernanda contributed to the aforementioned research, participating in projects against transphobia at the University of Paraíba. She also participated in the photographic exhibition “Variations of the Feminine: poetics of the trans universe,” in 2010 and 2011, whose aim was to create the visibility of non-exoticizing images of trans women, transvestites, and effeminate homosexuals that could reveal details, feeling, and gestures, which could touch the sensibility of

7 The Ambulatório TT of Paraíba offers services for the specialized care of trans people by a multiprofessional team, including psychologist, psychiatrist, social worker, nurse, gynecologist, and urologist.
the public. During the exhibition, one room excelled: a photographic essay created by the anthropologist Verônica Guerra [27], the register of a 19-year-old Black transvestite, Márcia, who had been killed recently. Márcia was born in the rural area of Paraíba and worked as a prostitute since early age, mainly on the federal road of the North Litoral region. Nevertheless, aiming to increase her income, invited by a more experienced transvestite, she decided to move to Recife, biggest city of the state of Pernambuco, where the levels of urban violence are very much higher. Thus, shortly after her moving to Recife, Márcia was brutally assassinated on the street. There are rumors that she was trying to help a colleague who was being violated, and Márcia was shot. Her case was not even reported officially as transfeminicide, and her social name was not respected in her death certification.

Unfortunately, this tragic history is a reality for trans women and transvestites raised by poor families in vulnerable situations, especially for those who work in the sex markets. They leave their original places, moving to bigger cities where they can achieve better conditions of life and income. The circulation by different cities in Brazil and abroad is part of the dynamics of the sex markets, but it also suggests a lifestyle: a constant movement of seeking for oneself, for one’s own body and the desired gender, the scape from the violence of transphobia and racism, from cisgendernormativity. A mobility that brings financial support in order to survive and obtain the necessary body interventions (hormone therapy, surgeries, cosmetics, clothes, and so forth). It is a journey toward a possible and safe future, where one could live and guarantee the rights of citizenship.

They move between cities and model themselves in the fabric of temporary experiences in places that offer them the possibilities for social and economic ascension and that, at the same time, are more likely to accept their ways of being, past and present, usually considered abject. ([28], p. 192)

The death of Márcia adds to the statistics of transfeminicide. However, following the argument of Snorton, it is necessary to go beyond the obvious acknowledgement of the high rates of homicides of Black trans people, considering the loss of the subject, their memory, and their future.

The recurring practice of enumerating the assassinated people on the press and social media seems to coadunate with the logic of accumulation that structurates the racial capitalism, where the quantified abstraction of trans and Black deaths reveals the calculated value of trans and Black lives by means of the grammar of a state of doubt and deficit ([26], p. 10)

Transvestites like Márcia circulate constantly by different cities. The mobility is facilitated by the existence of a federal road (BR 101) that connects different big cities. In these areas, they attend clients who are, mainly, truckers, travelers, and workers of the sugarcane plants. They meet at strategic points, such as gas stations, where there is a great circulation of people and money. Those who live in João Pessoa, circulate by the beaches, on medium and high-class regions, but also Downtown, an impoverished region.

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8 The North Litoral of Paraíba is a microrregion encompassing 11 small municipalities, which are part of the Metropolitan Region of João Pessoa. This region also encompasses other contiguous areas, near the main city, João Pessoa, with small and medium scale cities (up to 70 hundred inhabitants).
The main work in the sex markets is street prostitution and work at websites that offer sexual services (presentational or virtual meetings by means of live cams). The latter increased in the last years, especially during the COVID-19 pandemic in 2020. Most clients are cisgender men who identify as straights. Often, they are married or maintain stable relationships. They vary in age, class, and occupation. Nevertheless, depending on the city or territory where the prostitutes work, there are meaningful economic differences and the clients’ profile and prices shift.

According to ANTRA, more than 90% of the transfeminine population in Brazil worked or has worked as sex workers, at least once in the lifetime. Besides being a source of income, the prostitution allows for the creation of networks of affection, support, and care. The prostitution is also a space—be it the streets, houses, or hostels—where a feminine identity is constructed. The prostitution houses are also places of sociability and, usually, are governed by older or more experienced transvestites and trans women, who are called “madrinhas” or “mothers” [9, 14, 29]. These entanglements of economic relations and affection relations [30] also recreate kinship and friendship relations.

According to Manuel Roberto Escobar [31], the trans body can be understood as a baroque body whose movements go beyond its own objectives, escaping from the homogeneity of the capitalist ethos. Escobar suggests that the trans body is pure excess of meaning, which is transformed by means of esthetic, surgical, and pharmacological interventions. The trans body is attentive to all details, ornaments, and gestures that are revealed or occulted. They overflow the frontiers, and their transformations affect their surrounding worlds, modifying the spaces through which they move.

In Paraíba, the interlocutors of research were young transvestites who were raised in the region and kept their relations, more or less hostile, with their families and places of origin. Most of them wanted to move to other city and obtain more income with sex work, in order to pursue their body transformations more adequately. In São Paulo, the biggest Brazilian metropolis, the reality is quite different.

With more than 12 million inhabitants, São Paulo receives hundreds of transvestites and trans women from different regions of Brazil and also from Latin America. The central region of the city is well known for the services of prostitution, consumption, and sociability. Besides Downtown, a place with touristic and national projection, other localities are important. Among them, the region of Butantã is remarkable. Situated in the West Zone of São Paulo, near USP main campus, Butantã is inhabited by 5400 people and, historically, is an area of great circulation of people, alternating commercial and residential streets.

During our fieldwork, we talked to more than 40 transvestites and trans women, whose age varied from 16 to 40 years old. They were born mainly in the North and Northeast of Brazil, in the cities such as Manaus (Amazonas), Belém (Pará), Natal (Rio Grande do Norte), Recife (Pernambuco), and Fortaleza (Ceará). Many transvestites and trans women stay shortly, from 1 week up to 6 months, especially the young. The older ones, 25 years old or more, stay longer, from 5 to 15 years, but they also create intense mobility, moving to other cities and countries. These people rarely settle in a single territory, especially the young ones. Often, they live in collective residences, where they share their lives with other transvestites from the same region, their friends.

The daily reality of trans women and transvestites from North and Northeast is coming to São Paulo, where they work as prostitutes. Regardless of their origin, they have the same project of social mobility: making money through sex work, accessing a network of esthetic consumption, making their bodies more feminine by means
of hormonal and surgical interventions. During our fieldwork, we collected many reports of body transformation, particularly hormonal therapy experiences, with or without medical follow-up, and use of industrial silicone for body feminization.

Industrial silicone, despite its risks to health, has still been used to modify the body because the prices are lower than surgeries. Due to the insufficiency of SUS in providing surgeries and a long line in which many trans people wait for their turn, many transvestites and trans women search for liquid silicone, in order to achieve shortly the desired ideal body. However, the substance is not indicated for human application. It is used for machine lubrication, automobiles, and civil construction, causing serious consequences in the human bodies [32]. According to the Muriel Project, in Brazil, there is a preference for the injection of SLI on the buttocks, hips, and thighs because the prosthesis for the breasts became more accessible in the private health systems where, often, these women pay for the plastic surgery instead of waiting for the slow process of SUS.

The use of SLI can bring the fast body transformations, representing the valuing of a capital of the body. It means that an ideal body also brings more clients and value. On the other hand, some people who use SLI or undergo other procedures may increase their workload in the sexual market in order to enable for its payment, also increasing the risk for HIV infection because they have worse conditions of negotiation with clients, becoming more vulnerable to unprotected practices ([32], p. 10).

Those trans women and transvestites who work as sex workers often need fast transformations and enhancements of their bodies. Therefore, they cannot wait for the long process of transformation enabled by the hormone therapy. Some medications such as estradiol enantate/algestone acetophenide (Perlutan®) are well known by the trans community for its quick effects of breasts and buttocks augmentation and general feminization of the body due to liquid retention. Trans women and transvestites who use this injection of estradiol anecdotally report the fast reversion of the augmentation when they stop its continuous use.

In the region of Butantã, there is a basic health center, binding to the University of São Paulo, where trans people are welcome to access some public health services. In the same region, there is also a center of reference for HIV, where prevention agents act. Nevertheless, the great challenge is to include sex workers in this health spaces. During our fieldwork, many trans women and transvestites told us that the opening hours are reduced, and they cannot go there early morning because they work all night long. They also reported a disrespect for their correct pronouns at different kinds of private and public services, even if they do have their new documents. They also distrust the treatment they will receive by health providers because their experiences of transphobia and racism are numberless.

Despite all difficulties, Fernanda, a white trans woman born in Fortaleza (Ceará, Northeast), works as prevention agent daily with the prostitutes. She dispenses condoms and lubrication gel, talking to them about forms of preventions and health care. Furthermore, she often hosts other transvestites and trans women who are experiencing situations of violence or working difficulties and sickness derived from the use

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9 Even though the official Brazilian statistics do not report the prevalence of HIV among trans women and transvestites, research suggests that they are the population most affected by the virus (ROCHA, ABM; BARROS, CRS; PRADO, I.; BASTOS, F. I.; VERAS, MA. HIV continuum of care among trans women and travestis living in São Paulo, Brazil. Revista de Saúde Pública, v. 54, 54:118, 2020).
of industrial silicone. Like Fernanda of Paraíba, the house of Fernanda of São Paulo is also a place where webs of affection, mutual help, and solidarity are woven. Both work in the field of health, and through this experience, they also support others who need their care. After long years working as a prostitute, Fernanda of São Paulo became an autonomous entrepreneur. She owns a sewing atelier where she creates and sells clothes. The atelier is her main source of income. “Each day is a step we make onward.”

Even though we have not done fieldwork during the COVID-19 pandemic, we visited twice the territory of Butantã. Transvestites and trans women reported that, despite the risks, they were unable to follow social distancing protocols because they needed to maintain their work, circulating by different regions and cities. They also needed to avoid face masks most of the time in order to attract their clients. At this territory of prostitution, it seems there was a private security control of their circulation, especially in front of business buildings where they cannot neither stay nor stop for their clients in the cars. Before the pandemic, there was a circulation of pedestrians and cars, but today the streets are deserted. Only transvestites and trans women are present. The empty space also increased the vulnerability and risk of violence.

Thus, amid numberless situations of violence and transphobia, working as sex workers enables economic and social alternatives, even though trans women and transvestites are more vulnerable in the streets. However, many think the risks are worthy. Others think the streets engender circumstances of moral, sexual, physical, and gender violence.

5. Conclusion

An important question deeply explored by transfeminist intellectuals like Amara Moira and Megg Rayara Oliveira [23, 33] concerns the stereotypical image of transvestites always seen with a bias of sexualization, bodies subject to violation. This image is related to the sexualized figure of Brazilian Black women, the *mulata*. Lélia Gonzalez [15] discussed that the idea of *mulata* is a historic unfolding of the figure of *mucama*, the domestic enslaved woman who worked for the patriarchal white family and who suffered from numberless violations. During carnival, the image of the *mulata* is exalted at the samba parade by national and international mass media. *Mulata* is an emblematic figure on the postal cards of Brazilian tourism and on TV advertising. Thus, during the parades of Samba Schools, *mulatas* are recognized, demonstrating her artistic gifts through her dance and beautiful, shining bodies. However, according to Gonzalez [15], the day after the parade she returns to the world of the house, becoming again a maid who lives in precarious conditions and who are explored as cheap workforce and sexual object. This is what Gonzalez [15] calls “Brazilian racism.”

Similarly, at the catwalk of the streets, transvestites parade their splendid wishful bodies and attract men looking for sex and affection. There, at the sidewalks, they weave webs of solidarity among friends and colleagues, strive for survival, and learn local knowledge on hormones, men, sexual relations, prevention, safety, and so forth. Nevertheless, the same territory presents serious risks because they are exposed to numberless forms of transphobic and racist violence. It is no coincidence that Brazil is ranked as the most dangerous place to trans people, with enormous rates of transfeminicide, but at the same time one of the countries where transvestite pornography is extremely consumed. Many narratives of violence at public spaces, perpetuated by men (cops, clients, partners, security guards) against trans women and transvestites,
particularly the Black ones, reveal common situations where there is a clear trial of masculine domination, demonstration of authority and humiliation. Drawing inspiration upon the reflections of Lélia Gonzalez, we may call this process “Brazilian transphobia”: the place of simultaneous desire and rejection of people who contest the patriarchal cisnormativities overlapped by the Whiteness.

Since the beginning of 2000, trans movements have claimed strongly for the construction of public policies on the realm of health, education, and work. Even though there are important milestones—such as the recognition of social name by public and private institutions, the right of changing birth documents, and the access to the transsexualizer process of SUS—numberless events, situations, and practices of transphobia are still observed at public and private spaces, streets, schools, universities, workplaces, and so forth. The most vulnerable spaces for transvestites and trans women are the streets, where most of them work as sex workers. But paradoxically this occupation embraces them.

In this context of precarity, vulnerability, and gender violence, an important strategy of resistance is the lived knowledge regarding trans bodies, constructed by trans people. This lived knowledge is rooted in the experience of trans women and transvestites. The core tenet of such a knowledge is the experience with hormone therapies, a safe way to achieve body transformations. The exchange of this knowledge happens through different networks of care (forums on the Internet, collective residences, hostels, and streets).

Lived knowledge on their body transformations is a form of resistance because the structural transphobia implies subtle and open forms of discrimination against trans people. Therefore, trans women and transvestites share and apply this knowledge, in order to live fully and express their gender identities. The difficulties in accessing health services are counterbalanced by the lived knowledge on the transformations of the trans bodies. Although the medical community tends to validate academic knowledge, it is necessary to understand the experience of the lived body. If health providers are sufficiently humble to welcome their knowledge, trans people will probably feel more welcome. Evidently, trans women and transvestites, particularly the poorest ones, often trust on anecdotal and merely empirical reports of hormone use, shared by other trans people. There may be some incongruencies and disinformation, but scientific knowledge also fails sometimes. Nevertheless, it is important to recognize the relevance of the “savage thought” that trans people create to express their experiences of their lived bodies. The repetition and patterns of hormone use are nothing but experiments, which lead to a form of knowledge, a lived knowledge.

The body transformations of trans people are not pathological. They can be understood as a human search for self-acceptance. Even though trans identities are not dependent on bodily transformations, body transformations are very important to many trans women and transvestites. Body transformations guarantee minimal social acceptance. Nevertheless, trans bodies are still seen as unintelligible because the normal bodies, according to the historical categories of normal and abject, are referenced by cisheteronormativity. The trend is that, with time and trans visibility and representativity, society will accept and expand the cultural constructs regarding trans people. Trans existences are embodied in multiple corporalities, which are never homogenized or pasteurized because trans identities extrapolate and implode the possibilities that the century considers acceptable or natural.

10 Here, we borrowed the idea of Lévi-Strauss on the construction of a science of the concrete.

Author details

Silvana de Souza Nascimento and Luz Gonçalves Brito*
Department of Anthropology, FFLCH - University of São Paulo (USP), Brazil

*Address all correspondence to: luzgoncalves@usp.br

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