

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

Transgender Identity and Life Experiences

A graduate project submitted in partial fulfillment of the requirements

For the degree of Master of Social Work

By

Orion SA Block

May 2017

The graduate project of Orion SA Block is approved:

Dr. Allen Lipscomb

Date

Dr. Jodi Brown

Date

Dr. Eli Bartle, Chair

Date

California State University, Northridge

Dedication

For all the transgender communities whom have not had agency to have their voices
heard.

Table of Contents

Signature	Page	ii
Dedication		iii
Abstract		vi
Introduction		1
Method		10
Research Design		12
Results		17
Discussion		21
References		24
Appendix A: Survey		28

Abstract

Transgender Identity and Life Experiences

By

Orion SA Block

Master of Social Work

Purpose: The purpose of this research is to better understand how, and in what ways, the transgender community supports its members, and how societal gender norms effect social interactions. **Focus of inquiry:** The focus of this research is to find out how the transgender community and larger cisgender (non-transgender) community effect how a transgender identity is formed. **Methods:** A mixed-method approach was used for this research to gather quantitative demographic data and qualitative questions to allow for the participants to express their own viewpoints. An online survey with qualitative and quantitative questions was administered and a focus group was held. From the results of the focus group and survey a new theory was formed. **Settler Colonial Transgender Oppression theory** is a theory that the oppression by transpeople imposed on each other, creating a hierarchy that mirrors the larger cisgender heterosexual Eurocentric society. There is limited information known about the gender formation and life experiences of transgender-identified people relating to their gender expression and gender identity. Although there is research being done about transpeople, much of it focuses on the medical aspect of transitioning. For many transgender people, medical transition is not an option. The mounting costs of multiple surgeries, difficulty finding competent doctors to perform these surgeries, and

health issues that interfere with surgery or complicate hormone use, can create barriers to medical transition. However there are a large number of transpeople that have no desire to medically transition. Others feel that they are not transitioning at all but are simply becoming authentic outwardly with their internal identity. There is an element of safety in ‘passing’ as the gender that they see themselves as, but for some, they will never be physically gender conforming. This leaves some as targets to outsiders of the transgender group (cisgender people). Yet there are many transpeople that strive to fit in to the dominant society, and successfully do so. This can potentially create a hierarchy of those that are ‘fully transitioned’ and those that can’t pass as a cis person, or identify as a binary gender.

Research questions

The questions used for this survey and focus group were designed to define and understand gender as it is seen through the experiences of transgender people. It has not been noted how mainstream societies’ understanding and enforcement of gender standards effect how a transgender person sees themselves within or outside the man/women gender binary. The Diagnostic and Statistical Manuel of Mental Disorders historically and currently recognizes patients whom identify as transgender as suffering from illness and defines symptoms of “gender identity disorder”, indicating that to identify as a gender different that that that is dictated at birth as problematic and requiring of medical assessment and intervention, suggesting that the transgender identity is fictitious (American Psychiatric Association, 2013, pp. 451-455). It is undocumented how, and to what degree, the social interactions within the transgender community mold a transgender person’s gender identity. My main research theme centers on the following questions; Is there normative gender policing and standards within the transgender

community? What does this look like and what are the standards? How does the pre-transition gender expectations inform the post transition attitude and gendered actions?

This study hopes to push aside the veil of transgender life and record how the transgender community dynamics affect their understanding of themselves, other transgender people, and their experiences within the transgender community.

Introduction

When a child is announced to be on its way, the first question that we ask is ‘is it a boy or a girl?’ This should make us stop and think why we find the genitalia so important, or even more interestingly why we must advertise gender; in essence, sexualize babies with the colors pink or blue. Within the larger cisgender society there are only these two choices, boy or girl and the marketing industry feeds into this binary. One can go into any store and know what toys are designated for boys and for girls simply by their color scheme. The idea of using pink and blue, as well as other pastel colors for babies came into fashion in the mid-18th century, but pink did not become synonymous with girls, nor blue synonymous with boys, until just before World War I (Maglaty, 2011). Pink was used for girls, as it was a lighter version of red, reflecting the color of the communist flag, the idea being to make fun or impress upon the communists that they were less than or effeminate because they were representing themselves with a girls’ color (Maglaty, 2011). This should make us, as a society, rethink the use of the pink/blue gender binary for our children and consider how it has demonized femininity, even into adulthood, as blue = male = superior and pink = female = inferior. Through my years of researching and studying gender, sex designation and sexuality, engaging in thought-provoking discussions with scholars of Women’s Studies philosophy and Queer Studies philosophy, I have consistently found that there are observable, explicit impositions of sex and gender binaries by government through policies and legislation. Medical professionals echo this in their forms and treatment methodologies, and the general population continues social interactions and traditions that reinforce the gender binary. These show the ongoing disconnect from the general public, policy making, and even the medical field as this understanding seems to stay in the realm of scholarly

theory. In our lives we frequently come across medical, financial, and security paperwork. These forms frequently ask for gender and give the options of male and female. Not only is this theoretically, legally, and medically incorrect, it is also binary, and implies that one's sex is also one's gender. This denotes that gender is "conceived merely at the cultural inscription of meaning on a pre-given sex (a juridical conception); gender must also designate the very apparatus of production whereby the sexes themselves are established as 'prediscursive,' prior to culture as sex is to nature; gender is also the discursive/cultural means by which 'sexed nature' or 'a natural sex' is produced and established" (Butler, 1999, p.11). In short, it is understood that gender is sex and sex is gender. If this is true, then sexuality "naturally" follows the gender/sex and anyone that is same sex/gender attracted is 'wrong'. In this we also must pick apart the binary of hetero/homo as a stable binary, just as male/female or man/woman is. With in-depth research of gender throughout ages and cultures, findings point to the idea of gender and sex is not static (Tammerlin Drummond times, 1990; Christine Jorgenson cross dressing correspondence collection, 1953; Gilbert & Douglas, 1926;). Gender enforcement supports the Eurocentric –settler-colonial-capitalism that keeps allows the elite to control the masses, Gender ideals are ever evolving yet we have stagnated in the United States. There are spaces for gender (or even non-gender) evolution that plays out in counter cultures such as art, design, and the integration of multiple cultures. The current views of sex and gender in the United States are not simply relegated to marketing, but affect all of us in our public and private lives. Our legal identity is linked to a sex designation that informs what our gender is; female equals woman and male equals man (Weitzman, 1979; Deaux, 1979). This binary sex/gender standard extends to state and federal laws. Therefore, if one is not identifying, internally or externally, with the sex/gender they

have been assigned, they will either suppress it or find others that support this identity to counteract the ostracism. For every group there are rules to belong, so what rules will guide this 'more accepting' group? It would most likely mirror the larger societal standards, and the transgender community would create its own hierarchy. When one identifies themselves with a group for safety and companionship they will conform with the majority because they will fit in or parish. This creates a "paradoxical condition by which a certain agency" the transgender society "is derived from the impossibility of choice" (Butler, 1993, pp. 123-124).

The Medical Model

Recently, popularity of transgender research has grown but is largely based on HIV/AIDS and hormone treatments (Bauer, 2009; Transgender and hiv, 2015; Hoffman, 2014; Fletcher et al., 2014; Rotondi et al, 2014; Effects of androgenization, 2014; Wierckx et al., 2014; Meoham, 2014). While this information is important for the physical health of transgender people, it does not take into consideration gender formation or what it is to be transgender. The research that has been done has not critically examined expectations that medical doctors may have of their patients, and if or what influence medical providers may have on the patient's decision to move ahead with gender confirmation surgeries and hormones or abstain from them. Additionally, the available data does not take into consideration what the patient/transperson's understanding of their own transitional journey entails. The concept of a distinct ending to a transition, where one will hit a point in which they are no longer in the action of transitioning but have finished their transition, is different for everyone who transitions their gender. The medical model may be the norm but it is unknown if it is the intrinsic desire of patients to physically, surgically, hormonally, alter

their gender, or if this is what is expected of transpeople in order to conform to the majority cis-society's expectations.

When looking at recorded historical views of gender non-conforming dress and gender non-conforming-performance, certain individuals carved out a place for themselves in their communities, and gave attention to what is and can be done to break the binary structure of (post) colonial/capitalistic standards (Stephens,1992; Haldeman-Julus, 1948; Haldeman-Julus, 1947; Gilbert & May, 1932; Gilbert & Douglas 1926). Name changes and sex designation on driver's licenses are becoming easier in states like California (as long as one is changing that designation within the narrow two options) as well as protections within jobs for transgender individuals. Though these are notable movements toward equality, it still situates the benefits of these laws toward binary conforming people or transmen and transwomen.

The inner workings of transgender communities have not been explored. It is becoming more common for transpeople to identify themselves as neither man nor woman, but something else entirely, but there are feelings of 'not being trans enough' to be included in the more conventional gender identities (Cruz & Cruz, 2014). This study will focus on the hierarchies, bias, and interpersonal dynamics within transgender community, as well as how these mimic or differ from the majority cisgender community. The experiences of transgender people and cisgender (non-transgender) people will also be examined and compared to the interactions between transgender people. This assesses whether or not the treatment of transgender people by cisgender people is mirrored between transgender people within the transgender population. A comprehensive survey that touches on multiple aspects of gender, sexuality, and perception has been distributed, and a focus personal and

community interactions has been designed to explore the transgender experience of this population.

Literature review.

Governmental and Medial Data

The US Census Bureau has created a statement of why and how they collect sex designation

In general discussions, the concept of gender is often confused with the concept of sex, and the terms are used interchangeably. The meanings of these two concepts are not the same: sex is based on the biological attributes of men and women (chromosomes, anatomy, hormones), while gender is a social construction whereby a society or culture assigns certain tendencies or behaviors the labels of masculine or feminine. These assignments may differ across cultures and among people within a culture, and even across time. Gender may or may not correspond directly to sex--depending on the society or culture or period. That means, for example, that people may associate themselves with femininity (as defined by their culture) while being biologically male. At the Census Bureau, the sex question wording very specifically intends to capture a person's biological sex and not gender. Ambiguity of these two concepts interferes with accurately and consistently measuring what we intend to measure--the sex composition of the population (U.S. Census, 2012).

This very statement utilizes gendered terms to mean sex. The census also does not account for those born intersex. The intersex population historically was medically 'corrected' through surgery at birth, but currently medical model advice is to watch and wait. This population is still seen as abnormal, needing to be corrected, rather than seeing these instances as natural variances in human beings (Intersex, 2016).

However, current knowledge estimates that between .5 to 1.7 % of the population has some type of sex variant characteristic (Carpenter, 2016). This is a rather large section of the population but because there is no standard test in utero or at birth for chromosomes and there is a feeling of shame surrounding genital varieties (abnormalities). There is a bit of leeway with the definition of intersex, as it is seen as

"a group of conditions where there is a discrepancy between the external genitals and the internal genitals (the testes and ovaries)"(Kaneshiro, 2015). Does this make any transperson who has taken hormones or surgery to alter their body intersex? From a gender nonconforming point of view, one can feel that "suffering under a handicap of this kind is a strange and an unusual experience in a civilization that looks at only two colors, black and white" (Haldeman-Julus, 1948, p. 10). The binary world of rich/poor, man/woman, adult/child, does not have any use for the in-between unless it is able to be marketed to. This very thinking may lead to our unhappiness because, as in any binary type relationship, one is the valued and the other devalued by comparison. To further separate the binary, extremes are used on both sides so that one is either running to or away from one extreme or another (Tucker & Keil, 2001).

History of Gender Non-Conformance Individuals and Communities

One author in 1947, self-proclaims that they are "both a hermaphrodite and a homosexual" (Haldeman-Julus, 1974, p. 7). Though the wording is not the current understanding of these terms, the explanation of this person is that of one who is a homosexual, transgender individual, designated as male at birth (DMB). The full article is an admission of self-discovery and has a distinct separation of gender identity and sexual identity that seems to be lost in more current conversations. As we travel back even further in history we find that the gender constraints were not as tightly bound to the binary as they are today. Many were accepted and even revered for non-binary, dual gender, or opposite gender actions, dress, or performance. Who are these non-conformist individuals and how were they able to transcend the gender and societal policing to dress or live as they wished? There are several areas where

individuals could not merely survive, but thrive, as transgender or gender non-conforming. Within this report, findings point to the prior existence of people that opt to cross-dress or identify as a gender other than the one assigned to them at birth, going back to at least to the 17th century. Many recognizable gender nonconforming people were either of a higher social status or in the public eye as a performer, although this recognition may be more due to their status in wealth, than being the only gender nonconforming people. Dressing or living as another gender, or multiple genders, allowed nonconforming people to express sexual or social freedom differently than they could have if they kept to their gender conformed dress and action.

Although women were not allowed to act on the stage until 1681, there are several instances in which 'men' were portraying woman's parts occurring after this ban was lifted (Stephens, 1992). This transition finally gave license to oppressed women who were endowed with vast talent for stage and performance to perform in the public rather than confined to only private performance spaces. This transition to a firm two gender casting system surely had displaced many performers that acted, sang, and danced, or even lived as women or a non-binary gender, on and off stage. Freedom from a firm gender designation allowed many a license to act as they may without being persecuted or confined to societal constraints that non-performers must abide by. One performer who continued to bridge the gap of performance and gender was Eliza Edwards. Edwards performed in England and fell ill. She is described by her physician as having "a clear case of 'inversion'" (inversion being the term used at the turn of the 18th century and is the precursor of what we term 'transsexual' today)

(Gilbert and Douglas, 1926, p. 270). Edwards may have felt similar to others who expressed an intense longing to dress and act as a woman, as one anonymous person states, "I [was] imaging I was female until I was sixteen years old . . . from the time I was two and a half years old . . . I wore dresses and long hair until I was nine" (Haldeman-Julus, 1943, p. 3). Peter Sewally aka Mary Jones aka The Man Monster, who was sentenced to prison in 1836 for grand larceny, was noted for less noble causes. Sewally was known as a pickpocket, a prostitute, and a person assigned male at birth (AMAB). One who appeared to all as a woman known as Belle Star (1848-1889) was "a road agent, cattle rustler, and head honcho of a gang of horse thieves" (Katz, 2001, pp.77-86; Stephans, 1999, pp. 46-47). Historical instances of gender non-conformance took stage in political settings. In 1654, Queen Christina of Sweden gave up her throne to fulfill her/his wanderlust, calling herself Count Dohan. Mademoiselle La Chevalier – a political advisor to the king of France from 1762- (Gilbert & May, 1923). Civil War soldiers were found after death on the battle fields, fought and were accepted as soldiers though they were assigned female at birth (AFAB) (Gilbert & May, 1932, p. 95). These instances are repeated over time and through creative performances. In theater, audiences seemed to accept these instances of cross dressing or gender performance by "express[ing] approval - or at all events, [does] not express[ing] disapproval – of the spectacle of a man dressed as a woman; which is perhaps a proof that ambiguity as to the sex still continues to interest many people" (Gilbert & Douglas, 1926, p. 274).

The performing arts acted as an asylum of sorts for gender expression of varying degrees. There have also been spaces held in bars, private clubs, at homes, and

through correspondence for people to discuss and perform their gender, and to mentor others on safety and ways to be a gender (Cartier, 2010; Christine Jorgenson cross dressing correspondence collection, 1953; Society for the second self Tri-Ess papers, 1975-1993). All of these instances of gender performance leave room for speculation of the 'true' gender identity of the performer. It is unknown how much pushback from society many of these people had, but they were able to create a safe space for themselves as non-conforming people. It seems that a buffer of wealth and/or connection with the arts were part of the environment that allowed these European and Euro Americans to explore their gender in a nontraditional way. Through this we must examine what makes gender, particularly because gender ideals fluctuate depending on time period and geographic region. It cannot be defined simply by how one dresses, how one's voice sounds, how one's movements are, or even what genitalia one has. Rather, we must consider what that individual sees themselves as and be aware that there is not simply a binary of man or woman, but may fluctuate between the two, hover in the middle as androgyny does, or be unnamed. One must be mindful when trying to seek out those who may have identified as gay in history because this is public self-designation, however seeking out those who were gender nonconforming is of a different ilk. Societies have a set of rules that are either generally understood and socially reinforced as they have in the past, or generally understood and legally reinforced as they have been since settler colonialism. The more a society must use laws to reinforce control over people, the weaker the fabric of that social order (internal regulation of order and understanding). This may be no different within transgender communities.

Method

Participants

Focus group

(some names have been changed to protect the respondent's identity)

The focus group participants (n = 4) are as follows; Devon - identified as a transgender female, 18 years old, Chicana, and lower middle class; Louis – identified as a man with a transgender experience, 26 years old, White, and poor/working class; Fred – identified as trans male, 21 years old, mixed race, and low to middle class; Tyler – identified as a transman. Flyers were distributed in two community center locations that served the Los Angeles LGBT population. Two respondents were from the post at the Los Angeles LGBT Center in Hollywood. Later they withdrew due to a family emergency. One responded from the CSUN Pride Center. Three participants were recruited via Facebook by personal message.

Survey

The survey was created on Qualtrics and was distributed on social networking in transgender groups and sent to individuals that had ties to larger organizations across the United States, that serve transgender individuals.

Measures

Focus Group.

The conversation topics were Hand written notes were taken while the following questions were administered to the group;

1. Please state your gender identity and pronouns.
2. Do you feel that the larger society treats you as the gender you identify with?

3. Have your mannerisms and dress changed since you have disclosed your gender identity to others?
4. Do you feel respected by the transgender community and is your identity respected?
5. Have you felt pressure from other transgender people to dress a certain way, bind, tuck, take hormones, or get surgeries?
6. How do you feel about the terms “stealth” and “passing”?
7. Do you feel that the gender you were raised as has an effect on how your gender expression plays out today? Do you have any mannerisms that are related to the gender you were assigned as a child?
8. Do you feel that there is infighting between differently identified people in the transgender community?
9. How is your self-esteem and self-worth today as opposed to before disclosing your gender identity to others?
10. How would you like to see the transgender community in the future?

Even though many of the topics were heavy and emotional, the group as a whole ended on a positive note and the group kept talking and exchanged numbers with each other. The participants stated that they enjoyed participating in the focus group. The group was small, with the participants in their early to mid-20s. Three identified as transmen and one identified as a transfemale. Participant’s answers were then analyzed for common trends within the group and trends in the larger survey data.

Survey

The survey was analyzed for common themes and compared with trends in the focus group to develop a more comprehensive evaluation of the greater transgender community.

Research Design

Three research designs have been incorporated into this qualitative study; Ethnography, Phenomenology, and Grounded theory. The data was gathered in two ways: a focus group and an online survey. The focus group questions mirrored many of the survey questions but focused on individual's gendered actions and impressions about the interactions within the transgender community.

From an Ethnographic standpoint, not much is actually known or understood about transgender communities. There are communities within the larger community that are separated by race, gender identity, and socioeconomic status. After spending six years as a transgender discussion group facilitator, I have been privy to many conversations that are not discussed in mixed (transgender and cisgender people) company. Of course, some conversation centered on hormones and surgeries, but many more discuss social placement. What it means to be a transgender person with a transgender experience is unique to each individual but there are many crossover themes regardless of sex assignment at birth, gender, or ethnicity. These themes include passing or being stealth- the ability to move through the larger society without being seen as transgender, dressing 'correctly' as the gender they are, being told that they are "not trans enough" by those who are identity with the binary genders, (man or woman). As a person whom identifies within the transgender spectrum, I see firsthand the significance and urgency in having a more thorough variety of research about transgender people, not only to my scholarly research, but to the larger transgender community, as a whole.

Procedure.

Data Collection

From a Phenomenology standpoint, there is little known from the transgender personal life experience, save for a few public figures in the community, particularly those that are sexual minorities, people of color, and those from a lower economic and educational background. Within this study I wanted to incorporate intersectionality, with particular attention paid to ethnicity. The shared experience of transgender people I am examining feel the pressures of being the ‘right’ kind of transperson. The peer pressure within the trans community and the pressure from the cis community, parents, doctors, cis peers, etc., may help to mold how a person believes they should be. How this mentally and physically affects a transperson’s identity formation is yet to be understood. It is also unknown if the trans community understands the larger societal normalization that informs how to become the ‘right’ gender. Being a white, assigned female at birth, non-binary transperson, I will have an experience that differs vastly from binary transpeople of color. I cannot speak from the position of a transman, transwoman, or anyone of color. Gathering this information within this survey and focus group will rely on the honest disclosures of a variety of trans experience’s and I must guard against whitewashing experiences of people of color. Therefore, I will use quotes from the semi- qualitative survey questions and focus group participants. This will hopefully somewhat safeguard against my personal biases, however I am looking for certain trends that I believe are part of being of the transgender community. Because I have the exposure to so many people in this rather closed community, I will probably know many of the people that will be inquiring about the focus group. I will be choosing people based on a first-come-first served, then demographic basis, so I may have a more representative picture of the ethnicities and identities within the transgender population I am studying. I have the privilege of being highly educated. Many, or most of my participants have probably not had the extensive formal education that I have been afforded, therefore I will attempt to word questions in a way that my participants will understand, regardless of their exposure of technical and scholarly vocabulary.

I will be distributing the survey across Facebook and in private transgender Facebook groups. The focus group flyer will be placed at resource centers that cater to transgender clients that are reaching out for basic health, law, and housing services that include young adults to seniors. In this, I will be casting the net far and wide across the Los Angeles area, and nationally as well as internationally with the online survey.

To utilize Grounded theory, all information gathered will be organized to shine light upon the transgender society. There is not currently a theory surrounding the inner workings of transgender communities as a support system and guiding light for how to 'be' transgender, therefore I will use the following data from this study to frame this new theory. The larger heterosexual, cisgender world informs how the transgender community organized, and how people see themselves and other transpeople. The same hierarchies can be applied to the transgender community, organizing the privilege to the white –wealthy- binary identified individuals, while people of color, particularly transwomen of lower socioeconomic status are the least privileged. Non-binary trans people face a different form of stigma similar to that of bisexual people because there is no 'firm' gender identity. Within the binaries, non-gender conforming people can feel like outsiders in both the hetero-cisgender society, and face similar devaluation within the larger transgender community. How the standards are formed of what is the 'right' way of being transgender must be named as it effects everyone within the transgender communities.

Sampling Strategy

An application was sent into California State University Northridge Masters Studies Department to request permission to use human subjects. An application for a monetary grant was also applied for. This research received \$400 in order to pay participants and offer them refreshments. After approval of the human subject form, the online survey was sent out via Facebook groups and emails sent to

transgender resource centers across the United States. Research questions for this study include inquiry into how mainstream society's understanding and enforcement of gender normality and how it effects how a transgender person sees themselves within or outside the man and women gender binary, how social interactions of the transgender community mold a transgender person's gender identity, exploring what, if any, are there standards of gender presentation within the transgender community, how gender expectations from one's early life inform the transgender person's gendered actions, and how the intersectionality of race and ethnicity play into the unique experiences of each person.

The data samples for this study will be divided up into two sections; a semi qualitative survey and a focus group. This research project will disperse a digital survey via social media and emails to local transgender organizations and utilize a snowball sampling. After or during digital data collection, a focus group of self-identified transgender people will be administered. The focus group will mirror many of the questions on the survey and participants will be recruited in a similar way as the study; by emailing targeted transgender resource spaces that are local to the Los Angeles area utilizing random sampling.

Survey

Participants were recruited via social media and emails to directors of organizations, to be dispersed by them, that cater to transgender clients. There will be a link to the digital survey option to participate in the survey. The only screening device in the survey is self-identification of transgender identity. The survey will be opened for 3 months with no limit of number of participants. The survey has a total of 29 questions. Many of these questions are qualitative in nature and allow the participant to write in their answer. Many of the questions had several answers to choose from and a write in section. Three sections offer the ability to skip the questions that may be sensitive or triggering in nature; surgery, hormones, sexual and physical violence, and self-harm. The survey was anonymous and took

10 to 30 minutes complete, depending on time spent on the qualitative answers. A sample of survey is attached in Appendix A.

Focus Group

The screening of participants was completed via phone or email, and participants were asked their transgender identity, age, gender, and ethnicity. Consent to the focus group is a five-page document that covers an overview of participation expectations and the participant's agreement to it. Digital and physical flyers were dispersed via Facebook, emails to transgender organizations and physical copies placed in organizations that serve transgender clients. A cash incentive of \$65 was given to each focus group participant. The focus group lasted 2 hours and notes were recorded by hand. A sample of the focus group questions are attached. A semi structured interview guide addressed the following general areas: individuals understanding of transitioning and their own gender identity, self-esteem, how they feel about the transgender community, terminology that is unique to the transgender community, and where they hope to see the transgender community in the future.

Data Analytic Strategy

Data from the survey was compiled by Qualtrics survey software and then reviewed for common themes within the quantitative and qualitative questions. The qualitative questions on the survey and the focus group questions utilized thematic content analysis to find trends. The focus group data was gathered from handwritten notes that are coded to each participant and their identity. This information will be categorized into main reoccurring themes to formulate a new theory about the inner workings of the transgender community as it fits into the larger social system. The password for the Qualtrics account is known to only one researcher. The written data and identities of the focus group participants are stored in a laptop with a password protection.

Results

Survey

The survey was accessible from January 29, 2017 to March 2, 2017, a total of 33 days. Of the (n=194) participants, (n=8) identified as cisgender. The survey was designed to send cisgender people directly to the end of the survey. Of the remaining participants, n=157 identified within the transgender spectrum and n=25 identified as having had a transgender life experience. The differential between these identities are how people personally identify. Participants identified as man (n=28) 15.33%, woman (n=46) 27.33%, genderqueer (n=36) 18%, agender (n=12) 6%, two-spirit, (n=3) 2%, gender-fluid (n=12) 8%, and not sure (n=2) 1.33%. For those that answered let me tell you (n=37) 22%, answers included: (n=2) trans, (n=5) bi-gender, transmasculine, trans man, transsexual female, neutrois, genderfuck, genderqueer man, (n=2) transmasculine genderqueer, transgenderqueer, gender mosaic, FtM, trans non-binary, agenderflux, genderfluid genderqueer non-binary hormonally-variant male-bodied, trans woman, (n=2) nonbinary, nonbinary femme, androgyne, butch trans guy, demigirl, transgender, and mixed-gender. 60% (n=105) were raised as girls, 36% (n=64), and 4% (n=7) other. Gender assignment at birth was 63% (n=110) female, 37% (n=65), and 1% (n=1) intersex. Participants currently identify their sex as male (n=42), female (n=60), intersex (n=8), not sure (n=30), and other (n=36). Ages of participants: 18-24 (n=38), 25-34 (n=58), 35-44 (n=36), 45-54 (n=26), 55-64 (n=7) and 65-74 (n=4).

Participants' ethnic/racial identities

Pacific Islander	1
Chicano/Chicana/Chicanx	5
Other	6
African-American/Black	7
Asian	10
Latino/Latina/Latinx	15
Multi-racial	17
White	150

Socioeconomic statuses

Working poor	34
Lower middle class	49
Middle class	55
Upper middle class	24
Upper class	3
Let me tell you	11

Those that answered "let me tell you" were unemployed, disabled, or retired.

Participants use the following pronouns

She/Her	72
He/Him	77
They/them	80
Ze/Zim	1
Ze/Hir	9
My name	44
My pronouns are not listed here but let me tell you	7

Sexual Identity/ orientation

straight	28
gay	13
lesbian	29
fem	9
stud	1
queer	86
asexual	18
pan sexual	45
submissive	15
dominant	10
bottom	16
top	8
switch	31
my orientation is not listed but let me tell you	40

Orientations listed were: bisexual (n=14), demisexual (n=6), Androsexual, questioning, Masochist (n=3), Homoflexible (n=2), not sure (n=4), and Omnisexual. Participants reported that others saw them as gay, queer, cisgender, or that they weren't sure. Participants first felt their gender was different than assigned as follows: 0-8 years (n=56), 9-17 years (n=28), over 18 years (n=31). Common theme was the understanding of differing gender identity when young but being more effected by it during puberty leading to body dysphoria. Participants were told that gender was binary and was linked with heterosexual sexuality. Participants felt that these societal norms caused them to suppress their feelings and identity. Most participants felt that their appearance reflected their gender/non-gender identity (n=75), but (n=50) said it didn't, and (n=35) were not sure. Those that responded "no" or "not sure" felt that they needed hormones or surgeries and that their body and facial features reflected the gender they were socialized as. Others found it was not important that they "pass". Nearly half of participants (n=73) reported that they were transitioning right now, and (n=47) discussed the idea that transition lasted a lifetime. When asked what transition meant to them, several ideas were identified. Outward expression of gender to other was strongly represented (n=64). Other trends, included coming into one's self, being authentic, or not feeling a need to change how they presented were common (n=42), movement from one gender to something else (n=20), and lifelong process (n=11). 69.18% participants felt that having hormone therapy (testosterone/estrogen/blockers) or surgeries, 60.27%, would or does enhance their ability to be treated as their gender/non gender identity.

Participants were asked in which ways they modified or enhanced their outward appearance.

taking hormone supplements	92
waxing/shaving/electrolysis/tweezing	77
wearing makeup	62
binding breasts	51
let me tell you	40
tucking (penis and testicles)	31
wearing breast enhancements	18
wearing a hair piece/wig	18
No I don't	11
Use a skin lightener	1
Collagen injections	1

Participants were asked if they felt pressure to start or use hormones or gender confirmation surgeries, and from whom.

Parents/guardian	4
counselor/psychologist	8
medical professionals	10
someone else	14
friends	15
peers	21
other trans people	41
no one	101

When asked if they felt accepted by the transgender community, most did, however they also noted there were issues with binary trans people not accepting or honoring identities on non-binary or non-gender identities. It was noted in the focus group and the survey that there were issues with queer trans people of color (QTPOC) not being accepted in the community, particularly with older White transwomen.

When asked how they felt about the transgender community, participants were overwhelmingly positive and wanted to offer their support. There were several comments and a discussion in the focus group about the fractured nature of the transgender community and how the hierarchy favored wealthy White transwomen who were able to 'pass' in the mainstream society. A few survey participants expressed that they were isolated and had never met any other transpeople in person, only having communicated with other transpeople online. When asked how they felt about themselves, both the focus group and the survey participants said they were currently working on their self-esteem but still struggled with self-acceptance and self-love.

Discussion

Findings

This survey and focus group generated a lot of important information about the transgender population and community. There were 186 transgender respondents (this is subtracting the 8 cisgender respondents) and 4 focus group participants. There were a variety of identities, ages, and ages, but a large portion of respondents identified as White and were assigned female at birth (AFAB). This high response rate of AFAB individuals contradicts nearly all other research, but the sheer number of participants shows high validity and leads one to believe that there are more AFAB people identifying within the transgender spectrum than has been seen in the past or that this population has not been specifically targeted for research. Those assigned male at birth (AMAB) tended to lean towards binary identities where the AFAB respondent's identities were more widely ranged. Internal conflicts seemed to stem from an internal lack of understanding with identities and perhaps little discussion surrounding the larger patriarchal cisgender heterocentric society. This may also be linked to female and male socialization prior to people disclosing their gender or non-gender identity. Within the focus group discussion of socialization, all participants said they felt how they were raised had a direct effect on how they reacted to situations. Fred felt pressure to "sit down, shut up, be quiet, and be friendly". He felt pressure by himself to be more feminine and thinks this was linked to his internalized transphobia. Louis was raised non binary (AFAB) and was able to express himself, but he thinks that his parents just didn't care. He was given certain messages by his father while growing up, such as women being evil and how soccer wasn't a man's sport, when he wanted to play in school. At puberty he forced himself not to cry and thinks that this may be linked to his internalized masculinity. Tyler thought it played a huge roll on how he expresses his gender. He was told "sit up straight, you can cry just not in public". He cries now that he is on T (testosterone) because that he now feels he can express his feelings. Devon (AMAB) was raised to be manly which she has internalized and stressed her out while growing up. She would wear

feminine makeup out and be asked if she was gay. She still “kind of doesn’t want to express emotion” because she doesn’t want to appear feminine for safety’s sake.

There were surprising findings in terms of transgender identity facilitating a gain of friends and job opportunities. Community seems to help with pathways to success, however a positive relationship with the transgender community did not correlate to a positive self-image or self-esteem. Fitting into the community was important but there were some things such as geographic location, ethnicity, lack of accessibility to healthcare, and feeling pressure from other transpeople and the respondents’ partners to proceed in physical transition that seemed to hinder community connection. Lastly, physical appearance came to the forefront of importance. It was not only for mental and physical congruence but seemed to point to acceptability by the larger cisgender community.

Limitations

My activity in the Los Angeles and Pacific Northwest communities has given me access to this rather closed off community. Unfortunately, this also means that there may have been desirability affecting some of the answers. This also could have created some bias on my part when creating questions and finding trends in the data as I identify as agender and am seen as being part of the White race. I also have the privilege of being in graduate school and having had much experience and access with transgender community programs. The focus group participation was limited to Los Angeles area residents and those few that did participate identified within the gender binary. The focus group was also limited by a very small range of ages. This research project was created and administered in a relatively short period of time, 15 months, which may have not allowed for as many organizations to be contacted as it could have. Being able to have more time and more money to travel, build connection with more organizations, and promote this survey may have benefited the overall data sample. Having

the survey only accessible to online users left out a large demographic of people that simply don't have internet access, or have not found community they feel comfortable with online.

Conclusion

Unfortunately, we as a whole, transgender and cisgender people are still encouraged to present gender in specific ways to be considered legitimate in society. This has been and still is reinforced by capitalism, heteropatriarchy through advertisements, binary separations in sports, and even in our restroom use. This encompasses Settler Colonial Transgender Oppression theory and allows for the oppressed to become the oppressor within the transgender community. This oppression by transpeople to other transpeople in this community only further fractures the bonds that transfolx need to bring about equity in their community. Deconstruction and examination of the systems that keep us from feeling valid, and create mental and physical health problems, may be the only foreseeable way to find a place to allow for these identities. Real conversations need to be had around gender and non-gender identities, privilege, race, and male/female socialization amongst the transgender community. To ignore these issues that harm and degrade members of this community only reinforces the majority's hold over what it is to be human.

References

- (20, November). In *Census.gov, People and Households, Age and Sex Main, About Age and Sex*. Retrieved on December 20, 2016 from <http://www.census.gov/population/age/about/>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author. Print
- Bauer, G. R., Hammond, R., Travers, R., Kaay, M., Hohenadel, K. M., & Boyce, M. (2009, December 30). "I don't think this is theoretical; this is our lives": how erasure impacts health care for transgender people. *Journal of the Association of Nurses in AIDS Care*, 20(5), 348-361.
- Butler, J. (1993). *Bodies that matter* (first ed., pp. 27-55). New York, NY: Routledge.
- Butler, Judith. *Gender Trouble : Feminism And The Subversion Of Identity*. New York: Routledge, 1999. *eBook Academic Collection (EBSCOhost)*. Web
- Carpenter, M. (2016, May). The human rights of intersex people: addressing harmful practices and rhetoric of change. *Reproductive health matters*, 24(27), 74-84. Retrieved on March 20, 2016 from [http://www.rhm-elsevier.com/article/S0968-8080\(16\)30017-9/pdf](http://www.rhm-elsevier.com/article/S0968-8080(16)30017-9/pdf)
- Cartier, M. (2010). Baby, you are my religion : the emergence of "theology" in pre-stonewall butch-femme/gay women's bar culture and community. n.p. Special Collections and Archives, Oviatt Library, California State University, Northridge.
- Christine Jorgenson cross dressing correspondence collection. (1953). n.p. Special Collections and Archives, Oviatt Library, California State University, Northridge.
- Cruz, T. , & Cruz, T. (2014). Assessing access to care for transgender and gender nonconforming people: A consideration of diversity in combating discrimination. *Social Science & Medicine*, 110, 65.
- Deaux, K. (1979). *The behavior of women and men* (pp. 6-142). Monterey, CA: Brooks/Cole Publishing.

- Tucker, J. B., & Keil, H. (2001). Can cultural beliefs cause a gender identity disorder? *Journal of psychology and human sexuality, 13*(2), 21-30.
- Effects of androgenization on the white matter microstructure of female-to-male transsexuals. a diffusion tensor imaging study. (2012). *Psychoneuroendocrinology, 37*(8), 1261.
- Fletcher, J. , Kisler, K. , & Reback, C. (2014). Housing status and hiv risk behaviors among transgender women in Los Angeles. *Archives of Sexual Behavior, 43*(8), 1651-1661.
- Gilbert, O. P., & Douglas, R. B. (1926). *Men in women's guise: Some historical instances of female impersonation*. New York: Bretano's. Special Collections and Archives, Oviatt Library, California State University, Northridge.
- Gilbert, O. P., & May, J. L. (1932). *Women in men's guise*. London: John Lane. Special Collections and Archives, Oviatt Library, California State University, Northridge.
- Greene, J. , Caracelli, V. , & Graham, W. (1989). Toward a conceptual framework for mixed-method evaluation designs. *Educational Evaluation and Policy Analysis, 11*(3), 255-274. Retrieved from http://www.jstor.org.libproxy.csun.edu/stable/1163620?seq=1#page_scan_tab_contents
- Haldeman-Julus, E. (1947). *Fillers: Confessions of a Hermaphrodite* (July ed.). N.p.: Little Blue Books Collection. Special Collections and Archives, Oviatt Library, California State University, Northridge.
- Haldeman-Julus, E. (1947). *Fillers: Confessions of a Transvestist* (November ed.). N.p.: Little Blue Books Collection. Special Collections and Archives, Oviatt Library, California State University, Northridge.
- Haldeman-Julus, E. (1948). *Why I, a man, must dress as a girl: how a transvestist met his problem* N.p.: Little Blue Books Collection. Special Collections and Archives, Oviatt Library, California State University, Northridge.

- Hoffman, B. (2014). The interaction of drug use, sex work, and hiv among transgender women. *Substance Use & Misuse, 2014, Vol.49(8), P.1049-1053, 49(8), 1049-1053.*
- Intersex. (2016). In *MedlinePlus, trusted health information for you*. N.p.: U.S. National Library of Medicine. Retrieved on March 20, 2017 from <https://medlineplus.gov/ency/article/001669.htm>
- Kaneshiro, N. K. (2015). Intersex. In *US national library of medicine*. Retrieved on March 5, 2017 from <https://medlineplus.gov/ency/article/001669.htm>
- Katz, Jonathan N. *Love Stories: Sex Between Men Before Homosexuality*. N.p.: University College Press, 2001. Print.
- Maglaty, Jeanne. "When Did Girls Start Wearing Pink?" *Smithsonianmag.com* 8 Apr. 2011. Retrieved on February 4, 2017<<http://www.smithsonianmag.com/arts-culture/when-did-girls-start-wearing-pink-1370097/?all>>.
- Mepham, N. , Bouman, W. , Arcelus, J. , Hayter, M. , & Wylie, K. (2014). People with gender dysphoria who self-prescribe cross-sex hormones: Prevalence, sources, and side effects knowledge. *The Journal of Sexual Medicine, 11(12), 2995-3001.*
- Rotondi, N. , Bauer, G. , Scanlon, K. , Kaay, M. , Travers, R. , et al. (2013). Nonprescribed hormone use and self-performed surgeries: "do-it-yourself" transitions in transgender communities in Ontario, Canada. *American Journal of Public Health, 103(10), 1830.*
- Ruben, Gayle. "Blood under the bridge: reflections on "thinking sex"." *A Journal of Lesbian and Gay Studies* 17.1 (2011): 15-48. Web
- Society for the second self Tri-Ess papers. (1975-1993).Special Collections and Archives, Oviatt Library, California State University, Northridge.
- Stephens, Autumn. *Wild Women: Crusaders, Curmudgeons and Completely Corsetless Ladies in the Otherwise Virtuous Victorian Era*. Berkley: Conari Press, 1992. Print.

Transgender and hiv. (2015). *Bulletin of the World Health Organization*, 93(9), 593.

Wierckx, K. , Gooren, L. , & T'Sjoen, G. (2014). Clinical review: Breast development in trans women receiving cross-sex hormones. , *11*(5), 1240.

Five accused of impersonating females in cafe. (1954, Nov 02). *Los Angeles Times (1923-Current File)*

Retrieved on March 10, 2017 from

<http://libproxy.csun.edu/login?url=http://search.proquest.com/docview/166712993?accountid=7285>

Tammerlin Drummond times, S. W. (1990, Dec 21). Figure in brawl is revealed as a woman. *Los*

Angeles Times (1923-Current File) Retrieved on December 14, 2016 from

<http://libproxy.csun.edu/login?url=http://search.proquest.com/docview/1467247732?accountid=7>

285 "impersonating a man"

He took her pants. (1895, Sep 08). *Los Angeles Times (1886-1922)* Retrieved on December 14, 2016

from

<http://libproxy.csun.edu/login?url=http://search.proquest.com/docview/163710502?accountid=7>

85

Weitzman, L. J. (1979). *Sex role socialization* (pp. 1-66). Palo Alto, CA: Mayfield Publishing Company.

Appendix A

Transgender Identity and Life Experiences

AA California State University, Northridge

CONSENT TO ACT AS A HUMAN RESEARCH PARTICIPANT

You are being asked to participate in a research study. Transgender Identity Formation and Life Experiences, a study conducted by Orion Block as part of the requirements for the Masters degree in Social Work. Participation in this study is completely voluntary. Please read the information below and ask questions about anything that you do not understand before deciding if you want to participate. A researcher listed below will be available to answer your questions.

RESEARCH TEAM Researcher:

Orion Block Department of Social Work 18111 Nordhoff St. Northridge, CA 91330- 8226 (818) 677-7630 orion.block.495@my.csun.edu

Faculty Advisor: Dr. Allen Lipscomb; Dr. Amy Levine
(818) 677-7630 allen.lipscomb@csun.edu

(818) 677-7630 amy.levin@csun.edu Department of Social Work 18111 Nordhoff St. Northridge, CA 91330- 8226 (818) 677-7630 msw@csun.edu

PURPOSE OF STUDY The purpose of this research study is to explore how transgender individuals form and understand their own gender identity and what their life experiences include.

Inclusion Requirements You are eligible to participate in this study if you are at least 18 years of age or older and self – identify within the transgender spectrum. **Exclusion Requirements** You are not eligible to participate in this study if you are under the age of 18 and identify as cisgender (not transgender).

Time Commitment This study will involve approximately 20 of your time over the course of one day.

PROCEDURES The following procedures will occur; You will participate in an anonymous online study.

RISKS AND DISCOMFORTS The possible risks and/or discomforts associated with the procedures described in this study include: fatigue, boredom, mild emotional discomfort. This risk is managed by options to skip certain questions that would cause distress.

Counseling Resources

Trans Lifeline (**free**)

US: (877) 565-8860 Canada: (877) 330-6366

LGBT National Hotline (**free**)

1-888-843-4564

LGBT Online Peer Support Chat (free)

<http://www.volunteerlogin.org/chat/index.html>

Los Angeles LGBT Counseling (low cost)
<https://lalgbtcenter.org/health-services/mental-health>

BENEFITS Subject Benefits The possible benefits you may experience from the procedures described in this study include discussion about your own and group experiences of transgender people. **Benefits to Others or Society** To inform and record instances of transgender people's experiences while forming their own gender identity and living in and out of the transgender communities.

ALTERNATIVES TO PARTICIPATION The only alternative to participation in this study is not to participate.

COMPENSATION, COSTS AND REIMBURSEMENT Compensation for Participation You will not be paid for your participation in this research study. You will not be reimbursed for any out of pocket expenses.

CONFIDENTIALITY Subject Identifiable Data This is an anonymous survey and will not record any personal identifying information about participants such as name or email. **Data Storage** All research data will be stored on a laptop computer that All research data will be stored electronically on a secure network with password protection. **Data Access** [Explain who will have access to the research data.] The researcher(s) and faculty advisor named on the first page of this form will have access to your study records. Any information derived from this research project that personally identifies you will not be voluntarily released or disclosed without your separate consent, except as specifically required by law. **Publications and/or presentations** that result from this study will not include identifiable information about you. **Data Retention** The researchers intend to keep the research data until the research is published and/or presented and then it will be destroyed. **Mandated** Under California law, the researcher is required to report known or reasonably suspected incidents of abuse or neglect of a child, dependent adult or elder, including, but not limited to, physical, sexual, emotional, and financial abuse or neglect. If any researcher has or is given such information, ze may be required to report it to the authorities.

IF YOU HAVE QUESTIONS If you have any comments, concerns, or questions regarding the conduct of this research please contact the research team listed on the first page of this form. If you have concerns or complaints about the research study, research team, or questions about your rights as a research participant, please contact Research and Sponsored Projects, 18111 Nordhoff Street, California State University, Northridge, Northridge, CA 91330-8232, or phone 818-677-2901.

VOLUNTARY PARTICIPATION STATEMENT You should not sign this form unless you have read it and been given a copy of it to keep. Participation in this study is voluntary. You may refuse to

answer any question or discontinue your involvement at any time without penalty or loss of benefits to which you might otherwise be entitled. Your decision will not affect your relationship with California State University, Northridge. Your signature below indicates that you have read the information in this consent form and have had a chance to ask any questions that you have about the study.

I AGREE TO PARTICIPATE IN THIS SURVEY;

- Yes (1)
- No (2)

#SkipLogicDescription

A First we will start with some basic information

1 You identify as

- An identity within the transgender spectrum including non gender identities. (1)
- A person who has had a transgender life experience but now identifies as a man or a woman (2)
- I am not transgender (cis gender) (3)

#SkipLogicDescription

2 Gender OR non-gender you identify as * choose one

- Man (1)
- Woman (2)
- Genderqueer (3)
- Agender (4)
- Two-Spirit (5)
- Gender-fluid (6)
- My gender is not listed but let me tell you (7) _____
- Not sure (8)

3 Gender you were raised as *choose one

- Girl (1)
- Boy (2)
- Other (3) _____

4 Sex you were assigned at birth *choose one

- Male (1)
- Female (2)
- Intersex (3)

5 Sex you identify as *choose one

- Male (1)
- Female (2)
- Intersex (3)
- Not sure (4)
- other (5) _____

6 Your race/ethnicity *choose all that apply and write in if you wish to specify

- African-American/Black (1) _____
- Asian (2) _____
- Latino/Latina/Latinx (3) _____
- Chicano/Chicana/Chicanx (4) _____
- Pacific Islander (5) _____
- White (6) _____
- Multi racial (7) _____
- Other (8) _____

7 Pronouns that identify you *choose all that apply

- She/Her (1)
- He/Him (2)
- They/them (3)
- Ze/Zim (4)
- Ze/Hir (5)
- My name (6)
- My pronouns are not listed here but let me tell you (7) _____

8 Class you identify yourself in *choose one

- Working poor (1)
- Lower middle class (2)
- Middle class (3)
- Upper middle class (4)
- Upper class (5)
- Let me tell you (6) _____

9 Your Age

- Under 18 (1)
- 18 - 24 (2)
- 25 - 34 (3)
- 35 - 44 (4)
- 45 - 54 (5)
- 55 - 64 (6)
- 65 - 74 (7)
- 75 - 84 (8)
- 85 or older (9)

Q36 My sexual identity/orientation is *choose as many as apply

- straight (1)
- gay (2)
- lesbian (3)
- fem (4)
- stud (5)
- queer (6)
- asexual (7)
- pan sexual (8)
- submissive (9)
- dominant (10)
- bottom (11)
- top (12)
- switch (13)
- my orientation is not listed but let me tell you (14) _____

Q37 How do others see your orientation/sexual identity?

B Please tell us more about yourself. Your honest answers are valued.

10 When was your first understanding that your gender was different than what you were assigned at birth?

11 What were you told about gender through your parents/guardians, media, society, and peers?

12 Do you feel that your appearance reflects how you currently identify?

- Yes (4) _____
- No (5) _____
- Not sure (6) _____

15 This section discusses your transition process and experiences.

16 Do you feel as though you are *choose one

- Finished transitioning (1)
- Transitioning right now (2)
- Have not yet started transitioning (3)
- Do not feel you are or will be transitioning (4)
- Let me tell you (5) _____

17 What does "transition" mean to you (how do you define it) ?

D The next few questions deal with outward appearance, hormones supplements, and surgeries. We value your viewpoint and want to understand your experiences but we understand that these topics may cause some distress. Because of the sensitive nature of topics you may opt out of these questions.

DD I wish to

- Continue with these questions (1)
- Opt out (2)

If Opt out Is Selected, Then Skip To End of Block

19 You modify or enhance your outward appearance by *choose all that apply

- wearing makeup (1)
- waxing/shaving/electrolysis/tweezing (2)
- wearing a hair piece/wig (3)
- binding breasts (4)
- wearing breast enhancements (5)
- tucking (penis and testicles) (6)
- taking hormone supplements (7)
- Use a skin lightener (8)
- Collagen injections (9)
- let me tell you (10) _____
- No I don't (11)

20 Do you feel that having hormone therapy (testosterone/estrogen/blockers) would or does enhance your ability to be treated as your gender/non gender identity? *choose one

- yes (1)
- no (2)
- not sure (3)
- let me tell you (4) _____

21 Do you feel that having gender confirmation surgeries (any) would or does enhance your ability to be treated as your gender/non gender identity? *choose one

- yes (1)
- no (2)
- not sure (3)
- let me tell you (4) _____

22 Have you felt pressure to start or use hormones or gender confirmation surgeries from any of the following? * choose as many as apply

- Parents/guardian (1)
- friends (2)
- peers (3)
- medical professionals (4)
- other trans people (5)
- your children (6)
- counselor/psychologist (7)
- someone else (8) _____
- no one (9)

E These next questions ask about your opinion of yourself and others in the transgender and gender non-conforming community.

23 Do you live "stealth" or "pass"? This is referring to the general public not seeing or knowing you are transgender or gender non-conforming.

- yes (1)
- no (2)
- not sure (3)
- let me tell you (4) _____

24 How are you treated by other transgender/non gender people?

25 How do you feel about other transgender/ non gender people?

26 How do you feel about yourself?

F These next two questions deal with discrimination, violence, and mental health issues. We value your viewpoint and want to understand your experiences but we understand that these topics may cause some distress. Because of the sensitive nature of topics you may opt out of these questions.

FF I wish to

- Continue with survey (1)
- Opt out (2)

If Opt out Is Selected, Then Skip To This is the last question!

27 You have faced the following issues due to your outward gender expression or self identified gender/ non gender *choose all that apply

	Outward gender appearance	Gender/non gender identification	Perceived race
	Answer 1 (1)	Answer 1 (1)	Answer 1 (1)
job opportunities (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
job loss (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
loss of family support (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gain of friends (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
loss of friends (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
loss of partner/spouse(s) (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gain of partner/spouse(s) (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28 Due to your gender identity you experienced *choose all that apply

- eating disorder (1)
- self harm (2)
- depression (3)
- drug or alcohol abuse (4)
- bullying/harassment (5)
- physical violence (6)
- domestic violence (7)
- sexual violence (8)
- others not using your name or pronouns (9)
- discrimination (10)
- let me tell you (11) _____

G This is the last question!

29 Is there anything that you want us to know?