"Pulling Teeth to Get Help" - Barriers Facing Transgender Survivors of Sexual Assault When Accessing Support Services and Potential Solutions

Nicky A. Tettamanti

Oregon Health & Sciences University

Author Note

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Correspondence concerning this author should be addressed to Nicky Tettamanti , tettaman@ohsu.edu

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Abstract

Transgender individuals face victimization across the lifespan with higher rates of sexual assault in comparison to cisgender counterparts. Anti-transgender bias in individuals may result in widespread discrimination across society. Survivors of sexual assault often access social services for support in healing from sexual assault and navigating legal options. Social workers, healthcare workers, and support service workers may play a part in creating or reducing barriers for transgender people in their workplace, hospitals, prisons, treatment centers, legal systems, and other social service institutions. What barriers do transgender survivors of sexual assault face and how can social service organizations alleviate these barriers?

I analyzed 22 archived surveys completed online by transgender survivors of sexual assault using content analysis, which grounds the results and discussion in the voices of transgender survivors themselves. I identified four main categories of barriers faced by transgender survivors when accessing sexual assault support services: interpersonal, organizational, institutional, and intersectional. The interpersonal barriers describe how a transgender person's perception of self and other influences decisions to engage with support systems and how to act while receiving support. Organizational barriers represent cultures and norms in organizations which create barriers. We found institutional barriers across the healthcare and the legal systems. Barriers for transgender people also intersect with other oppression, such as racism, ableism, and classism. I discuss the barriers transgender people reported, the analysis which categorized these barriers and I use their words to find potential solutions. Future research will determine how to remove the obstacles and assess the efficacy of interventions to remove the barriers.

Keywords: Sexual assault, Violence against GLBT, Support Seeking, Social Work, Transgender

Introduction

The transgender population, sexual assault, and suicide

Transgender (trans) is an "umbrella term for persons whose gender identity, gender expression or behavior does not conform to that typically associated with the sex to which they were assigned at birth," (American Psychological Association, 2018). Sex is assigned based on physical characteristics - usually internal and external anatomy; however, occasionally chromosomes and hormone prevalence play a role as well (ibid). Gender, on the other hand, refers to the "socially constructed roles, behaviors, and attributes that a given society considers appropriate for boys and men or girls and women," and that "these influence the way people act, interact and feel about themselves." (ibid). Cisgender (cis) is the opposite term where someone's sex at birth and gender happen to align.

The umbrella term transgender includes but is not limited to, transgender women, transgender men, and people who fit into neither category or have a gender that blends being a man or woman (National Center for Transgender Equality, 2018). People who do not fall within the gender label of male/female include genders such as non-binary, genderqueer, and indigenous two-spirit people (ibid. While many in the LGBTQ community includes two-spirit under the LGBTQ umbrella, it's important to note that indigenous communities maintain specific terms, social and spiritual roles depending on tribal affiliation and there is no one two-spirit definition (Indian Health Service, n.d.).

The population of transgender Americans is difficult to estimate because of the difficulties in accounting for the range of gender identity and gender expression (ibid) and official records, such as the US Census, do not include data on gender identity (Meerwijk & Sevelius, 2017). A recent meta-regression model, based on surveys from 2007 and 2015, extrapolated the population of transgender adults in the US at 390 per 100,000 or almost 1 million adults nationally, and likely increasing (ibid).

Separate recent population estimates indicate that 0.6% of adults in the United States, about 1.4 million, identify as transgender (Flores, Herman, Gates, & Brown, 2016).

Transgender (trans) people "come from every region of the United States and around the world, from every racial and ethnic background, and from every faith community," (National Center for Transgender Equality, n.d.). Social workers, healthcare practitioners, and other care workers will likely interact with transgender people in their professional careers.

The paradigm of gender where the gender of men and women correspond to the sexes of male and female is called the gender binary. People may enforce conventional ideas about gender on transgender people and try to regulate their appearance or behaviors. Alternatively, people may restrict access to resources based on someone who does not conform to the gender binary. Social workers, in particular, should consider how the gender binary may be oppressive to gender nonconforming and transgender people (Burdge, 2007; Markman, 2011). Gender-based oppression and psychosocial difficulties can result from people enforcement a binary conception of gender onto transgender individuals (ibid). Social workers may target the idea of a gender binary in their professional work to empower transgender individuals and reduce the risks transgender people face (Burdge, 2007).

Many people hold negative attitudes towards transgender people. A national probability sample of heterosexual U.S. adults found negative attitudes towards transgender individuals was significantly correlated with "higher levels of psychological authoritarianism, political conservatism and anti-egalitarianism" which "suggest that negative attitudes toward transgender people may have psychological roots in strong support for existing social conventions, power hierarchies, and traditional values" (Norton & Herek, 2013). These types of behaviors and attitudes can cause an anti-transgender bias which may explain the widespread discrimination transgender people face.

The National Trans Discrimination Survey (NTDS) found pervasive discrimination through anti-transgender bias (Grant et al., 2011). Of those surveyed, 63% of participants experienced a serious act of discrimination. Further, 23% of respondents experienced a catastrophic level of discrimination which increased the difficulty of "bouncing back and establishing a stable economic and home life," (ibid.). Racial disparities, which occur across multiple domains (residential location, schooling, employment, health, housing, credit, and justice) persist due to an integrated system where our culture, cognition, and institutions distort how we make sense of racial disparities (Reskin, 2012). This structure of racism, when combined with anti-transgender bias, was "especially devastating," (Grant et al., 2011)). Transgender respondents of the NTDS were four times more likely to have incomes under $10,000/year compared to the general population. More striking, 41% percent of respondents reported attempting suicide compared to 1.6% of the general population. Clements-Nolle, Marx, & Katz (2006) found societal prejudice is a strong risk factor for suicide among transgender individuals – and reducing anti-transgender bias may offer protection against suicide for transgender people. The specific intersection of sexual assault and suicide is life-threatening – with Grant et al. reporting 64% percent of transgender survivors of sexual assault attempted suicide.

Sexual assault in the transgender population is highly prevalent. The United States Trans Survey (USTS; James, Herman, Rankin, Keisling, & Mottet Ma'ayan Anafi, 2016) and NTDS shed light on the prevalence and contexts of sexual assault in the community. The USTS reported 47% of respondents reported experiencing sexual assault over the lifetime with 10% reporting assaults occurring over the past year (James et al., 2016). The risk of sexual assault begins early in life and extending throughout a lifetime (Stotzer, 2009). Transgender people who were also undocumented people at work, people of color in prisons and people who did sex work experienced higher rates of sexual assault than other transgender peers (James et al., 2016). Social support services can be a site of sexual violence, as professionals tasked to assist individuals may abuse their positional power and assault their clients.

Interactions with homeless shelters, law enforcement, public accommodations, social services, and healthcare providers are these social service contexts in which sexual violence can occur for transgender people (Grant et al., 2011).

National Center for Victims of Crimes & National Coalition of Anti-Violence Programs (2010) explored the barriers faced by LGBT victims of sexual assault when accessing support services. Their research accounted for LGBT survivors as an umbrella – which includes transgender people but does not specifically address only transgender people's concerns. They came up with five barriers:

1) Organizations may not outreach specifically to transgender victims.
2) Organizations might lack cultural competence training for staff who are working with LGBTQ people.
3) Organizations may not have LGBT-specific victim services policies/practices.
4) Organizations may not be working with LGBT service providers.
5) Services and programming to the LGBT community might be under-resourced.

FORGE – a national transgender anti-violence organization – researches and provides support services for transgender, gender non-conforming and gender non-binary survivors of sexual assault. In 2005, FORGE undertook a project to "understand how sexual violence affects transgender persons, and develop some beginning resources." FORGE surveyed 265 people who were either transgender survivors or secondary survivors (support person to a direct survivor). Their study demonstrated the importance of educating service-providers on the interrelationship between anti-transgender bias and abuse, and the means to reduce the barriers faced by transgender survivors (FORGE 2005).

This manuscript addresses concerns posed by transgender survivors themselves and is written by a transgender author. The diversity of the piece is limited to respondents who had internet access, were fluent in English, and lived within the United States.

Methods

The research utilizes existing survey data gathered on supporting transgender survivors of sexual assault collected by the author and colleagues in July 2016 for non-research purposes. I utilized content analysis methodology was used to make valid and replicable inferences through coding and interpreting of these surveys (Bhattacherjee, 2012). The University of Oregon Institutional Review Board reviewed the study protocol to analyze existing data, and they found the study to be exempt from human subjects' review. The archival surveys were from recruiting participants off of Facebook groups to take a survey a collaborator and I wrote so we could use them for educational purposes (i.e., a workshop presentation on transgender survivors of sexual assault). We did not collect identifying information on the respondents.

Information about existing surveys

The 21 question, open-ended, self-report English survey (Appendix A) was created using Google Forms in July 2016. The survey collected demographic information and asked open-ended questions about interacting with social support organizations, non-profit survivor's advocacy organizations, health care, mental health services, legal services, and domestic violence agencies including detailing specific barriers faced and ways organizations can improve.

We posted a short recruitment script, along with a short consent script (for us to anonymize their answers and use for educational purposes), to Facebook groups which centered on transgender identity. We did not compensate the respondents for completing the survey. The self-selected survey population is a convenience sample. We collected 22 surveys.

Content Analysis Methodology

I open coded the survey responses line-by-line for every question on the survey using Microsoft Word. I read each statement, considered what type of barrier the statement discussed, and placed it within an existing category or defined a new category. I related the codes to one another to determine how to categorize closely related barriers. I also determined the frequency by respondents discussed different barriers. Lastly, I analyzed all the codes under each category and combined them to form a cohesive analysis. I analyzed all 22 surveys of transgender survivors of sexual assault using content analysis methodology. I coded qualitative data and systematically analyzed the codes to produce the analysis which is grounded in the survey responses.

Participants

Full demographic information can be found in Tables 1.1-1.6. Our participants were predominantly white (68%) and none of them identified as straight. Some participants used multiple pronouns (he/they/it) and a majority of our sample (59%) report using they pronouns. The survey respondents were gender diverse and some respondents used multiple markers such as non-binary trans-man. Another respondent identified as a non-binary, genderqueer, gender non-conforming woman. Our data matches what FORGE (2012) describes as the terms paradox: terms are crucial for self-identification and also meaningless. The terms paradox indicates all gender identities people use for themselves are valid, and people have innumerable reasons to identify with a certain gender. Four individuals (18%) reported experiencing no disability and 18 (82%) reported experiencing a disability. Among those with disabilities, respondents reported anxiety, post-traumatic stress disorder, depression, bipolar disorder, and autism. Two of our respondents (9%) reported being intersex, which is used to describe “a variety of conditions in which a person is born with reproductive or sexual anatomy that doesn’t seem to fit the typical definitions of female or male,” (Intersex Society of North America, n.d.).

Results and Discussion

Our content analysis produced 183 distinct codes (n) from the 22 surveys relating to barriers and potential solutions to the barriers faced by transgender survivors of sexual assault. I conceptualized four categories and 7 sub-categories of barriers from our open-coded content analysis of 22 surveys. The barriers I will discuss are:

1) Self/Other (n = 42, 25%)
2) Organizational (n = 94, 52%)
    a. Outreach and Programming (n = 15, 8.2%)
    b. Policies and Culture (n = 31, 16.9%)
    c. Staff knowledge, attitude, and skills (n = 44, 24%)
3) Institutional (n = 24, 13%)
    a. Legal (n = 2, 1%)
    b. Healthcare (n = 22, 12%)
4) Intersectional (n = 20, 10%)

1.) Self/Other:

Self/Other barriers included the way respondents perceived discrimination, their healing, and their interactions with others. I coded the following types of statements into this category: being anxious about taking up space, feelings of helplessness, internalized transphobia, fear of harassment, and attempting to pass as cisgender.

Some respondents felt there didn't seem to be safe options for receiving assistance because of poorly done outreach or organizations who - out of ignorance or hate - discriminated against trans survivors. Even if there was a safe option, some felt there were no clear directions for how to heal and, further, healing wouldn't fix innumerable other forms of violence (i.e., anti-transgender bias) committed

against them. One reported that healing might lend them to return to a "baseline for oppression," which may indicate pervasive learned helplessness as a result of histories of discrimination.

Disclosure of identity was another issue facing survivors. When accessing services, trans people felt that they had to decide to disclose their transgender identity. Respondents assessed whether the people they were interacting with were safe or unsafe to decide whether or not to disclose their trans identity. No respondents indicated what made them perceive a person as safe or unsafe. Another theme was the need to stay closeted to access services or "watering down" their trans identity by acting more stereotypically feminine or masculine. This behavior aligns with our analysis of how attempts to enforce the gender binary are an aspect of anti-transgender bias. The decision to disclose transgender identity comes at the cost of emotional wellbeing and authenticity, which some viewed as essential for growth and healing. A respondent indicated that if they decided to disclose their identity, they might not be taken seriously by others or their access to resources will change due to anti-transgender bias.

Another issue faced by transgender survivors was the fear of being harassed by service providers. One respondent said that when a care provider denies their trans identity that it "feels life violence." Respondents felt unsafe discussing anti-transgender bias due to the possibility of violence from other people. Respondents assumed that if a conflict emerges over anti-transgender bias, that a staff member would side with others over a trans person. Transgender survivors may view interactions with others as sites of micro-aggressions (comment or action that subtly and often unconsciously or unintentionally expresses a prejudiced attitude toward a member of a marginalized group[1])(Merriam-Webster 2018). When accessing services, trans people compare the potential pains of being closeted, the potential of facing discrimination and the need to access services to navigate support services.

[1] https://www.merriam-webster.com/dictionary/microaggression

2a.) Organizational - Outreach and Programming

Organizations can improve access to services by making a plan for how to better serve transgender clients. I coded the following types of statements into this category: be inclusive of trans men, explicitly state trans women are accepted, explicit outreach for non-binary people.

Our analysis indicates that outreach needs to be explicit. One white agender (a person whose gender is not male or female) respondent wrote they "have decided to stop seeking support from organizations that aren't explicitly trans-inclusive." One survivor wanted organizations to explicitly tell the community they support people who are unsure if an encounter was a sexual assault.

Transgender men expressed concern about specific barriers when accessing services. Many transgender men couldn't access services because support groups or services served women only (either explicitly through advertising or implicitly through lack of outreach to men). Organizations can avoid this barrier by explicitly outreaching to men who experience sexual assault. Further, our analysis indicates that beyond invisibility, some transgender men fear to disclose their identity and discussing their trauma. Organizations can remedy this barrier by including men in outreach materials and making it known outright the organization supports transgender men specifically.

Transgender women face different issues when accessing services, specifically in being ostracized from women's spaces. One Latina transgender woman reported that "it really must be stated outright that trans women are supported." Our respondents indicated that transgender women look for phrases such as "self-identified women" or "cis and trans women." One respondent, who had supported a transgender woman, reported "a significant lack of support for trans women" and felt like "it's pulling teeth to get help for someone."

Non-binary people may not fit into existing support groups geared towards men or women. One non-binary respondent reported feeling dehumanized when a support group discussed whether non-

binary people could participate in the middle of a support meeting. Organizations can avoid such events by creating a support group for non-binary people, or explicitly supporting a non-binary person's right to participate in an existing group.

2b.) Organizational - Policies and Culture:

With the growing population of out transgender people in the United States, organizations can make policies to prevent issues before they happen. I coded the following types of statements into this category: staff use legal names instead of preferred, staff need transgender competency training, no policies for non-binary people in support groups, having support groups available for trans people but don't force them into the trans group only, and intake forms for preferred name and gender.

Respondents indicated that organizations could be explicit with their policies of inclusion on their advertising material, and develop policies around how to handle anti-transgender bias. A respondent suggested organizations could recruit transgender people as volunteers and staff members in an attempt to improve services from the inside. Bathroom policies can be of particular importance in signaling an inclusive space. Organizations can create policies which explicitly state people can utilize the restroom which best matches their gender identity. A few respondents wanted organizations to create policies around utilizing transgender people's chosen name (as people do for cisgender people), pronoun, and to avoid assumptions about someone's sexuality, gender, body configuration, orientation, partners, or class status.

2c.) Organizational - Staff knowledge, attitude, and skills:

Respondents wanted a culture of openness and organizations to have a willingness to learn about transgender issues. I coded the following types of statements into this category: staff need open attitude towards trans identity, skill in following client led language, caring is not enough, staff need to know about trans issues.

One respondent indicated that an open attitude stems from a desire to humanize trans people and create a space where gender exploration is encouraged. Another said that being caring is necessary, but not sufficient in reducing barriers for transgender people. The next step is to be knowledgeable about trans issues and also have skills in providing trans-competent care.

Respondents felt trans competency training were an important method for staff to gain knowledge and skill in providing support. Unknowledgeable staff may not know about trans issues: they might see trans identity as a consequence of being sexually assaulted, view trans people as deceptive, or view trans identity as just a phase. Skills in providing care include: asking for pronouns, using someone's preferred name instead of legal name, correcting other staff members who may mis-gender (use a client's non-preferred pronoun or talk about a client as if they were a different gender than they identify) a client, and passing on names/pronouns to other staff members. Additionally, a respondent pointed out that most transgender narrative in the US focuses around Western views of gender. Staff can avoid isolating people who do not conform to the Western transgender narrative by learning about how other cultures perceive gender, such as local indigenous groups who may access services.

One agender respondent, who works in support services, offered a blanket list of suggestions for being an advocate within an organization and an ally to trans clients: "Intake forms with space to put preferred name and pronouns. Never use any other name or pronoun. Refer to body parts using client led wording. Recognize and address the fear of interacting with folks at the agency by offering the statement: if anyone treats you improperly here, tell me, and I'll take care of it, and being their point person. Pass on name and pronoun to colleagues and correct them when wrong. Talk about the assault as a broken system to remove any feeling of self-blame for the client. Offer peer support by other [queer/trans] people. Hire Trans people and seek out Trans volunteers." Most of these suggestions, especially intake forms with blank spaces for name/gender/pronoun use, were repeated in other responses.

Staff can be aware of how their world-view influences their interactions with transgender clients. One white, non-binary trans-masculine respondent reported: “The questions they asked were completely cis-heteronormative [a worldview that promotes heterosexuality and being cisgender as the normal or preferred sexual orientation and gender], and didn't apply to me, for example, they assumed that I always had sex with people whose gender was the same as my abuser. I just gave one-word answers and was turned away for being too well. I think that trans people and survivors both have heavy coping mechanisms, like shutting down, going quiet, joking, turning the focus to the other person. If counselors were on the lookout, they might be able to know when someone is too uncomfortable and change the circumstances to make them feel safer.” An organization’s staff can combine knowledge of trans issues, a self-awareness of their own identity, and a desire to provide care to reduce barriers.

3a.) Institutional- Legal

The surveys discussed in the introduction (NTDS and USTS) indicate high rates of victimization occurring in prisons, immigration centers, and during interactions with law enforcement. I coded the following types of statements into this category: perception of an unjust legal system, and fear of not being taken seriously. Our respondents discussed their fear of not being taken seriously or being abused in the justice system. One respondent feared that courts and law enforcement do not take sexual assault claims seriously, especially not for transgender people. Social workers may be mindful of these legal barriers when working with transgender survivors of sexual assault.

3b.) Institutional - Healthcare:

The healthcare system is often a necessary piece of a transgender person’s life, to obtain hormones for instance, and can also be a site of anti-transgender bias. I coded the following types of statements into this category: providers not trauma informed, trans competency needed for SANE nurses, and providers want to cure gender identity.

Some respondents pointed to abuses in the medical system from sexual assault, to doctors trying to 'cure' their transgender identity. Some people feared being mocked, receiving inadequate care, and being misgendered by staff. Social service providers can recognize the harms enacted by the medical systems when transgender people seek medical care. To avoid this barrier, support workers can be sensitive when suggesting medically-related resources. One respondent discussed the importance of trans competent sexual assault nurse examiners. Services can keep in mind that trans survivors may have legitimate reasons not to engage with healthcare systems.

4.) Intersectional

Trans identity interacts with other societal oppression, as demonstrated in the NTDS and USTS. Ableism, classism, and racism uniquely combine with an anti-transgender bias to produce poor outcomes for the transgender population. We coded the following types of statements into this category: disability not taken seriously, spaces aren't physical accessible, race not taken seriously by staff, cost as a barrier, services not located near public transportation, and lack of competent local providers.

One respondent wrote about having to act "more white" because they otherwise might not receive services. One respondent, a black transgender man, reflected on his disabilities: "As a person of color with multiple disabilities, I find that people do not take me seriously; they tend to write off my experiences as a symptom of mental illness or act as if they are experts on what my body goes through." Respondents indicated a fear that support workers would not take their disability seriously when accessing services. Some respondents indicated spaces could be made more accessible include creating wheelchair-accessible events, maintaining fragrance-free spaces, and being able to schedule appointments online or through text.

Due to high rates of poverty, respondents echoed the importance for organizations to indicate what services cost and to be explicit if the services are free. Another reported barrier was a lack of transgender-competent therapists and support workers. As a result, some respondents had to pay more money to access therapists online or travel to larger cities.

An intersectional approach to reducing barriers taking into account class, race, ability, and other societal oppression is necessary for the improvement of transgender people who occupy spaces with multiple societal oppression.

Conclusion

While individual and organizations can work to alleviate pain and remove barriers, the societal norms which produce anti-transgender bias may bear on a transgender survivor's mind when accessing services. One white, agender person respondent wrote:

> "There's nothing to 'fix' my situation because I'm not the problem; he (the abuser) wasn't even uniquely the problem. Without changing society, preventing cis-supremacy and sexual entitlement, it feels like trying to cure cancer with a bandage."

The results of this study provide a framework for social workers and support services to understand the barriers faced to reduce gender-based violence. Future research will delve into the efficacy of these interventions in the field, and further exploration into barriers faced by survivors in different contexts or with specific intersectional identities.

Transgender survivors in our sample reported barriers which stem from anti-transgender bias. The bias, they believe, was a result of personal ignorance around trans issues, poor outreach for services, microaggressions committed due to power differentials, and systemic cultures of transphobia. Our analysis indicates barriers can occur on the interpersonal level, within an organization's culture, across entire social institutions, or as a result of trans identity intersecting with other oppressions. To heal from the traumatic effects of sexual assault, transgender people must also overcome the barriers presented by support services. Individuals and organizations can alleviate barriers by learning from transgender individuals about their experiences. Education around barriers trans survivors of sexual assault face and interventions designed to remove these barriers is key to potentially mitigating risk for suicide and improving quality of life among the transgender population.

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Table 1.1

Pronouns of Survey Respondents

Pronoun	Number of Respondents	Percentage of Respondents
He	2	9.1%
He/They/It	1	4.5%
She	3	13.6%
She/They	2	9.1%
They	13	59.1%
Ze	1	4.5%

Table 1.2

Race/Ethnicity of Survey Respondents

Race/Ethnicity	Number of Respondents	Percentage of Respondents
African American	1	4.5%
Korean	1	4.5%
Latino/a	2	9%
European	1	4.5%
White	15	68.2%
White/Arab	1	4.5%
White/Native	1	4.5%

Table 1.3

Sexuality of Survey Respondents

Race/Ethnicity	Number of Respondents	Percentage of Respondents
Asexual	2	9.1%
Bisexual	5	22.7%
Gay	1	4.5%
Lesbian	1	4.5%
Same-Gender	1	4.5%
Pansexual	2	9.1%
Queer	9	40.9%
Questioning	1	4.5%

Table 1.4

Gender Identity of Survey Respondents

Pronoun	Number of Respondents	Percentage of Respondents
Agender	4	18.2%
Non-Binary*	11	50%
Transgender Man	3	13.6%
Transgender Woman	4	18.8%

* Non-binary group includes genderfluid, genderqueer, gender nonconforming, multi-gender, and ultra-specific gender groupings.

Table 1.5

Disability Status of Survey Respondents

Pronoun	Number of Respondents	Percentage of Respondents
Person with disability	18	81.8%
Person without disability	4	18.2%

Table 1.6

Intersex Identification of Survey Respondents

Pronoun	Number of Respondents	Percentage of Respondents
Intersex	2	9.9%
Not Intersex	20	90.1%

Appendix A

Survey questions:

1. What pronouns (if any) do you prefer?
2. How do you identify/describe your gender or lack there of? Say as much as you want but please be concise.
3. Do you identify as intersex/have an intersex experience?
4. How do you identify/describe your sexual orientation/preferences or lack there of?
5. What is your race/ethnicity?
6. Do you consider yourself to be disabled, chronically ill, neuroatypical, or mentally ill?
7. Are there any other identities or demographic info you would like to share with us?
8. Please share your experience interacting with social support organizations like food stamp offices, houselessness services, or job placement agencies. Were there barriers in accessing services? When receiving services, were there people who made you feel worse because of your trans identity? Please feel welcome to share anecdotes with as much detail as you feel comfortable with.
9. When entering a non-profit survivor advocacy organization to get services/support how did non-profit staff and volunteers interact with you? What was positive or negative about it? Any specific details you remember?
10. How have your experiences been seeking healthcare as a trans or genderqueer person? This may be general healthcare, sexual health, or otherwise. Any specific stories you'd like to share about interacting with service providers or insurance?
11. How have your experiences been seeking mental health services as a trans or genderqueer person? This may pertain to any type of mental health care or insurance stuff. Any specific stories you'd like to share?
12. If you have interacted with the legal/court system in order to get services , how was your experience? Please share detailed anecdotes if you feel inclined.
13. Have you ever sought support from any type of agency for sexual assault or domestic violence related issues? Were they helpful? How did they impact your recovery process? Please feel welcome to share detailed stories if you feel comfortable.
14. If you wanted to go to an agency to get support, but couldn’t or didn’t what were some barriers present in accessing those services? Detailed anecdotes welcomed.
15. If you have had a positive experience while accessing services, what made it positive? In other words what did they do right? How so, specifically?

16. What specific or general suggestions if any do you have for how a survivor advocacy non-profit such as Sexual Assault Support Services or HomeFree could improve services for transgender survivors?
17. If you have accessed healthcare related to being a survivor what was your experience like? Feel welcome to share details. Please include general information about where you received those healthcare services. Was it a hospital? Non-profit clinic? Urgent care? etc.
18. If you have accessed mental health services related to being a survivor what was your experience like? Feel welcome to share details. Please include general information about where you received those healthcare services. Was it a hospital? Non-profit clinic? Urgent care? etc.
19. How did your various identities impact your experience while accessing services?
20. What are some things volunteers or staff at organizations can do to better support you or other trans people?
21. Do you have any more stories you would like to share? They could be of difficulty, relief, disappointment, or triumph #1