

St. Catherine University

**SOPHIA**

---

Master of Social Work Clinical Research Papers

School of Social Work

---

5-2015

## **Increasing Advocacy, Awareness and Support for Transgender Individuals**

Kacie Ervasti

*St. Catherine University*

Follow this and additional works at: [https://sophia.stkate.edu/msw\\_papers](https://sophia.stkate.edu/msw_papers)



Part of the [Social Work Commons](#)

---

### **Recommended Citation**

Ervasti, Kacie. (2015). Increasing Advocacy, Awareness and Support for Transgender Individuals. Retrieved from Sophia, the St. Catherine University repository website: [https://sophia.stkate.edu/msw\\_papers/442](https://sophia.stkate.edu/msw_papers/442)

This Clinical research paper is brought to you for free and open access by the School of Social Work at SOPHIA. It has been accepted for inclusion in Master of Social Work Clinical Research Papers by an authorized administrator of SOPHIA. For more information, please contact [amshaw@stkate.edu](mailto:amshaw@stkate.edu).

Increasing Advocacy, Awareness and Support  
for Transgender Individuals

by

Kacie Ervasti, B.A., LSW

MSW Clinical Research Paper

Presented to the Faculty of the  
School of Social Work  
St. Catherine University and University of St. Thomas  
St. Paul, Minnesota  
in Partial Fulfillment of the Requirements for the Degree of  
Master of Social Work

Committee Members  
Kendra Garrett, Ph.D., MSW  
Teresa George, MSW, LICSW  
Lisa Bauer, MSW, LICSW

The Clinical Research Project is a graduation requirement for the MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

### **Abstract**

The lack of understanding and knowledge regarding transgender individuals is a social justice issue social workers and social service practitioners must educate themselves on in order to serve this oppressed and vulnerable population to create change and equality. This qualitative research project conducted semi-structured interviews with 10 individuals who identify as transgender, or somewhere along the spectrum of gender non-conforming, regarding their opinions on how to increase awareness, support, and advocacy for the transgender community. Important themes that were found in the data regarding the experience of clinical practice with people who transgender individuals were: understanding transgender terminology, explaining and understanding gender identity, opinions regarding inclusion in the LBG-Q community, issues in transgender community, advocacy, and thoughts on future research. Discussion of the findings in relationship to the literature is addressed. The findings go beyond the sparse literature and shed light on several implications for the changes needed in order to create equality for all individuals. Implications include understanding gender identity, specifically regarding language and use of pronouns, addressing discrimination including the need for gender neutral public restrooms, health care, violence and creating better practice through education and research.

*Keywords: transgender, gender non-conforming, LBGTQ, identity, violence, therapy, social services*

### **Acknowledgements**

First, to my love and team, Chris, Maya and Miles: for giving me never ending support and encouragement on this journey. You have helped me to find deeper parts of myself.

To my Mom for seeing where my path would lead before I could. You have faithfully picked up the pieces to allow me to pour myself into this year of intense learning. You are my first and biggest life long cheerleader.

To my loved ones, those who are family and those who I consider family, thank you for being patient and supporting me through graduate school. You know who you are.

To my committee chair, Kendra Garrett: for being so excited and passionate about my project and guiding me through all the steps of pulling this together.

To my committee, Lisa Bauer and Teresa George: for reading, making notes and devoting precious time and ideas to the completion of my project. You are so appreciated!

And last, but never least, to each of the ten people I had the immense pleasure of interviewing. Your stories changed my life. You are amazing examples of love, grace, and beauty!

## TABLE OF CONTENTS

1. ABSTRACT	Page 2
2. ACKNOWLEDGEMENTS	Page 3
3. TABLE OF CONTENTS	Page 4
4. INTRODUCTION	Page 5
5. LITERATURE REVIEW	Page 7
6. CONCEPTUAL WORK	Page 18
7. METHODS	Page 20
8. FINDINGS	Page 26
9. DISCUSSION	Page 46
10. IMPLICATIONS	Page 52
11. CONCLUSION	Page 56
12. APPENDIX	Page 62

### Increasing Advocacy, Awareness and Support for Transgender Individuals

Similar to other groups who have experienced oppression and have had to fight for their civil rights, transgender people commonly face great obstacles. Many who are gender non-conforming, identify as transgender, or both, experience oppression and discrimination that can cause significant mental health concerns, addiction and severe violence (Duncan & Hatzenbuehler, 2014; Lombardi, Wilchins, Priesin, & Malouf, 2001; Trans\* Violence Tracking Poll (TVTP), 2014). They can experience turmoil on many levels, as one's identity is constantly challenged by society and, in this case, has been challenged since the beginning of their personal gender identification. Cisgender people, those who identify with the gender they were assigned at birth, are not impacted by gender discrimination the way transgender people are. Being transgender challenges social norms, which can make people who do not fit society's expectation of gender vulnerable to discrimination and violence (TVTP, 2014). Staggering numbers of people who are transgender find it almost impossible to secure jobs, much less develop into professionals, and find themselves experiencing the harsh realities of living in poverty or being homeless (National Center for Transgender Equality and The Task Force, 2011). Additionally, the most recent statistics show that significant percentages of transgender people are dealing with addiction to drugs and/or alcohol due to the stress caused from constant battles with discrimination and stigma from society (Hunt, 2012).

Beyond discrimination, transgender individuals are often the victims of hate and violent crime. According to a worldwide initiative to track transgender violence called the Trans\* Violence Tracking Portal (TVTP), there were 102 reports world

wide of anti-transgender violence in the first four months of 2014. “Of the 102 murders, 36 persons were shot multiple times, 14 stabbed multiple times, 11 were beaten to death, 3 were burned to death, 3 dismembered/mutilated, and 2 were tortured, 2 were strangled, 1 was hanged, 1 had her throat cut and 1 was stoned to death” (TVTP, 2014, para. 2). Violence towards transgender people is not only intended to hurt the individual, but also done to intimidate the larger community (TVTP, 2014).

Currently, articles addressing topics related to the LGB and specifically transgender community are isolated to specialty journals and are at risk of being read only by those who are already immersed in working with these concerns (Burdge, 2007). Research by Scherrer and Woodford (2013) focused on what research needs to be conducted regarding the experience of transgender individuals and how to go about it. They stressed that the social work community needs to build its own body of empirical and theoretical work to reach a multitude of social workers who are practicing in the field, while encouraging scholars to publish their own work.

The inspiration for this qualitative project and research is to increase understanding and ways to support and advocate for transgender individuals. “The transgender community is an at-risk population and empowering practice with this population calls on social workers to target society’s traditional gender dichotomy for change” (Burdge, 2007, p. 243). Social work professionals need to advocate for social justice, including striving to end violations of civil liberties and human rights (Social Work, 2014). Best practice with people who are transgender requires understanding the individuals that make up this intricate population. Social workers need to hear the

voices of people who are transgender along with understanding the importance of identity, both individually and how it is perceived by society, in order to be more proficient in their practice with this population. The researcher will gather the perspectives of individuals who identify as transgender to answer the following question: What are the perspectives of individuals who identify as transgender regarding the need for increased advocacy, awareness and support for those in the transgender community?

### **Literature Review**

This literature review combines information regarding transgender people from reliable advocacy organizations working to end discrimination and oppression, along with scholarly articles. Current definitions of the terms transgender and transsexual and the proper use of terms will be explained in order to remove some of the language barriers experienced when speaking and advocating for transgender people. This paper will address the difficulty of documenting statistical evidence regarding the population of transgender people. In addition, this literature review will include research documenting the lack of understanding and knowledge regarding transgender people, the lack of research regarding the needs this population faces, and research suggesting insufficient training for practitioners wanting to be educated in order to support and advocate for transgender individuals. The discrimination, violence, substance abuse, and mental health concerns frequently experienced by several individuals who do not conform to the traditional gender dichotomy will also be addressed. This literature review will conclude with recommendations from previous research regarding approaches mental health practitioners may use to

support transgender people. The literature review will be followed by the conceptual framework, which explains the researcher's intent to use the empowerment perspective as a lens to conduct the research.

### **Definitions and Terms**

**Transgender.** Best practice with transgender people requires understanding the individuals that make up this intricate population. To begin, language is a huge part of the understanding, advocacy for, and support of the transgender community. Transgender is the "T" in the initialism LGBT, standing for lesbian, bisexual, gay, and transgender. For this research multiple definitions will be explored. The Diagnostic and Statistical Manual of Mental Health Disorders, Fifth Edition, (DSM 5) (2013), defines transgender as "the broad spectrum of individuals who transiently or persistently identify with a gender different from their natal gender" (p.451). The distinction of gender determined at birth is referred to as "gender assignment" and can also be called "natal gender" (American Psychiatric Association, 2013). Gay and Lesbian Alliance Against Defamation (GLAAD) is an organization, with history back to 1985, that "tackles tough issues to shape the narrative and provoke dialogue that leads to cultural change and protects all that has been accomplished and creates a world where everyone can live the life they love" (GLAAD, 2014, About GLAAD, para. 5). GLAAD defines transgender as an adjective, meaning, "An umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth" (GLAAD, 2014, Media Reference Guide, para. 5).

**Transsexual.** There is a distinct difference between being transgender and being transsexual. While the term transgender can be considered a umbrella term covering a spectrum of gender identities, the term transsexual can not be considered an umbrella term because individuals who are transgender do not necessarily consider themselves transsexual (GLAAD, 2014). The DSM 5 defines transsexual as “an individual who seeks, or has undergone, a social transition from male to female or female to male, which in many, but not all, cases also involves a somatic transition by cross-sex hormone treatment and genital surgery (sex reassignment surgery)” (p. 451). However, GLAAD explains transsexual as an adjective and states it is “An older term that originated in the medical and psychological communities” (2014, Media Reference Guide, para. 6). The term transsexual is at times used by “people who have permanently changed - or seek to change - their bodies through medical interventions (including but not limited to hormones and/or surgeries)” (GLAAD, 2014, Media Reference Guide, para. 6).

**Gender identity.** Gender identity and sexual orientation are significantly different and cannot be used as interchangeable terms. When stating someone is gay, lesbian, or bisexual, this is his or her sexual orientation, while transgender refers to a person’s gender identity. “*Gender identity* is a category of social identity and refers to an individual identification as male, female, or, occasionally, some category other than male or female” (American Psychiatric Association, 2013, p.451). “Gender identity is someone's internal, personal sense of being a man or a woman (or as someone outside of that gender binary). For transgender people, the sex they were

assigned at birth and their own internal gender identity do not match (GLAAD, 2014).

**Gender non-conforming.** Gender non-conforming can be a term used for people who present themselves differently than the traditional, or generally expected, masculine or feminine expressions of gender. GLAAD notes that people who are gender non-conforming are not necessarily transgender, and people who do identify as transgender may present their gender in traditional male or female ways (GLAAD, 2014). Using “gender non-conforming” as a way to describe an individual should only be used if the person prefers this (GLAAD, 2014).

**Proper use of terms.** According to GLAAD, the word “transgendered” (adding “ed” to the end of transgender) can be used mistakenly. It is not appropriate to add “ed” to the end of transgender to say someone is “transgendered.” It would be similar to saying someone is “gay-ed” which is not a correct use of the term or way to describe an individual. “An ‘-ed’ suffix adds unnecessary length to the word and can cause tense confusion and grammatical errors. It also brings transgender into alignment with lesbian, gay, and bisexual ” (GLAAD, 2014, Media Reference Guide, para. 27) <sup>1</sup>.

Another way to use the term transgender is to shorten the word to trans. Trans is “used as shorthand to mean *transgender* or *transsexual* - or sometimes to be inclusive of a wide variety of identities under the transgender umbrella” (GLAAD, 2014, Media Reference Guide, para. 7). GLAAD recommends careful use of the

---

<sup>1</sup> Some research cited in this literature review uses the word ‘transgendered’ (adding ‘ed’ to the end of the word), in order keep the information intact in pervious research the term ‘transgendered’ will be used when referencing pervious authors.

term “trans” when speaking to people who may not know the use of the term. GLAAD advises avoiding the use of trans “unless used in a direct quote or in cases where you can clearly explain the term’s meaning in the context of your story” (GLAAD, 2014, Media Reference Guide, para. 7). This is not a derogatory way of speaking or defining the way a person or group of people identify their gender. It can also be noted that writing trans\* (including the asterisk) shows that the term is all encompassing of individuals who do not conform to gender dichotomy and does not limit the definition to those who have changed their physical body to present as the opposite gender they were assigned at birth (GLAAD, 2014). For the purpose of this formal research, the terms of transgender or transsexual will be used.

**Research terminology.** For the purpose of this research the term transgender is used to encompass the spectrum of ways individuals may identify their gender and for those who do not define themselves specifically as male or female. People who identify as transgender may also choose to forgo the use of gender specific pronouns such as “he” or “she” and prefer to use “they,” “them” or “their” as they do not identify with the dichotomous gender labels. (GLAAD, 2014) Human Rights Campaign (HRC), 2014, states the importance of remembering the term transgender is broad and is used to describe several different ways individuals express their gender, each description is as important and authentic as the next. It is important to understand there is no one-way to define transgender or someone who identifies as being transgender. In addition, before addressing those who do not present in typical gender dichotomy it is imperative to ask how they would like to be referred to (GLAAD, 2014).

**Population**

Only estimates can be given for the population of transgender individuals. While researchers have attempted to give more precise numbers of transgender adults, the data surveys including information about transgender people are very rare (Gates, 2011). Not only do surveys need to be inclusive enough to encompass transgender respondents, it would be beneficial to include their preferred gender identity (Coron et al., 2012). Estimates are also complicated because the spectrum of transgender-identity is so broad the population is very difficult to count (Burdge, 2007). The inclusion of transgender people in population surveys would not give accurate results as transgender individuals possibly conceal, and inaccurately report, their true identity due to safety concerns in their community (Burdge, 2007). Since the number of transgender individuals is unknown it is difficult to directly support and influence the efforts to end oppression in the multiple ways it is experienced by transgender people (Coron et al., 2012). Nevertheless, a report by the Transgender Law and Policy Institute in 2010 estimated 2 to 5% of the population identifies as transgender (Transgender Law.org, 2010).

**Discrimination and violence**

Not identifying as male or female challenges the traditional gender dichotomy and the fundamental societal norms, which leaves transgender people susceptible to numerous areas of discrimination and oppression (Burdge, 2007). Transgender people experience extreme levels of discrimination and violence (GLAAD, 2014) and are 400 times more likely to be victims of violence than the general population (TVTP, 2014). Research by Lombardi et al. (2001) found that over half the people they

interviewed have experienced harassment or violence and twenty-five percent of their research population had experienced a violent incident. Discrimination is experienced in all areas of their lives with the most being faced in health care and employment (Transequality.org, 2014). The lack of knowledge regarding the health needs of transgender people limits the inclusion of the transgender community in the United States health care agenda and makes it difficult to respond to and support the significant mental health needs of transgender individuals (Coron, Scott, Sterling Stowell, & Landers 2012). According to *Injustice at Every Turn*, a report by the National Center for Transgender Equality and The Task Force (2011), 41% of those who identify as transgender who took the survey reported they had attempted suicide while only 1.6% of the general population reports suicide attempts. The most recent statistics show that significant percentages of transgender individuals are dealing with addiction to drugs and/or alcohol due to the stress caused from constant battles with discrimination and stigma from society (Hunt, 2012).

**Employment.** Staggering numbers of transgender people find it very difficult to secure jobs, much less develop professionally, and also may experience the harsh and devastating realities of living in poverty or being homeless (Kenagy & Hsieh, 2005). The National Center for Transgender Equality and The Task Force (2011), reports “90% of transgender people report experiencing harassment, mistreatment or discrimination on the job” (p.2). A transgender person is four times more likely than the general population to experience poverty, with twice as high the national rates of unemployment (National Center for Transgender Equality and The Task Force, 2011).

**Police support.** Transgender people experience discrimination from society as well as police. Of those who responded to the *Injustice at Every Turn Survey*, 22% reported experiencing harassment by police, and those who were both transgender and people of color reported much higher rates of police discrimination (National Center for Transgender Equality and The Task Force, 2011). In addition, almost half of the respondents (46%) stated they felt uncomfortable looking to law enforcement for assistance (National Center for Transgender Equality and The Task Force, 2011) leaving hate crimes to be under reported. (Duncan & Hatzenbuehler, 2014).

### **Lack of Training and Resources for Clinicians**

There are very few mental health professionals specializing in caring for the LGBT community (Burdge, 2007). Social service providers must increase attention, care and advocacy for the transgender community (Bess & Stabb, 2009; Burdge, 2007). There is also a lack of resources for practitioners who want to educate themselves on the needs and common challenges the transgender community experiences. In addition, research and journal articles are not published enough in social work, psychology, and sociology journals (Burdge, 2007; Kenagy & Hsieh, 2005; Scherrer & Woodford, 2013). Data from the research study conducted by Rutherford, McIntire, Daley, & Ross, (2012) stressed that there is a lack of opportunities for training for professionals to become competent practitioners caring for LGBT people;

...providers emphasized that these [trainings focused on transgender issues] were opportunities they had actively sought out, rather than being standard or mandatory components of their training programs. Providers frequently cited

“on the job” learning and “picking things up” as they went along as a large component of their “training” in mental health service provision for LGBT individuals (p.50).

Not only do clinicians seek out their own training and education to develop practices that support the unique needs of this population, clinicians also have applied their experiences and knowledge to create programs in order to start training other practitioners (Rutherford et al., 2012). Since so much of the practice being done with transgender people is based on anecdotal evidence and personal experiences of the clinicians, there is a need to intentionally plan research projects to explore all the unique and intricate areas of this practice (Burdge, 2007; Dentato, Craig & Smith, 2010; Scherre & Woodford, 2013).

**Practitioner knowledge and awareness.** Before the topics and questions can be asked to gain information, a researcher must first make sure they are conducting their work in the best interest of the transgender community. “Effective social work with transgendered clients requires a high level of cultural competence, skills to create change at all levels, and sophisticated theoretical frameworks for understanding gender and gender-based oppression” (Burdge, 2007, p. 244). It is important for both clinicians who identify and do not identify as transgender and/or gay, lesbian and bisexual do the work of self examination necessary to be professional in their work with people who identify as LGBT (Gerig & Green, 2014; National LGBT Health Education Center, 2014). In order to be educated and address any personal prejudice, practitioners must examine any possible stereotypes, homophobia, heterosexism, and prejudices they may hold.

Research by Bess and Stabb (2009) supported the importance of those working with transgender and transsexual clients to have specialized knowledge. Scherrer, et. al (2013) focused on what research needs to be conducted regarding the experience transgender individuals and how to go about it. Scholars should be encouraged to publish their own work with transgender people (Scherrer, et. al, 2013). Additionally, the social work community needs to build its own body of empirical and theoretical work to reach a multitude of social workers (Scherrer, et. al, 2013). Burdge (2007) explains that there are several possibilities for social workers to work with transgender people and listed some of the areas of need; medical, psychological, those experiencing homelessness, increasing employment, and housing (p.244).

**Practitioner sexuality and gender identity.** Research by Rutherford et al. (2012) showed there are both benefits and drawbacks to providers being LGBT identified. Practitioners who are part of the LGBT community can easily create a safe space by having similar experiences to their clients but the experience of a therapist who is a lesbian does not naturally have the personal insight into the life of a transgender man (Rutherford et al., 2012). LGBT-identified providers must make sure not to assume their experiences to be too similar to their clients. It can be helpful for non-LGBT clinicians to think of themselves as an ally for the LGBT community (Rutherford et al., 2012). They can work to support and advocate for the rights of those who are lesbian, gay, bisexual or identify as transgender. GLAAD gives tips for those desiring to be an ally to transgender individuals. The organization makes the point it is not only okay but also respectful to admit when you do not know something, and then finds resources to find the answers. “It is better to admit you don't know

something than to make assumptions or say something that may be incorrect or hurtful” (GLAAD, 2014, Tips for Allies of Transgender People, para. 19).

**Trans-affirming practitioners.** To expand the practice of clinicians who are trans-affirming, the qualities that make them trans-affirming must be researched and understood (Burdge, 2007). Multiple factors are important when claiming to be a trans-affirming practitioner. Work must be done to establish alliances with the transgender community and acknowledge, “there is much to learn from the transgender community about courage, resilience, authenticity, and social justice” (Burdge, 2007, p.249). Advocates for the transgender community must have an understanding of the history of oppression as well as gains made for the civil rights and freedom of the transgender community (Kenagy & Hsieh, 2005). It is also important for trans-affirming practitioners to be knowledgeable about current legislation regarding the transgender community (Coron et al., 2012; Hunt, 2012). Social workers can then set a foundation of service with transgender clients and share assets, build organizational structure, and raise visibility to create change that helps individuals as well as creates community-level resilience (Dentato et al., 2010).

**Practitioner education.** Social service academia needs to put more focus and attention into educating their students about the LGBT community and give students the tools to be successful advocates that can work to empower and create change for this vulnerable population (Scherrer & Woodford, 2013). Students need to learn theories of gender and begin to feel comfortable with gender fluidity rather than the historical view of dichotomous gender. Both students and social service faculty need to explore cultural competence with the transgender population (Burdge, 2007).

Rutherford et al.'s (2012) research spoke more specifically to medical curricula but can easily be adapted for social work students and social service practitioners. Their research concluded with the call for educational programs to include practice case presentations involving LGBT patients [clients], panel presentations with people who identify as LGBT, speakers with expertise and experience caring for the LGBT population, supportive faculty, professional development for faculty, and partnerships with communities (Rutherford et al., 2012). The Human Rights Campaign (HRC), "envisions a world where lesbian, gay, bisexual and transgender people are ensured equality and embraced as full members of society at home, at work and in every community" (HRC, 2014, Mission Statement, para. 3). The HRC believes in the importance of transgender people sharing their stories and as they do the public will begin to have a better understanding of gender identity and expression (HRC, 2014). This further underscores the importance for this research and its purpose to provide opportunities for transgender individuals to share their perspectives.

### **Conceptual Framework**

This research was inspired by the desire to increase acceptance for transgender people as well as to shed light on the education, understanding, and advocacy needed to generate more equality for those who do not fit the traditional gender dichotomy. The researcher approached the interviewees from the empowerment perspective. The empowerment perspective is built on the client/person-centered theory by taking individual focused experiences that are related to social and political matters into the larger macro level of social work (Turner, 2011). As clients are the ultimate focus of social work, "client empowerment

[is] at the center of social work practice” (Hansenfeld, 1987, p.478). Dentato (2010) suggested social workers use the Empowerment Perspective, explaining it is a process of increasing personal, political, and economic levels of power so an individual can have a sense of control over the conditions in their lives.

Empowerment theory finds strength among the difficulty being experienced by an individual in order to establish betterment. Empowerment practice incorporates the idea that a person can be experiencing challenges with other individuals and/or their environment yet still be full of strength and ideas that can be called upon to alter their life in order to overcome their difficulties (Hansenfeld, 1987). Connecting individuals, or group of people, who are experiencing a deficit with a community that is responsive to their needs internally creates an environment where a negative can be turned into a positive and “wellness versus illness, competence versus deficits, and strength versus weakness” can create change (Perkins & Zimmerman, 1995, p. 569). Research by Burdge (2007) and Hill (2005) states the importance of going to transgender individuals for direction and guidance for how the profession of social work should enhance understanding and advocacy regarding the needs of the transgender population. Perkins and Zimmerman (1995), state that, “empowerment theory, research, and intervention link individual well-being with the larger social and political environment” (p. 569). As Hansenfeld (1987) states “empowerment research focuses on identifying capabilities instead of cataloging risk factors and exploring environmental influences of social problems instead of blaming victims” (p. 570), this research project focused on gathering the stories transgender individuals so their perspectives may influence social work practice.

### **Methodology**

Both Burdge (2007) and Hill (2005) discuss that social workers must look to transgender people for investigating what needs must be addressed, because they are the experts on their lives and have important stories to tell. Dentato (2010) spoke of this being Participatory Action Research. As with any research it must be noted that one person, or even a few people, do not speak for an entire population or every transgender person, so this must be taken into consideration when gathering stories and conducting research (Hill, 2005). Practitioners must be both aware of themselves and the individuals they work with because the biggest responsibility regarding this work is to make sure research is done to support and not further oppress (Hill, 2005).

This research project was developed to tell the stories of transgender individuals to join in the efforts to increase awareness, support, and mental health services for transgender people. Ten people whose gender identity is not within the traditional gender dichotomy were interviewed to gather their perceptions. Qualitative research was chosen for this project in hopes of hearing insiders' perspectives in a holistic and contextual manner seeking depth in the interviews (Padgett, 2008). This research examined the question: What are the perspectives of individuals who identify as transgender regarding the need for increased advocacy, awareness and support for those in the transgender community?

### **Interview Schedule**

The interview questions covered the information presented in the literature review. All questions were open-ended and gave room for the interviewees to reflect and share on any additional information if they desired. The questions for the research

and interviews were created as a result of questions raised while studying the literature on the topic of transgender with the goal to gain individual perspectives of transgender people.

1. What is your age?
2. How would you define your gender identity?
3. How do you define transsexual?
4. How do you define transgender?
5. In your opinion, should people who identify as transgender be grouped with the LBG-Q groups? Please explain your answer.
6. How can social service professionals or society better understand gender orientation?
7. What are the current issues impacting the transgender population? What could be implemented to address these concerns?
  - a. programs
  - b. policies
  - c. organizations
  - d. resources
8. What are the issues that need to be raised regarding services and advocacy for the transgender population?
9. What role do you see social service providers playing in advocating for people who identify as transgender?
  - a. Collaboration or consultation with other social service or medical professionals

- b. Educational
  - c. Individual/group therapy
  - d. Community advocacy or awareness
  - e. Political
10. How can social service or mental health professionals support a client in their gender identity?
11. What would you suggest as respectful ways social service providers can purposefully reach out to those in the transgender community?
12. For those who identify as transgender and are seeking mental health services, what would it look like to have a safe-place for mental health support?
13. What research would you like to see conducted in support of people who identify as transgender or issues people who identify as transgender face?

### **Reliability and Validity**

The questions for the interviews were created from the literature regarding transgender people and from the desire to conduct the research to broaden the awareness and support for transgender individuals. Prior to the interviews, fellow researchers and research committee members assessed the questions to ensure they are interpreted as intended. The interview schedule was designed to provide validity by using terminology that is easily interpreted by various interviewees and correlated to the overarching research question. This provided the accuracy for assessing the data (Monette, Sullivan, DeJong, & Hilton, 2013). Reliability was evident in the questions as they were stated in simple and clear terms that could be used in the general public as well as in the social work profession. Along with the consideration

for validity, the reliability of the questions produced coherent results (Monette et al., 2013).

### **Respondents**

People who identify as outside the traditional gender dichotomy were interviewed for this qualitative project. Respondents were found by a snowball sample. Interviewees were found by connecting with individuals through social networking, such as a friend of a friend or from asking confirmed interviewees if they would recommend any other participants who would be willing to be interviewed. To confirm respondents the researcher's contact information was given to possible interviewees, which allowed them to contact the researcher if they were interested in participating. A flyer explaining the research and information for contacting the researcher was also made available (see Appendix A). Once the researcher was contacted an inquiry email was sent to each possible interviewee giving a description of the MSW research project. The email addressed confidentiality and the voluntary nature of the project along with providing an example of how and where the interview would be conducted and asking if they were interested in participating. Individuals interested in being interviewed responded to the email sent to them and scheduling with the researcher took place. The ages of the ten individuals interviewed ranged from early 20s to early 80s, five of the interviewees were under the age of 30, three under the age of 40, one person in their 60s and another in their 80s.

### **Human Research Protection**

Prior to the interview, the consent form was reviewed with the respondent(s) (see Appendix B). Safeguards were in place to protect all interviewees. They were

assured of confidentiality and that the only people with access to the transcript were the researcher and chair of research. Findings were disseminated in an oral report in May of 2015 and a written project was published.

The interview questions were not worded to ask personal information but rather seek to hear each interviewee's perspective about the needs of the transgender community in general. Each interviewee was given the interview questions prior to the scheduled interview so they were informed of what it would entail as well as allowed them to decline answering any of the questions. Each interview took place at an agreed upon location such as a public library study room. Interviews were audio recorded on a password-protected iPhone, transferred to a password protected MacBook Air and transcribed by the researcher. Once the interviews were transcribed, the audio recording was permanently deleted and no identifying characteristics are part of the transcription. Interviewees were informed that only the researcher knows their identity and their identity will remain completely confidential.

Risks to participating in this research project included: privacy, interview questions possibly probing for personal information and possible difficult emotions felt by the respondents due to the questions of the interview triggering memories of negative experiences. The researcher took every step possible to assure the participant's safety and comfort in sharing their thoughts to the set list of interview questions. Only the researcher knows the true identity of each individual and made every effort to ensure all records of the voice recording was destroyed.

The researcher is aware that the process of developing one's identity to include transgender can be an emotional process. Research addressed in the literature

review highlighted the percentage of people are transgender experiencing discrimination, violence, and mental health concerns. The researcher intentionally focused the interview questions around the participant's thoughts about what could generally be helpful in the advocacy and support of the transgender population. This being said, there was the risk of difficult emotions arising in or after the interview. The researcher mentioned her awareness to this possibility before the interview took place, was open to checking in while the interview was being conducted, and made it known that the participant may end the interview at any time. The researcher prepared a list of support resources for the interviewees, and gave it to them with the questions before the interview was conducted, should they want to seek out support at any time but nothing of concern emerged in any of the interviews.

### **Data Collection**

The respondents agreed to participate by signing the consent form. The interviews were be semi-structured in format, guided by a set of questions that were preapproved by Dr. Kendra Garrett, a research committee and a full board review by the University of St. Thomas IRB. The questions were developed as objectively and open-ended as possible to maintain the integrity of the research and encourage honest feedback, unhindered by the interviewer. The interviews lasted 30-60 minutes and were recorded for later transcription.

Although the questions were used as a guide to the semi-structured interview, the respondents were free to address the questions in natural discourse. After the interviews were completed, all, or segments, of each interview were transcribed and coded by the researcher.

### **Data Analysis**

Data analysis was based on a grounded theory methodology perspective, meaning allowing a theory to emerge from, or be “grounded” in, the data and creating a desirable outcome of qualitative research (Monette et al., 2013; Padgett, 2008). Accordingly, data was drawn from the interviews after review of the transcript by the researcher. Concepts that emerged from the transcripts were noted, or coded, next to the text. Recurring codes were grouped into themes and the transcripts were reviewed again to ensure that codes corresponding to the research question were addressed by the themes that were established.

### **Findings**

By analyzing the data that was collected, important themes emerged regarding the need for increased advocacy, awareness, and support for those in the transgender community. Collectively the data presented five main themes including; terms, explaining and understanding gender identity, opinions regarding inclusion in the LBG-Q community, issues in transgender community, advocacy, and thoughts on future research. Each of the themes will be supported by the subthemes, which include direct quotations from the interviews conducted with the ten participants.

### **Interviewee’s Identities**

People interviewed were asked how they would define their gender. Responses included; female, male to female, man to woman, trans-woman, transgender, trans-masculine, gender queer and gender non-conforming. No answer was as simple as “female” or “male,” and many responses had multiple words for

answering the question. In addition to the attachment of gender queer and gender non-conforming to define one's gender, an individual elaborated with:

I feel like a lot of the time it depends on context and environment it is being asked in, but I typically identify myself at gender, as someone who is on the trans-masculine spectrum and gender queer.

And another participant answered, "I think that's a process and it's [my personal gender identity] been different things at different times, I think for me right now trans-masculine is the term that fits the best."

### **Understanding Transgender Terminology**

As the literature review started out with terms in order to remove some of the language barriers experienced when speaking and advocating for transgender people, each of the interviews began in the same way. Each interviewee was asked to give their own definitions or perspectives regarding the terms transsexual and transgender.

**Transsexual.** Many respondents shared that transsexual is not a term that is or should be used currently. The term carries negative connotations and thoughts, as well as unwanted questions regarding a person being "pre" or "post" operation. Interviewees ranged in their definition of the term transsexual, including the word being used to describe someone who has or is making the distinct change from male to female or female to male. This change would typically include surgeries and, many times, taking hormones. One of the participants' way of defining the term transsexual was, "Someone who is experiencing a conflict between their anatomy and their perception of their gender, their understanding of who they are as far as their gender goes." Another interviewee commented:

I don't really use the term. For one it is confining, it doesn't seem necessary to cut off one group [transsexuals] like that. And two, and this might be more of the underlying reason I think it's more and has more negative connotations through history and is more likely to trigger people's negative thoughts, not necessarily hateful, but can poke fun at it.

**Transgender.** Respondents commonly defined transgender as an umbrella term and is much more expansive by including several different ways of identifying one's gender. This could encompass anyone who is non-cisgender, meaning anyone who does not clearly and solely identify with the gender they were assigned at birth. An interviewee described transgender in this way:

Someone who is experiencing an understanding of themselves that is different than their biological, anatomical self, it maybe episodic, it may be permanent, but differentiated from transsexual in that it's not causing a dramatic conflict for them. Transgender is also, I would say, a term that tries incompletely to describe the gender non-conforming community.

Interviewees mentioned being transgender does not necessarily mean someone is going to go from one side of the gender binary to the other. Being transgender can be very fluid. It does not mean to be either/or, but something different. A participant's reflection included:

I wish there was more acceptance of the huge spectrum you know? It is very in between. You either have to wear high heels or be a lumberjack and that isn't the case at all. Honestly, people I have met have opened my eyes to that. Some things might seem confusing until you get to know people.

### **Explaining and Understanding Gender Identity**

**First step.** Half of the people who were interviewed have experience in leading training regarding gender identity. These individuals, along with the remaining interviewees agreed that understanding gender starts with personal identity of one's gender. The first step is realizing gender is part of everyone's identity. One interviewee explained:

I think that gender identity is really hard for a lot of people to understand, because it so fundamental to who people are, specifically cisgender people, [gender] is something that many people have never thought about and have never thought about it being an identity.

The next step is to examine one's own gender. Another participant stated, "I think the best way to better understand gender orientation is [to] push clinicians to understand their own gender and it's not about understanding other people's gender as much as understanding your own."

**Gender is not binary.** Interviewees frequently mentioned that gender is not always something that can be a simple or quick answer to a question. Reducing the desire for clear-cut answers and non-judgmental thought allows individuals to be fluid in their gender identity. One participant commented that both transgender and cisgender individuals are limited by the expectations of the gender binary and stated:

Realizing I don't fit into that mold, I don't fit into what is male and what is female. I think a lot of people, not even just trans people but people in general suffer from that.

Another interviewee reflected that everyone is a mix of being masculine and feminine by noting:

It has to start with a better understanding of what gender is, and a better understanding of the fluidity of gender. Gender tends to be thought of in binary terms, masculine/feminine, man/woman. But if you really identify an individual's gender traits, they are a mixture of masculine and feminine. So the idea that you can only be a man or a woman, when you may be a man with very feminine characteristics or a woman with masculine characteristics, why shouldn't you be able to express that in what ever way you wish to?

Deconstructing gender helps to realize the terms and ideas of "male" and "female" are confining. The gender dichotomy in many ways is made up ideas and rules that no individual fully fits. One participant shared:

Start by explaining [gender identity] through deconstruction of gender. There is this unsaid thing that everyone agrees upon but no one says – what is gender, where does it come from, getting people to admit that and then making it absurd is a way to kind of complicate the way people think about gender and then they will come up with experiences of their own where they really wanted to do this but that isn't "something girls do" so they really couldn't do it because they didn't want to appear as not being a girl. Because of the way society blurs sex and gender it is difficult to get to what gender is.

Participants indicated, when the reality of gender is a spectrum is embraced, prejudice can then be reduced and hopefully eliminated. Another participant stressed:

Until social service professionals of any kind understand the fluidity of gender and are willing to accept the fact that gender can be all over the spectrum we are going to have a difficult time getting them to accept who we are as trans people.

**Gender is not fixed.** Participants explained, acknowledging that gender is fluid helps to also acknowledge that many individuals who do not fit the gender binary may need time to explore their identity and understand that the formation of their gender identity is a process. Many people who realize they are not the gender they have been labeled with will be on a journey to explore what their true gender identity is and that it may change. For some this change can be fast and drastic. While for others it can be slower and not concrete. One participant said:

People have varying degrees of comfort with their trans identities, some people are very comfortable with it and some people are not at all and don't want to talk about it and can't even say the word "transgender." It's just very different for everybody and it is a journey. And you identify as one thing at one time and another at another time and you are okay with this at one time and not at another time. It's a freaking roller coaster, trans process, that's just how I refer to it.

**Education.** Respondents indicated that being more effective in advocacy, support and awareness for transgender people is largely about education. It begins by educating one's self and taking the time to research and understand topics or issues that are unfamiliar. Interviewees stressed that professionals and advocates should not look to transgender people to be the ones to do the educating. As a professional, it is

important to take this responsibility on and take the steps to understand gender from other information or services other than from direct interaction with a transgender individual. A participant shared the need by stating:

Self-education, so not relying on the people who are seeking service, in any capacity, to educate or explain. It is putting someone where there is a real power dynamic into the position of having to justify or explain themselves in order to receive some sort of services.

This takes the burden off a transgender person and allows them to have their needs met rather than being in the constant role of educator and personal advocate. One participant shared a positive experience with a therapist who was able to create a balance between educating themselves and having a safe place for trust to be built.

Another interviewee commented:

[For social service professionals there needs to be a] balance between being able to ask questions and acknowledge when someone doesn't know something... "[One therapist said to me] I don't want to put you in an uncomfortable position, I know there maybe times where I am not totally on the same page." And that actually opened up my ability to trust her and you know talk about some things that felt more vulnerable because I felt she would actually hear me instead of putting me into the trans box, the mythical trans box, of everyone's experience.

### **Opinions Regarding Inclusion in LBG-Q Community**

**Pros and cons.** Participants were asked their opinions regarding the inclusion of transgender individuals in the LBG-Q (lesbian, bisexual, gay and queer)

community. Interviewees were able to share the positive reasons for the inclusion of transgender people as well as contrast with the challenges or tension that can be present. One interviewee shared:

I think that within LBG-Q communities it is a complicated relationship but there are a lot of opportunities there in terms of relationship building and shared experiences, around sexuality and gender and thinking too about LBG-Q folks who are gender non-conforming or are seen as you know “visibly queer” and how that sort of relates to being read as trans or, those experiences inform each other.

A few of those interviewed mentioned being transgender as different than the other identities in this community as all of the other identities refer to sexuality and not gender. Another participant commented:

I don't personally have a problem getting grouped in there at all, I think that you know yes, the “T” is different than all the other letters, the other ones all pertain to sexual identity where this is gender and they are very different but I think that a lot of people who currently identify as trans either previously identified with one of the other letters in there or now currently identify with the letter pertaining to sexual identity.

Many parts of inclusion in the LBG-Q group is the common stories and understanding of the actual struggles people have experienced and fighting for human rights as a whole. Another interviewee shared, “I feel very comfortable with the lesbian community, at one point I was whole heartedly a lesbian and I don't really want to be separated from that, I feel very comfortable with that.”

**History of LBGTQ.** To understand effective ways to advocate for the transgender population it can be helpful to know the history of gay rights and the part transgender people have played in creating change in the United States. One participant explained:

The LGBT is important to be together for specific reasons. If you look at things as Stone Wall and Compton Cafeteria Riots in San Francisco, so many trans people didn't have words to describe themselves but were working at those movements. They were key individuals, so I think that is important for that [LBGTQ] to be intact and to be celebrated and included but I think that we should be able to have a way to have a conversation about that it's not about sexuality for everyone.

Another interviewee stated:

I think it serves a purpose to the LBGT community to have trans people part of the community, historically had found safety in community there, if we look at the history it was trans women who first started the gay rights movement. At Stone Wall, it wasn't gay men or lesbians, it was trans women.

All the participants felt that there was connection and reason to be part of the LBG-Q community for advocacy reasons. There was mention that the community as a whole needs to acknowledge the rights of transgender individuals and advocate for these as they have for gay and lesbian rights.

**Transitioning and gender versus sexuality.** A common statement from interviewees was that some transgender people will hold beliefs that if a person who does not identify with the gender binary but do not fully change to the opposite end of

the binary they are not truly transgender. This can be hurtful and create tension among the transgender community as many people are trying to live life as their true self but are receiving criticism from others who identify with the same gender terms. A few interviewees shared that in the process of understanding their gender they first identified as lesbian and once they realized they were actually transgender they received push back for their transition. One participant explained:

Like why do you want to be trans? Why can't you just be butch lesbian? Like, you're turning your back on a community just to fit in with the norm or to pass. There was more confusion and tension in the gay community. I think a lot of them think you are taking the easy way out. Like, we fought to be accepted and now you just want to fit in or something. That was something that came up but not so much recently.

Differentiation between gender and sex needs to be clear when including transgender people into the group of LBG-Q groups because all the other terms refer to one's sexual preference and identity where transgender is specifically defining someone's gender not sexuality. Another participant shared:

A lot of push back comes from the T [transgender] community thinking that we are not gay, we are not lesbian, many of us are bisexual but it mixes gender identity with sexual orientation and that is confusing and unfortunately often times leads to the trans person misidentified in their sexual orientation.”

### **Issues in the Transgender Community**

**Violence.** Similar to the information referenced in the literature review the interviewees listed the violence and murders of transgender people are horrible and

must stop. In addition to the emotional violence, physical violence is all too common. One interviewee stressed that society needs to look at the violence experienced by trans-women as being violence against women as a whole. When trans-women are seen as the same as cisgender women more awareness of the violence and action will be taken. One interviewee shared these thoughts:

6 murders of trans-women since the first of the year [January – February 2015], I just want to say first that any kind of murder is a hate crime. We see a huge amount of trans-women who are killed. We need to look at it as violence against women. We need to look bigger scale, the violence of trans-women is horrific but we are also looking at violence of women and women of color. And why is it okay? What happens is if we don't see people as human? Then they can be thrown away, and tossed away, trans people are not seen as human.

Another participant explained:

The violence against trans people is epidemic. Every year on November 20<sup>th</sup> we celebrate the transgender day of remembrance... Last year we had 80 that we memorialized, year before that it was 70, year before it was 60, it just keeps happening. I don't have an answer but it is an issue that social workers, professionals, need to study, research and raise as a cry against it.

**Mental health and diagnosis.** Several of the respondents noted mental illness including depression and anxiety being a difficulty many transgender people frequently deal with. With the lack of housing and employment opportunities poverty is higher among the transgender population, which contributes to the elevated number

of people suffering from mental illness. Many transgender people have experienced trauma and with lack of support services or knowledge about places that do offer help many people go on with no help or resources. One respondent reflected:

Depression and anxiety are just rampant but there is also a lot of concurrent, more significant mental health problems. People aren't treated for it because they can't afford it or they don't know that they need treatment or they don't know they could ever feel different.

When a transgender individual does want support and would like to transition there are contradictory requirements for the process to change one's gender. There is requirement for therapy where a diagnosis with mental illness is required and then to have actual surgery one must be deemed mentally healthy. Another participant stated:

The idea that someone has to go to therapy for a year prior to getting hormones, and I have had numerous trans people be able to get hormones because they are diagnosed depressed or anxious, and then it's like are they depressed and anxious because they can't live their life and who they are? It just perpetuates the depression and anxiety, and if they were able to get hormones could that possibly help with their depression and anxiety?

Probably.

**Health care.** A common concern among those interviewed was health care for transgender individuals. There is a lack of educated medical professionals regarding the needs of transgender people. Not only do they need to be affirming and supportive but know how to help people who are transgender needing health care. One interviewee stated needs as, "Access to safe hormones, access to competent health

care, non-exclusive health care policies, plans and programs.” There is fear about how doctors will treat someone who is transgender and beyond that how they will pay for procedures and hormones. Regarding needs the transgender community has another participant shared:

Health care is huge, just coverage, I have awesome coverage at my job but I’m scared to ask questions because it is like is this an existing condition? We had to do a prior authorization with my doctor just to cover hormones and it’s still hard. Most people have to save up to ten grand for just top surgery and you would think that you could get it covered somehow.

In addition to needing support for regular medical care and treatment for hormones or surgery, those in the transgender community, and extending to the LBG-Q community, need better, more supportive medical and aging care. One interviewee was knowledgeable about the need for more supportive staff that cares for the aging community:

LBGTQ community is aging, particularly 70 and older, health care professionals and facilities need to support gay people and state they are gay affirming. Big problem is they don’t have primary care physicians and ER is main care place. There needs to be more acceptance and knowledge.

**Bathroom rights.** Something that goes so unnoticed by those who are not transgender is the ability to use the bathroom they are assigned by their gender. There is significant stress experienced by people who are transgender around which bathroom to use. One participant shared, “Bathroom rights, I am fighting for that at my job. I just say more empathy, laws need to change so people can use the bathroom

of their gender, it would be nice, or have unisex.” Most of the participants shared the stress around using public restrooms. It is clear from the interviewees if all restrooms were neutral or unisex it would resolve this issue. Another participant commented, “Bathroom panic sort of stuff and about these scary trans people going to in the quote un-quote wrong bathroom and reeking havoc.” Interviewees stressed that this issue needs to be addressed and resolved so all people can feel safe using restrooms.

### **Advocacy**

All participants, in their own words, shared that social service professionals need to be allies to the transgender community. Professionals can do this by creating safe environments, coordination of care, equality and being knowledgeable about service needs and available resources. One participant said, “Basically stand up as professionals and take a stand in support of issues that affect the LGBT community.” One participant summed things up by saying, “Why can’t people be treated the same no matter what? We are all the same. We are all people and there are all kinds.”

**Ways to be an ally.** Participants shared some ways to be an ally to the transgender community which included making advocacy for transgender people part of every day work and speaking in respectful ways which includes asking everyone the pronoun they use even when a transgender person is not present. Doing so allows for a safe place to be created and maintained not only when there is diversity in the room. One interview mentioned:

Standing up and speaking even if you don’t think a trans person in the room, I guess I have seen where a trans ally has taken some really amazing steps having no idea I was trans – to me that feels more powerful.

Another participant shared these thoughts about consistency:

Social workers, I would imagine this happening, they need to have the ability to provide space for a person at a certain place and time. Something that happens a lot when someone is trying to be a good ally, they will create a safe place once they notice a queer person in the space they will then ask for pronouns. It creates an ally bubble.

**Service providers purposefully reaching out.** By being a professional that is educated on transgender topics and issues social, service professionals can end prejudice. Interviewees commented on how important it is for providers who are allies to the transgender community to take the time to talk to other big health care providers, go to conferences on trans health, call organizations, and coordinate care for their transgender clients. All participants had their own way of phrasing how social service providers can be more affirming and reach out the transgender community. One participant articulated these ideas:

One way is to get on the higher level advocacy side of things, get involved with organizations that are advocating for lots of different kinds of stuff for trans populations, where it makes extra sense to come in as social worker and help and engage in advocacy, provisions of health care and things like that. Get to know or be known within a community. Things like group sessions, if they are advertised they are demonstrating an interest in the population and bring people together and helping.

Many transgender affirming practitioners find clients by word of mouth in addition to being involved in the community to show their interest and knowledge. Several of the

interviewees also mentioned how important it is for practitioners to be at events like PRIDE.

**Therapy.** Each participant acknowledged the need for effective therapy and supportive mental health services for transgender people. In the interviews it was clear therapy needs to include how it relates to gender identity and how life experiences are impacted by being transgender, but also not be the main focus or way to explain issues or explain experiences away. Social service professionals need to create social and safe places that create community and resources for the transgender community. The interviewees mentioned various things social service professionals could do to support clients who are transgender. Asking open-ended questions, allowing for self-determination, and to allow people to tell their story, were some of the ways for creating effective therapy. Also acknowledging that mistakes will be made and there is room for asking questions and building the relationship of therapist and client. One interview stated:

It's not about being perfect, but how do you react in the moments when you mess up, and how do you stay present and how do you stay human in those moments. It's so easy to have the "us and them" relationships, and I am here to provide the resources, and I know the right way and I know what you need better than you know what you need. And so, how to break that down, and to be a real person. That to me is what has provided safety.

Another interviewee mentioned the importance of acknowledging gender, "Really being cognizant of gender and bring it up right away to allow the person to feel that the person on the other side really cares about that part of it." In addition to therapists

or social service providers meeting a transgender client where they are, it is important to know each person's journey is unique to them. One interviewee stated:

And they need to not make assumptions about what anybody's trans process is going to look like. I think when you think of someone who is trans it is easy for your mind to go to okay well how can I connect you with hormones? And a lot of trans people never have intentions of doing hormones and being aware that everybody's journey is different and not everybody is going to do hormones or surgery so I think just being very open, how can I help you, how can I support you in your process. I think a lot of people don't ask that and I think that is really basic. What are you looking for from me and how can I support you.

**Resources and direct services.** There is a significant need for direct services for things like housing support, employment resources, resume writing, and interview preparation from agencies and professionals that are knowledgeable about people who are transgender. One participant shared these thoughts, "Providing support and asking do you need access to health care, actually providing those avenues to figuring out what they need and being affirming is huge." Another interviewee stressed the need to prepare to serve and support transgender clients before actually serving them, "So implementing those things into your policy and programs, and just having them prior to someone coming in show your want and ability to address, and shows your advocacy for that group of people."

**Safety.** One of the interview questions wanted responses from interviewees regarding ways to create safe environments for support to transgender individuals.

Each interviewee mentioned advocacy or safe place stickers to make an impact and set a person's mind at ease. One interviewee stated, "[safe space] Sticker – more of like a mental check, wow, they took the time to do that, you have you guard down a little bit because you are so used to having to have it up." Other interviewees made comments about having ally information or trans affirming symbols present show providers are knowledgeable and passionate. In addition to visually showing support the support needs to be backed up with action and awareness for the issues facing those in the transgender community. Another participant said:

You don't have to wear an ally t-shirt to be an ally but I do a quick check when I walk into places to see if I am safe here. It's just a check of safety and if you don't think people are doing that you are sorely wrong and that is your privilege talking. And if you are going to have that sticker or have those things in your office then you damn better back it up. Don't put it up if you're not ready, there are so many trans individuals who have gotten horrible services because someone said they did, because they had their training, because they had their one hour of multicultural training so now they can service that community. It's okay to know what you're good at and what you're not good at. That's what addressing your biases are, addressing your gender, your sexuality.

### **Thoughts on Future Research**

**Hormones.** By far the most common response from interviewees regarding research they would like to see for transgender people was around understanding the impacts of long-term use of hormones. One interviewee shared:

One thing that I think really needs to happen is research on long-term effects of being on hormones. There isn't much info out there. Which is scary because I think that a lot of people are making as an informed decision as they can, but not knowing what this is going to mean in 20, 30, 40 years.

Another respondent elaborated on additional thoughts about hormones yet still stressed wanting to see research done on the effects of hormone use so educated decisions are made. They stated:

Research on long term hormones, some people say, basically who cares cause the statistics of people who are depressed and commit suicide before transition is like they don't even care how many years they cut off their life, it's about quality. I know people who don't have a doctor and buy hormones illegally because they don't have insurance, so what does that say? You have to have a job with insurance to receive support?

**Violence.** Several interviewees mentioned research focused around violence, both how to prevent it and also to understand motives in order to create changes. One participant shared:

Being real about the violence that is happening. National Coalition of Anti-Violence puts out reports, so maybe to me, it is deciding what gets done with the research and making that connection. A lot the results will lead, ultimately I would hope, away from demonizing trans people.

Another interviewee stated:

I don't think we fully understand what it [violence] is, is it fear, that triggers people's response that is often aggressive or often violent, what is that, what

do they see in us, and do they see a difference when they see a trans-man, is it the same response as seeing a trans-women, when they see a gender queer, gender fluid, neither, either, or person, do they have that response, we don't know much about their response, I just know they do, I think once we know more we can do more around trying to defuse the aggression, the violence.

**Bathrooms.** As transgender individuals have significant stress around using public bathrooms it was mentioned by some interviewees that it would be helpful to research this issue to better understand it and how to change policies. One interviewee commented:

When they can't use a bathroom that they want to, whether it is a non-gendered bathroom or like using a gendered bathroom they would prefer to use but are not allowed to use and what kinds of impacts that have on them, but it will really show is that this is an important population and issue, everyone else goes though life not thinking about going through a bathroom door and transgender/ gender nonconforming people every time they have to go to the bathroom are probably like something psychologically is happening and understanding that and bring it to the table to allow other people to see that is something worth thinking about is really the benefit as research.

**Participatory research.** When asked what research they would like to see conducted many of those interviewed for this project responded with comments like "more of this" or "extensions of projects like this one." All participants were encouraging to keep research going to create awareness and education for the

community and support services. One interviewee summed these thoughts up by saying:

Participatory research, health care research – they need to start following people, research on trans youth and what it is that they feel they need. I want to see more on family accepting and affirming and what happens when you have that or don't have that. Gender queer communities and how that plays into transgender communities.

### **Discussion**

The inspiration for this project came from the need for social service professionals to be more educated and become stronger advocates for transgender individuals. Using the perspective of empowerment theory the research sought out the voices of those with lived experience of being transgender or not conforming to the gender binary. Much of the findings support the literature reviewed and those interviewed were able to put a personal perspective on the statistics that previous research has provided. Not only were the participants of this research project very helpful in identifying ways social services and society need to change but, all of the interviewees were passionate about being part of the change to create equal rights in our society.

### **Language and Basic Knowledge**

Research and advocacy websites define the term transsexual similar to the way those interviewed defined it. As GLADD, 2014, referenced transsexual to be an older term that comes from medical or psychological language, the interviewees shared being uncomfortable with the term transsexual or stated it was an outdated

term for anyone not identifying with the gender binary (GLADD, Media Reference Guide).

Similar to the inconsistencies found in research, the interviewees had differing ways of defining their gender identity and the terms they used to define themselves. One of the more agreed upon issues from the literature review and findings centered on awareness of one's gender identity. Deconstructing gender is crucial to understanding one's own gender and leads to grasping that gender is a social construct. The Human Rights Campaign (HRC), 2014, defines transgender as a broad way for several different individuals to express their gender and GLADD, 2014, also notes there is no one way to define transgender. It was clear from the interviewees that gender is a social construct created to categorize individuals and is much more about being fluid rather than fixed. Similarly it was clear from the findings that the interviewees explained and expressed gender in a spectrum rather than being a fixed binary. This study supports and encourages society to be open to a variety of gender identities.

### **Discrimination**

The focus of this project was to gain perspectives on how social service providers can better advocate for the transgender community. In keeping with this focus, questions were asked to gain opinions rather than personal experiences. None of the interviewees shared personal experiences of discrimination, oppression, harassment, or violence. They did however acknowledge that those who are transgender are more likely to experience these issues.

After reflecting on the interviews it was easy to see that common, daily activities are places for transgender individuals to constantly be made aware of how they are different. Although none of the interviewees mentioned the lack of police support, they did mention not knowing whom to trust as community members for the safety and wellness of the transgender community which could be anecdotal evidence supporting Duncan and Hatzenbuehler, (2014), research that found hate crimes experienced by transgender individuals to be under reported. All interviewees mentioned that it is difficult to know if the social service provider they need support from is educated and compassionate towards transgender clients. This uncertainty leads to transgender people being in a constant state of assessing whether they are in a place where they will experience more discrimination or not.

Discrimination and oppression towards transgender people is happening everyday and the list of ways transgender people experience discrimination is endless. Simple forms at the doctors office, school, or even being addressed at a restaurant cause stress for transgender people because they do not fit society's strict male/female gender labeling. The majority of the interviewees mentioned how important it is to feel safe using public restrooms and the urgent need to create bathroom equality. Transequality.org, (2014), referenced health care and employment being the most significant places for the discrimination to occur. Coron, et. al, (2012), raised the issue that even those wanting to advocate for change and end the discrimination hit limits due to the lack of knowledge regarding the needs of transgender people.

In reviewing research regarding violence towards and the murders of transgender individuals, it was difficult to find current or more recent studies

documentation of the rise in violence as noted in the findings. Violence was an important concern for all of those interviewed. The violence experienced by transgender people should be of concern to all of society. The violence is so severe that there are organizations tracking and documenting the murders of transgender individuals. The violence is so significant and the murders so frequent that the transgender community has a day of remembrance every year to honor the transgender people who lost their lives to murder. As one of the interviewees noted the number of transgender people murdered has increased by ten in each of the last three years. In addition, TVTP, (2014), reported, transgender people are 400 times more likely than the general population to be victims of violence. This shows the huge discrepancy of how cisgender versus transgender people are kept safe in society. One interviewee's insight regarding violence towards trans-women noted the need for broader awareness among cisgender people regarding the highly disproportionate violence towards non-cisgender females. By society coming together to see this violence as being against all women, it will help acknowledge trans-women as equals to cisgender women and help to reduce violence as a whole.

### **Health Care**

The majority of the participants mentioned health care and coverage of hormones as a critical issue. Research by Coron, et. al, (2012), supports that the United States health care agenda should focus on the needs of transgender individuals. Improved access to health care helps to reduce the stress and anxiety around seeking and receiving care as a transgender individual. One issue not found in the literature but mentioned by the majority of the interviewees were the difficulties

experienced by transgender people receiving insurance coverage for hormones and procedures.

Medical professionals also need to be better educated as to how to provide services and advocate for transgender people. Just as research from Duncan and Hatzenbuehler, 2014, Lombardi, et. al, (2001), and TVTP, (2014), stated that the oppression and discrimination towards people who are gender non-conforming causes significant mental health concerns, those interviewed stressed the need to create awareness around the increased numbers of transgender people experiencing anxiety and depression.

Beyond creating awareness there is also a need for improved mental health services. Many times the experiences of being transgender require seeking mental health support yet receiving mental health services then causes another disadvantage. Having a diagnosis of a mental illness limits the ability for the necessary insurance approval for surgical procedures. There is a contradiction between what is needed and helpful regarding therapy and how that impacts the process of transitioning genders.

### **Training and Education for Clinicians**

The research reviewed in the literature stressed how social service providers need to seek out their own training to become competent in serving transgender individuals. Research by Rutherford, et. al, (2012), found that opportunities for training regarding transgender issues was lacking while education programs should require there to be a focus on LBGT issues for social service professionals.

In contrast with the research, those interviewed did not mention a lack of resources for clinicians to seek education around supporting transgender people,

however they did stress the need for better education for social service professionals. Participants also mentioned the training and education regarding transgender issues going, for example, beyond a one time diversity training, so that it becomes part of one's daily practice to advocate for and show support to transgender individuals. All of which allows for increased alliances between social service professionals and the transgender community.

As noted by Burdge, (2007), supportive social services require, among other things, a high level of cultural competence. Therefore it would be beneficial for educational programs, social service agencies and, as noted by the interviewees, all places of employment should be inclusive and supportive of people who do not conform to the gender binary. This would include gender-neutral forms and bathrooms as well as education around gender identity being fluid and flexible rather than limiting. It is important for trans-affirming practitioners to seek education and training regarding transgender issues and not rely upon their clients to be the ones to educate them.

### **Limitations**

Limits on this research included the constraint of this project being a nine-month duration as well as a small sample size for participants. The data was gathered in a one-time survey of questions and not a longitudinal project or unlimited by time or participants. Results were limited, as interviewees were gathered by word of mouth and snowball effect for additional participants. The research was conducted in the metro area of Minneapolis and St. Paul, Minnesota, with 3 interviewees in other states, but the majority of data gathered was from one demographic location. While the

individuals interviewed were encouraged to share their personal thoughts and opinions to answer the interview questions they can not be expected to speak for all LGBT people as well as not being the sole representatives of the transgender experience.

The biases of the researcher need to be considered as possible limitations to the project. The researcher had previously interviewed a transgender person and also has actively been aware of the topics impacting transgender individuals in the news and discussed on mass media. As the researcher is an advocate and ally for transgender people, as well as the lesbian, gay, bisexual and queer or questioning population, their presentation of the interview questions and interpretation of the data could have been influenced. The researcher made every effort to control personal biases and remain neutral while conducting the data and presenting the findings and also stayed true to the interview questions as to not infer personal ideas, beliefs, or emotions into the interviews.

### **Implications**

After reviewing both the literature and findings there are a large number of recommended implications for further exploration, implementation, and advocacy. Many focus more on the personal and practical application of becoming an advocate and ally for transgender people, while others speak to the need for larger scale, macro changes, including policy and societal acceptance. There is a call for social service practitioners to expand their advocacy for transgender individuals. Beginning with an exploration of the construct of gender, to addressing discrimination, health care needs,

as well as violence and the need for increase research to help create further awareness and support.

Gender identity is a topic that should be not only be discussed within the education of social service professionals but taught as part of the core curricula for these given areas of work. This education should include but is not limited to: awareness of the intricacies of gender such as gender fluidity versus gender binary, gender identity versus sexuality as well as undefined expectations put on a person simply by identifying them as female or male. One of the goals of this increased education is to eliminating societal norm that individuals identify only as either male or female. It is important that society stops expecting individuals to be in the confines of either/or and allow for the identity as well as the expression on one's gender to be fluid.

There must be a precedence set in our schools, places of employment and society as a whole that ignorance and prejudice towards transgender individuals is not acceptable and is no different from prejudice towards race, religion or sexual orientation. The civil rights of transgender individuals need to be acknowledged and provided for in every place of business, school and place of employment. This includes the requirement for all forms, legal or otherwise, be written in a manner that allows for non-cisgender use. Additionally, providing unisex, non-gender specific restrooms in all the aforementioned locales should be required by law.

The health and well being of transgender individuals is yet another area of great need. Health care policy and insurance coverage must be revamped to provide greater inclusion for transgender needs such as hormones and surgeries. This must be

done to ensure no one experiences prejudice and ignorance when receiving medical care or pursuing treatment and procedures to help further align with one's gender identity. Transgender people should receive the same level of support and care that doctors and medical staff give to everyone. This includes clinics, hospitals, or treatment centers, from the administration staff to the nurses and most importantly the doctors. It is not the responsibility of transgender individuals to be the educators who answer the unending questions of curiosity and ignorance. The magnitude of anxiety and depression experienced by transgender people needs to be addressed and cared for, and the likely conclusion would be that meeting the needs of transgender people would ultimately result in less mental illness across the population. Better informed and educated care providers allow care to be put front and center, creates a safe place for transgender patients to be open and honest about their needs and allows for safer and more precise treatment for those patients.

The need for health and safety of the transgender extends beyond the medical and social service community. One way to help in this is to engage and educate those with whom the community as a whole encounters and interacts with on a daily basis. The media must create greater awareness of the brutality and violence the transgender community is facing. Media has the power to set the tone in our culture and by making it clear violence and hate crimes are not accepted change can happen. There is a discrepancy in the way society views the murders of transgender people and this often starts with how they are reported on within the media. Whether it is murders going unnoticed, or details omitted because of the presence of a transgender individual, the humanity of these individuals is being lost. Law enforcement plays a

critical role in eliminating the oppression experienced by transgender people. Police need to protect all individuals equally and crimes against transgender individuals must be seen as no less than any other. For there to be change, the world needs to see and accept transgender people as if they are their son, daughter, sister, or loved one.

Institutions providing education of social service professionals must take the steps to implement training and awareness for students seeking degrees or training in service professions. In order to be an effective advocate for the transgender community and to help create further change, social service providers must put in the effort and take the time to educate themselves on the issues of gender identity and be knowledgeable regarding transgender needs. This includes seeking out training and environments where experience will be gained. Social service providers must play the role of educator for the professionals they work with, which can often mean challenging prejudicial views and bringing forth the change needed to create inclusive services. They must set the atmosphere that embraces diversity; this could be having a safe space sticker or photos of non-traditional families in the hallways and waiting rooms of a facility. It also included being welcoming and open to acknowledging mistakes and repairing them with the commitment to do better the next time.

One way to create change at the academic level is by conducting more research around the needs of transgender individuals. Research validates and supports the changes needed and gives light as to how to create and implement change. Research based practice will lead to better care and healthier individuals. As insurance providers begin to increase coverage for hormone treatment, research must be done to track the long term effects of hormones on the body to help provide

accurate, scholarly work for transgender individuals to make informed decisions about their care, while in no way limiting the access or support for care. Part of being a social service practitioner is to update one's self with the most current research and best practices, in order to create and publish more scholarly work regarding the practice and service needs of the transgender population. By sharing on-the-job experience the wealth of knowledge regarding the transgender community will grow and quality of services will increase. Social service providers have the opportunity to be leaders in another civil rights movement. If the root of where trans phobia can be discovered then steps to address the prejudice can be made and change will happen.

The interviewees unanimously agreed research need to continue to be done in support of people who are transgender. Focus on the commonalities of being human rather than dividing because of differences. Social service education programs need to incorporate education around transgender issues and the understanding of gender identity that is required to serve as an advocate for humanity. This project emphasizes that each person needs to be treated as unique and all individuals should be addressed by how they personally identify.

### **Conclusion**

As stated throughout this research, social service professionals need to be advocates who support and create awareness regarding the issues transgender people experience. The passion for this research comes from the drive to change the oppression and discrimination of the civil rights of transgender people, the care they receive and their safety within the community as a whole. In conclusion, this study has provided important anecdotal evidence from individuals who have lived

experience of being transgender or gender non-conforming. Their opinions and reflections give validity to the urgent need for change. While this study was small in scope and unable to address every concern or give an answer to solve each problem, social service professionals can take the information presented and build upon it to start the movement of change. Going beyond social service providers, society must begin to embrace equality for all of humanity because each and every life matters.

## References

- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5<sup>th</sup> ed.). Washington, DC: Author.
- Bess, A. B. & Stabb, S. D. (2009). The experiences of transgendered persons in psychotherapy: voices and recommendations. *Journal of Mental Health Counseling*. 31(3), 264+
- Burdge, B. J. (2007). Bending gender, ending gender: Theoretical foundations for social work practice with the transgender community. *Social Work*, 52(3), 243-250. Retrieved from <http://ezproxy.stthomas.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=swh&AN=56480&site=ehost-live>
- Conron, K. J., Gunner S., Sterling Stowell, G., & Landers, S. J. (2012). Transgender Health in Massachusetts: Results From a Household Probability Sample of Adults. *American Public Health Association*. 102(1): 118–122.  
doi: 10.2105/AJPH.2011.300315
- Dentato, M. P., Craig, S. L., & Smith, M. S. (2010). The Vital Role of Social Workers in Community Partnerships: The Alliance for Gay, Lesbian, Bisexual, Transgender and Questioning Youth. *Child Adolescences Social Work Journal*, 27, 323-334. DOI 10.1007/s10560-010-0210-0

- Duncan, D. T., & Hatzenbuehler, M.L., (2014). Lesbian, Gay, Bisexual, and Transgender Hate Crimes and Suicidality Among a Population-Based Sample of Sexual-Minority Adolescents in Boston. *American Journal of Public Health*. 104 (2) p. 272-278.
- Gates, G. J., (2001) How many people are lesbian, gay, bisexual, and transgender <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf> the Williams institute, University of California school of law pg 1-8
- Gerig, A., & Green, E. R. (2014) Becoming Trans-affirming as a Historically Feminist Organization: Women's Therapy Center Transparency Report. 1 – 10. <http://www.womenstherapycenter.org/pdf-files/trans-doc.pdf>
- GLAAD. (2014). *GLAAD.org*. <http://www.glaad.org/reference/transgender>
- Green, J., & Brinkin, L. (1994). Investigation into discrimination against transgendered people (Human Rights Commission City and County of San Francisco Report). San Francisco: Human Rights Commission [http://www.hawaii.edu/hivandaids/Tg/Report\\_\\_Investigation\\_into\\_Discrimination\\_Against\\_Transgendered\\_People-ed.pdf](http://www.hawaii.edu/hivandaids/Tg/Report__Investigation_into_Discrimination_Against_Transgendered_People-ed.pdf)
- Hill, D. B. PhD. (2007). Trans/Gender/Sexuality. *Journal of Gay and Lesbian Social Services*. 18:2, 101-109. DOI 10.1300/J041v18n02\_06
- Human Rights Campaign. (2014). *hrc.org*. <http://www.hrc.org/resources/entry/transgender-faq>.
- Hunt, J. (2012). Why the Gay and Transgender Population Experiences Higher Rates of Substance Use. *Center for American Progress*. <http://www.american>

progress.org/issues/lgbt /report/2012/03/09/11228/why-the-gay-and-transgender-population-experiences-higher-rates-of-substance-use/

Kenagy, G. P., & Hsieh, C. (2005). Gender differences in social service needs of transgender people. *Journal of Social Service Research, 31*(3), 1-21.

Retrieved from <http://ezproxy.stthomas.edu/login?>

[=http://search.ebscohost.com/login.aspx?direct=true&db=swh&AN](http://search.ebscohost.com/login.aspx?direct=true&db=swh&AN)

Lombardi, E. L., Wilchins, R. A., Priesing, D., & Malouf, D. (2001). Gender violence: Transgender experiences with violence and discrimination. *Journal of Homosexuality, 42*(1), 89-101. Retrieved from

<http://ezproxy.stthomas.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=swh&AN=71757&site=ehost-live>

Monette, D.R., Sullivan, T. J. DeJong, C.R., & Hilton, T. P. (2013). *Applied social research: Tool for the human services* (9th Ed.). Belmont, CA: Brooks/Cole

National Center for Transgender Equality. (2014). *transequality.org*.

<http://transequality.org/Issues/discrimination.html>

National Gay and Lesbian Task Force <http://www.thetaskforce.org/issues/transgender>

National LGBT Health Education Center. (2014). *Affirmative Care for Transgender and Gender Non-Conforming People*. 1-13.

<http://www.lgbthealtheducation.org/wp-content/uploads/13->

[017\\_TransBestPracticesforFrontlineStaff\\_v6\\_02-19-13\\_FINAL.pdf](http://www.lgbthealtheducation.org/wp-content/uploads/13-017_TransBestPracticesforFrontlineStaff_v6_02-19-13_FINAL.pdf)

Padgett, D. K. (2008). *Qualitative methods in social work research* (2<sup>nd</sup> Ed.).

Thousand Oaks, CA: Sage

Rutherford, K., McIntire, J., Daley, A., & Ross, L. E. (2012). Development of expertise in mental health service provision for lesbian, gay, bisexual and transgender communities. *Medical Education* 46: 903-913. DOI 10.1111/j.1365-

Scherrer, K. & Woodford, M. (2013). Incorporating Content on Gay, Lesbian, Bisexual, Transgender, and Queer Issues in Leading Social Work Journals. *National Association of Social Workers*. 37(4), 423-431. DOI 10.1093/swr/svt031

Trans\* Violence Tracking Portal (TVTP). (2014). *International Day Against Homophobia and Transphobia (IDAHOT) 2014 Reports*. <http://www.transviolencetracker.org/index.php/87-tvtp-reports/91-tvtp-idahot-2014-reports>

Transgender Law and Policy Institute.(2010). Fact Sheet.

<http://www.transgenderlaw.org/resources/transfactsheet.pdf>

**APPENDIX A**Increasing Advocacy, Awareness and Support  
for Individuals who Identify as Transgender

## Masters of Clinical Social Work Research Project

A nine-month project focused on creating awareness among social workers and social service professionals regarding the need to be advocates and support people who identify as transgender.

Research question:

What are the perspectives of individuals who identify as transgender regarding the need for increased advocacy, awareness and support for those in the transgender community?

Hoping to interview 10 people who identify as transgender or transsexual to answer about 10-15 qualitative questions in an interview that should last about 45-60 minutes

The researcher has intentionally focused the interview questions around the participant's thoughts about what could generally be helpful in the advocacy and support of the transgender population. This being said, there is the risk of difficult emotions arising in or after the interview.

All information will be kept confidential

Interview will take place at an agreed upon private place such as a library room.

Questions for interview will be given to interviewee before meeting and are not specific to your life experience but rather your opinions about how to increase advocacy, awareness and support for individuals who identify as transgender.

If interested in participating in this research project by being an interviewee please contact the researcher at her confidential email or phone:

Kacie Ervasti

[erva0003@stthomas.edu](mailto:erva0003@stthomas.edu)

612.616.9063

**APPENDIX B**

**CONSENT FORM**  
**UNIVERSITY OF ST. THOMAS**  
**GRSW682 RESEARCH PROJECT**  
Increasing Advocacy, Awareness and Support  
for Individuals who Identify as Transgender  
IRB Tracking Number 687926-1

I am conducting qualitative research project with the purpose of providing those who identify as transgender the opportunity to share their perspectives regarding the need for increased advocacy, awareness and support. I invite you to participate in this research. You were selected because you have shared that you are a person who identifies as transgender. Please read this form and ask any questions you may have before agreeing to participate in the study.

This study is being conducted by: Kacie Ervasti, LSW, a graduate student at the School of Social Work, St. Catherine University/University of St. Thomas and supervised by Kendra Garrett, Ph.D, MSW.

**Background Information:**

The purpose of this project is to broaden the awareness and support for individuals who identify as transgender. I hope the end result will provide social workers and social service professionals with more awareness of the need for increased advocacy and support for people who identify as transgender.

**Procedures:**

If you agree to be part of this study, I will ask you to meet me a mutually agreed upon location and time, for a 45-60 minute semi-structured interview. The interview will be audio recorded on my password protected personal iPhone, for the purpose of transcribing it for the research project. The interview will be transcribed for identifying themes from the total of interviews conducted. Themes will be included in the data results section of my project and be included in the presentation of my data on May 18<sup>th</sup>, 2015.

**Risks and Benefits of Being in the Study:**

Risks to participating in this research project could possibly include; privacy, sharing of personal information, and interview questions triggering difficult memories or experiences. I will take every step possible to assure your safety and comfort in the interview. Only I will know your true identity and will ensure all record of you voice recording will be destroyed. I have intentionally focused the interview questions around participant's thoughts about what could generally be helpful in the advocacy and support of the transgender population. This being said, there is the risk of difficult emotions arising in or after the interview. I will be open to checking in while the interview is being conducted and you are free to end interview at any time. I prepared, and have included with this consent, a list of support resources should you want to seek out support at any time. Direct quotes from your interview could potentially be

included in my final research paper and presentation. I guarantee no identifying information will be written or spoken about you.

The study has no direct benefits. I will not be offering any reimbursement for your time.

**Confidentiality:**

The records, which include signed consent forms, written project notes, audio recordings and interview transcripts, of this study will be kept confidential. Research records will be kept on my password protected Mac Book Air. After the interviews are completed, all, or segments, of each interview will be transcribed and coded by myself. The audio recording will be deleted once transcription is completed, and transcript will be destroyed by May 18, 2015. All project notes, consent forms, written transcripts will be stored in my home office in a locked file cabinet. Consent forms will be kept in a locked file cabinet for three years after the project completions and all other documents will be destroyed by May 18, 2015.

**Voluntary Nature of the Study:**

Your participation in this study is entirely voluntary. Your participation in this project will neither be confirmed nor denied to the individual who gave you the flyer and information about possible participation. You may skip any questions you do not wish to answer and may stop the interview at any time. Your decision whether or not to participate will not affect your current or future relations with St. Catherine University, the University of St. Thomas, or the School of Social Work. If you decide to participate, you are free to withdraw at any time without penalty. I do ask that if you decide to withdraw it be with in a week after the completed interview due to analyzing of the data. Should you decide to withdraw, data collected about you will not be used.

**Contacts and Questions**

My name is Kacie Ervasti. You may ask any questions you have now. If you have questions later, you may contact me at 612.616.9063 or my research professor at Kendra Garrett, Ph.D, MSW 651-962-5808. You may also contact the University of St. Thomas Institutional Review Board at 651-962-6038 with any questions or concerns.

**You will be given a copy of this form to keep for your records.**

**Statement of Consent:**

I have read the above information. I confirm I am over the age of 18. My questions have been answered to my satisfaction. I consent to participate in the study and to be audiotaped.

\_\_\_\_\_  
**Signature of Study Participant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name of Study Participant**

\_\_\_\_\_  
**Signature of Researcher**

\_\_\_\_\_  
**Date**