VIOLENCE AND EXPERIENCE OF TRANSGENDER INDIVIDUALS:
HOW THIS IMPACTS THEIR SUPPORTS

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Dedication

To George, Jacob, Emily, Marie, and Vanessa.

Thank you for sharing your stories. This wouldn't have been possible without you.

Abstract

Transgender people may experience a variety of different types of violence throughout their lives due to their gender identity. This study sought to understand the violent experiences that this population faces and the supports and resources they may access in order to deal with those experiences. In this study, five transgender individuals were interviewed regarding their experiences of violence and the resources that may or may not have been available and utilized. These interviews were then analysed using a constant comparative method. Of these five participants, two were Female-to-Male and three were Male-to-Female. All of the participants discussed the violence that they had faced. This included verbal violence from strangers, as well as physical and sexual violence. In addition to violence within relationships and random violence from strangers, participants also identified ways in which systems could be violent. These experiences also had an impact on the participants, ranging from PTSD to suicide attempts. Potential resources and supports were also examined, focusing on mental health and law enforcement. Perceptions of these supports tended to be more negative, especially among law enforcement. Instead, participants identified that they had reached out to more informal sources, such as friends, family, LGBT groups, and the Internet. With regards to the violence that the participants faced, it was largely perceived to be due to the societal reaction to them, specifically relating to transphobia and homophobia. Implications for research, practice, and limitations of the study are also discussed.

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Chapter 1: Introduction

When classifying individuals, one piece of information that people may look for regarding another person is their sex and, therefore, their gender. This information tends to inform the pronouns and titles that are used when addressing someone. People may often assume that sex and gender are the same thing and that individuals adhere to their societal gender roles based on this assumption. People use the information about what sex and gender a person is to inform how they interact with that individual. For example, one of the first questions that may be asked of a pregnant woman is whether she is having a boy or a girl. This answer may shape much of the child's life from that point on, from what toys the child should play with and what clothes he or she can wear to how the child should act.

The dilemma of those who experience dissonance between their sex and the gender is an issue that has increased in awareness. Popular media such as television and movies have increasingly brought attention to this population. Movies such as *Boys Don't Cry* (Vachon, Kolodner, & Peirce, 1999), *TransAmerica* (Macy & Tucker, 2005*)*, and *The Crying Game* (Wooley & Jordan, 1992) have centred on transgender characters. On television, transgender characters have appeared in popular shows such as *All My Children* (Smith, Kwatinetz, & Frank, 2013*)*, *Bones* (Hanson et al., 2015*)*, *CSI* (Petersen et al., 2015*)*, *Degrassi* (Schuyler, Stohn, & Yorke, 2015*)*, *Family Guy* (MacFarlane, 2015*)*, *Private Practice* (Rhimes et al., 2013*)*, and *Orange is the New Black* (Kohan & Friedman, 2015). Although these representations may or may not be accurate in their depiction, they still serve to make transgender people more visible in society. In addition, there have been recent issues with transgender people in the news, such as the

controversy around the male-to-female transsexual 2012 Miss Universe contestant Jenna Talackova (Raptis, 2012).

Sex and gender are typically thought of as being interchangeable terms. For the most part, those who are biologically male or female are also deemed masculine or feminine, respectively. However, for some, their biological sex does not match with what society would deem as the appropriate gender, the way in which they view themselves. These people often fall under the umbrella term of transgender, which classifies a number of different people who have various gender identifications (Newfield, Hart, Dibble, & Kohler, 2006). This term may include groups such as drag kings and queens, cross-dressers, and transsexuals.

Definitions

Transgender is defined as "the range of behaviours, expressions, and identifications that challenge the pervasive bipolar gender system in a given culture" (Carroll, Gilroy, & Ryan, 2002, p. 139). Another term that is often used is queer, which, according to Carroll et al. (2002), refers to people who transgress norms that are culturally imposed in terms of heterosexuality and gender traditions. Therefore, a gender queer is "a term that refers to individuals who 'queer' the notions of gender in a given society" (Carroll et al., 2002, p. 139). In Factor and Rothblum's (2008) study conducted within the United States exploring gender identity development, the authors used the term queer to refer to those who do not identify as either male or female. Another relevant term Carroll et al. (2002) defined of direct relevance to this paper is transsexual. This term refers to individuals who do not identify with their original birth sex and, therefore, wish to change the physical body so that it aligns with their internal identity through

means such as hormone therapy and sex reassignment surgery (SRS). Lastly, two terms

not defined by Carroll et al. (2002) but of importance to this inquiry are female-to-male

(FtM) and male-to-female (MtF), which refer to people who were assigned female at

birth and identify or are transitioning to male or were assigned male at birth and identify

or are transitioning to female (Factor & Rothblum, 2008).

The focus of this study was on those who do not feel that their birth sex and

gender match and, therefore, do not fit into the assigned gender roles. For the sake of

consistency and clarity within this report, I use the term transgender to encompass all

people who feel that their gender and sex do not match, regardless of whether or not they

have undergone surgeries to change their sex. This is opposed to the term transsexual,

which implies that surgery has been undertaken to change one's physical body. Gay and

Lesbian Alliance Against Defamation (GLAAD), an organization working with media

and news with regards to lesbian, gay, bisexual, and transgender (LGBT) issues and

stories, stated that the term "transgender" (Gay & Lesbian Alliance Against Defamation,

2010, p. 10) is preferred to "transgendered" (p. 10). According to GLAAD (2010), using

transgendered is unnecessary and may lead to grammatical errors. Although the term

transgendered may be used by other sources, I consistently use transgender in this report

to adhere with GLAAD's (2010) recommendations.

Experiences and Impact of Violence

The transgender population struggles with problems such as discrimination,

violence, and high suicide rates and ideation (Kenagy, 2005b; Lombardi, Wilchins,

Priesing, & Malouf, 2002; Testa et al., 2012). The discrimination and violence that

transgender individuals face may be a result of people trying to punish those whom they

perceive are transgressing gender norms (Lombardi et al., 2002). Two high-profile cases have occurred since the 1990s that help to illustrate the violence and discrimination against transgender people. The first is that of Brandon Teena, an FtM transperson who was raped and subsequently murdered after reporting the rape in Nebraska (Kenagy, 2005b; Mizock & Lewis, 2008). The second case illustrating discrimination against transgender people is that of Tyra Hunter, an MtF transperson who, after being in a car crash, was not given proper care at the scene of the accident (Mizock & Lewis, 2008). First responders at the scene of Tyra Hunter's accident made derogatory comments regarding both her race and gender expression and ceased emergency medical treatment; she later died due to medical negligence (Mizock & Lewis, 2008).

Kenagy (2005a, 2005b) conducted studies on transgender health and service needs and reported accounts of discrimination within health care, such as people being refused appropriate treatment due to transgender status. For those who are not refused care, prohibitive costs of many of the services may cause some transgender people to forgo treatments that they desire or need, such as hormone therapy and surgery. The treatment guidelines for transgender people set by the World Professional Association for Transgender Health (WPATH) require individuals to adhere to a pathologization of their experiences and to comply to a medical model in order to obtain treatment (Coleman et al., 2012). The WPATH *Standards of Care* present what is required to seek gender-specific treatments such as hormones and surgeries. Therefore, transgender people learn that they must behave in a certain way to gain access to these treatments. In some instances, in order to access treatments, transgender individuals travel to other countries

where the surgeries are more readily available, which then reduces the amount of post-operative care they can receive.

This pathologization can also be seen in the psychiatric field. Since the 1980s, issues around gender identity have been pathologized in the *Diagnostic and Statistical Manual* (*DSM*; American Psychiatric Association [APA], 1980, 2000, 2013). There is much controversy surrounding this diagnosis, especially in light of the removal of homosexuality from the *DSM-III* (APA, 1980). Sexual orientation is no longer pathologized and may be seen as a variation of sexuality, whereas psychiatrists are still identifying differences in gender identity as a disorder that needs to be diagnosed and treated. Diagnosing children with gender dysphoria (GD), formerly gender identity disorder (GID), may in fact be more indicative of homosexuality than future GID and as a diagnosis may not even meet the criteria in the American Psychiatric Association's (2000, 2013) *DSM* (Bartlett, Vasey, & Bukowski, 2000; Cohen-Kettenis & Gooren, 1999; Toscana & Maynard, 2014).

With the main forms of GD treatment being hormone therapy and possibly surgery, being able to accurately diagnose people with this disorder is important so that people can access the treatments they want and need. Accurate diagnosing may be an issue since no structured interview existed for diagnosing GID and there is a lack of interrater reliability (Cohen-Kettenis & Pfäfflin, 2010). Keeping the GID (now referred to as GD) diagnosis may pathologize some people's experiences, which has been seen as a problem that mirrors the rise and fall of homosexuality as a diagnosis (Drescher, 2010). However, removing GD may restrict people from obtaining surgical treatments, as health insurance companies may not deem these treatments as necessary without a diagnosis.

While the *DSM-5* was released by the American Psychiatric Association in 2013, the impact of any changes with regards to the diagnosis of GD may not yet be felt (Davy, 2015). Many of the controversies that exist around the diagnosis of GID may continue with a diagnosis of GD. However, a task force examined the need for treatment guidelines for gender variant people prior to the publication of GD and the *DSM-5* (Byne et al., 2012). This task force reviewed the existing literature based on several subgroups (Byne et al., 2012). Through this review, they recommended that treatment recommendations were needed (Byne et al., 2012). In addition to the development of treatment recommendations, the task force also recommended that the American Psychiatric Association should develop a position statement around the treatment of those with GID to address ethical, humane, and medically necessary treatments (Byne et al., 2012).

Around the world, people often hold negative views of LGBT individuals based on who they are and may subject them to violence, torture, and even death (Dworkin & Yi, 2003; Mizock & Lewis, 2008). This can be seen even in the United States, where transgender people face violence and discrimination (New York City Gay and Lesbian Anti-Violence Project, 2015). Violence is another issue facing this population and is typically thought of in terms of physical and sexual violence, although there are other forms. Emotional and psychological violence is another concern, and, as Saltzman, Fanslow, McMahon, and Shelly (2002) discussed, behaviours that may be perceived to be psychologically or emotionally abusive to some may not be to others. However, by virtue of being transgender, these individuals may be more likely to experience violence, especially emotional and psychological forms of violence, just by going about their daily

lives. For example, choosing which washroom to go through may be a form of violence as the person is forced to choose between being comfortable and able to go into the washroom of their choice and the washroom that may be more socially acceptable. Therefore, going to the washroom of the opposite sex may lead to humiliation or emotional violence. The same is true when examining clothing options for transgender people. This is further complicated when people are transitioning and may be trying to live as one sex, but still have the appearance of the opposite sex.

Those who suffer from discrimination, abuse, and mental health issues may be hesitant to seek help for these problems. This reluctance may be due to a number of reasons, such as fear of victimization by the police and other law enforcement, negative reactions to their gender identity, discrimination, and being pathologized for their experiences, especially those who do not want to undergo surgical treatments. Violence against transgender people is often unreported due to either a fear of disclosure or lack of responsiveness from law enforcement personnel (Dworkin & Yi, 2003; Stotzer, 2014). According to the literature, transgender individuals may also not report violence to police, as in some cases the authorities are the perpetrators of discrimination or violence (Stotzer, 2009). Researchers have also suggested that, compared to the general public, transgender people are more likely to experience multiple forms of violence across their life spans (Witten & Eyler, 1999). Further complicating these forms of discrimination and abuse is that transgender people have no safe places to go, especially transgender youth (Grossman & D'Augelli, 2006). Therefore, it is necessary for society and those in a position to help to better understand the transgender experience of violence and discrimination to ensure that the available resources and support staff are adequately

trained and able to work with transgender clients. Overall, Kenagy (2005a) found that 20% of her sample of transgender individuals expressed that they did have reason to expect that they would lead a shorter life.

When conducting this research, I found limited research on transgender people and their experiences. While the gay rights movement started in the 1970s, the transgender movement did not really begin until the 1990s (Kenagy, 2005b). This movement started with transgender activists seeking civil rights, including improved health care and welfare (Kenagy, 2005b). Researchers are focused on issues that are deemed relevant to this population at this time. As a result, much of the literature that exists relates to transgender discrimination, oppression, and the adverse social and health consequences (Kenagy, 2005b; Testa et al., 2012). Much of the existing literature specifically focuses on HIV/AIDS, violence, suicide, and the barriers transgender individuals face in accessing health services. The literature suggested that transgender people experience a variety of issues, ranging from lower quality of life (Newfield et al., 2006), to verbal, physical, and sexual abuse (Grossman & D'Augelli, 2006; Stotzer, 2009), and mental health issues including depression, anxiety, and substance disorders (APA, 2013; Grossman & D'Augelli, 2006; Testa et al., 2012). This population also has reported high rates of suicide ideation and attempts (Clements-Nolle, Marx, & Katz, 2006; Kenagy, 2005a, 2005b; Risser et al., 2005; Testa et al., 2012). Due to the fact that transgender people do not necessarily conform to societal expectations, this population faces a large amount of stigma, discrimination, and violence.

Personal Lens

My interest in transgender issues arose during the early years of my

undergraduate degree. At this time, I met people who did not conform to typical gender

roles and explained that their gender (i.e., who they felt they were) did not match the

physical body with which they were born. I became aware of this population through

these contacts and watched a friend go through the process of transitioning, witnessing

both the successes and the hardships that came with it.

The experience not only being transgender and transitioning but also being

subject to violence seemed to take a toll on my friend. He talked about his struggles and

the impact these had on him. One of the hardest moments I had was when I found that

my friend's experiences, the negative events that had occurred to him, were repeated in

the literature (Stotzer, 2009; Wyss, 2004). His experiences did not seem to be limited to

who he was or where he resided, as various transgender participants in different studies

echoed these incidents of abuse and discrimination. Therefore, I began this study to

examine transgender people's experiences, specifically related to violence. One of my

areas of interest within this research related to access to services when transgender people

report acts of violence or abuse to authorities because, during our conversations, my

friend had described his attempts to report several instances of the violence to the police,

to no avail. I felt that it was important to look into this topic, as it seemed that

transgender people lacked access to supports and services, especially access to skilled

individuals who are knowledgeable and understanding of the concerns of this population.

By undertaking this study, I hoped to develop a better understanding of

transgender people's experiences. I also wanted to examine the impact of violence upon

this population, and how these experiences may have manifested in mental concerns such as depression, self-harm, or suicide attempts. Finally, I wanted explore how these violent experiences may or may not have impacted transgender individuals' willingness to seek support for issues around violence and the mental health concerns that may arise. Ultimately, it was my hope that this study would (a) contribute to society; (b) enhance service providers' knowledge of transgender people's experiences, specifically in Canada; (c) assist in supplying information that may improve the services and supports that transgender people use; and (d) bring greater awareness to areas in which services may need to be improved to help provide better assistance to this population.

Purpose of Study

The purpose of this study was to look in depth at some of the issues that transgender people may face, specifically violence and accessing resources to help with those experiences. Much of the current research on transgender people groups them together with lesbian, gay, and bisexual people, resulting in small sample sizes of transgender participants. In addition, as mentioned earlier, transgender is an umbrella term; therefore, it is difficult to tell which group is being represented in a study. Many different people fall under the transgender term, and the members of each group will have their own unique experiences, politics, and issues. Studies that examined only transgender participants tended to gather data via surveys (e.g., Bockting, Miner, Swinburne Romine, Hamilton, & Coleman, 2013; Bradford, Reisner, Hannold, & Xavier, 2013; Kenagy, 2005a, 2005b), which offered little opportunity to examine the in-depth experiences of this population (Meyer, 2010; Warner, 2004). In addition, these studies often took place in the United States. As such, this study was conducted using in-depth

interviews to obtain a better understanding of the experiences of the transgender population. This study took place in Alberta, Canada, in an area that typically adheres to conservative binary ideas of gender and sex, in order to explore how society may react to this population as well as to obtain a Canadian perspective.

The primary goal of this study was to examine the effect that violence has on transgender people's willingness to seek out appropriate resources and supports. This study focussed on formal resources and supports, such as the police and mental health professionals, as well as informal supports, such as friends and family. In addition, the secondary goals of this inquiry were to explore (a) transgender people's experiences of different types of violence and who victimizes them, (b) if the perpetrators of violence influence transgender people's willingness to seek help, (c) what factors may increase transgender individuals' willingness to seek help, and (d) how transgender people view and trust law enforcement and mental health resources in helping them with their concerns.

Overview of the Thesis

In this first chapter I defined the term transgender, discussed transgender experiences and the impact of violence, reviewed my personal perspectives as well as my motivations for conducting this inquiry, and explained the purpose of the study. Chapter 2 provides a literature review on transgender people. The literature review includes an in-depth examination of what being transgender is, defining this population, looking at how being transgender relates to other aspects such as sexual orientation, and exploring the issues that transgender people face. The literature review ends with an examination of how individuals within the mental health profession and in the field of counselling

view transgender people, as well as some of the barriers transgender people may face and how resources may be utilized. Chapter 3 focuses on the study methods, outlining how participants were recruited and chosen. Also detailed is how data were collected and analyzed, including the instruments that were used in this study. This includes a discussion on qualitative research and the specific method I utilized—the constant comparative method. Chapter 4 presents the findings of the study, examining the themes that arose from the interviews. Chapter 5 concludes the report with a discussion of the findings, as well as possible implications for both practice and knowledge, and closes with a review of further directions for research.

Summary

Transgender is an umbrella term that can be used to refer to a number of different groups of people. However, in this study I use this term to refer to those who do not feel that their internal gender matches with their biological sex. These people experience a number of problems, including, but not limited to, discrimination, violence, and mental health concerns. Due to the fact that transgender people often challenge societal expectations of gender and the general population's assumption that gender and sex should match, it can be argued that transgender people's experiences would be unique and differ from other marginalized populations. Therefore, it is important to look at how this population is treated and what their experiences are, specifically in relation to violence that they may face. As such, in this inquiry, I sought to explore these experiences and the impact that they may have on how transgender people access supports.

Chapter 2: Literature Review

Transgender individuals may feel that they were born into the wrong body. For these people, their physical sex does not match their internal gender identity. This particular group faces a number of problems and challenges. With high rates of violence, depression, suicide, and other mental health concerns, transgender people need better supports that they can access and trust. This population may experience discrimination within the health care system, and they may believe that they are unable to trust the authorities due to fear of victimization or feeling that reporting events to the police will not improve their situations.

Ultimately, the aim of this study was to assist in bringing awareness of the problems that transgender people face to medical and mental health care professionals and to police and support services in an effort to improve services so that transgender individuals may feel comfortable and confident in seeking help, specifically in relation to violence, if and when they need it. This chapter reviews the current literature on transgender people. First, I outline what it is to be transgender, which includes a discussion on the language used to talk about this population and related concepts, such as sexual orientation and gender identity. I then explore how transgender people are accepted into the LGBT community, and what it is like to be transgender in Canada, specifically Alberta, which adheres to conservative binary notions of sex. Next, I provide a review of how transgender people have been treated in a medical context through the use of diagnoses in the *DSM-5* (APA, 2013). The next major section focuses on the specific issues that transgender people face, including discrimination in the form of transphobia, violence against transgender people, and mental health issues including

suicide. Finally, the chapter closes with a look at how transgender people may or may

not view and utilize resources, including an examination of transgender clients in

counselling.

What is Transgender?

Transgender refers in part to those who transgress stereotypical gender norms.

Though this group is often listed with lesbian, gay, and bisexual (LGB) sexual minorities,

there are some differences between these groups. Language plays a large part with this

population, and in the English language there are no words to describe someone who

does not fall into either the male or female/masculine or feminine dichotomies. English

has no third gender or way of adequately describing someone who may be one sex but a

different gender. Transgender has previously been defined in Chapter 1, but additional

definitions for relevant terms are described in the section that follows. The next few

sections clarify some of the language around transgender and sexuality as well as create a

framework around the terms used. Gender identity and transgender are also examined to

clarify what they are and are not, how they interact, and how they are viewed in the

medical model that is often adopted by health care professionals.

Language. For those who do not fit the male-female and man-woman

dichotomies, new terminology needs to be created to account for their differences.

Within the English language, especially, there is a void for those who do not fit into the

male-female binary. When one is either male or female, there are pronouns that go with

each. However, those who do not identify as male or female are forced to either choose a

pronoun that may not fully encapsulate their experience or use the pronoun it (Langer,

2011). Some groups advocate for the use of an alternative pronoun (aside from he, she,

and it), with the most common being the use of the term "ze" (Factor & Rothblum, 2008, p. 240) or alternatively the pronoun "co" (p. 240). However, these pronouns have yet to gain widespread acceptance and acknowledgement from the general public, as evidenced by their lack of use in common vernacular.

In order to remain consistent, the terminology used within this report was largely based on Carroll et al.'s (2002) glossary of terms in their paper on counselling transgender, transsexual, and gender variant clients. Carroll et al. provided the following definition of gender:

A complicated set of sociocultural practices whereby human bodies are transformed into "men" and "women." Gender refers to that which a society deems "masculine" or "feminine." Gender identity refers to an individual's self-identification as a man, woman, transgender, or other identity category.

(pp. 138–139)

Sex is defined as the "biological, chromosomal, and anatomical features associated with maleness and femaleness in the human body" (Carroll et al., 2002, p. 139). Sexual orientation is defined as the "gender that a person is emotionally, physically, romantically, and erotically attracted to" (Carroll et al., 2002, p. 139). There are several different minority sexual orientations, but most commonly known are gay, lesbian, and bisexual. The term gay is "most frequently used by male-identified people who experience attraction primarily or exclusively for other male-identified people" (Skolnik & Torres, 2007, p. 2). Similar to the term gay, the word lesbian is "most frequently used by female-identified people who experience attraction primarily or exclusively for other female-identified people" (Skolnik & Torres, 2007, p. 2). Finally, bisexual is "a term

used to indicate attraction or potential for attraction to more than one gender" (Skolnik &

Torres, 2007, p. 2). Where appropriate, the following terms are used throughout this

thesis: gender, sex, transgender, gay, lesbian, and bisexual.

Gender identity versus sexual orientation. As mentioned above, Carroll et al.

(2002) defined gender as one's self-identification, whereas sexual orientation relates to

whom one is attracted. It is important to realize the distinction between the two sets of

identities. Transgender people vary among themselves in terms of sexual orientation and

identity. In their study on attempted suicide in transgender people ($N = 515$), Clements-

Nolle et al. (2006) found 76% of participants were MtF and 24% were FtM, 61%

classified themselves as heterosexual, 24% were bisexual, and only 14% were

homosexual. In contrast, Grossman and D'Augelli (2006) looked at transgender youth

from the ages of 15–20 years. Within their sample, they found 50% of biological men

identified as gay, 35% were heterosexual, and 15% were unsure (Grossman & D'Augelli,

2006). Grossman and D'Augelli further reported 75% of biologically born transgender

females identified as bisexual and 25% identified as lesbian. These two studies

illustrated how samples of transgender people can vary in terms of their sexual

orientation. It is also important to note, however, that classification of sexual orientation

within these studies was assigned based on biological birth sex (not how the person self-

identifies). Therefore, if an FtM participant was attracted to women, that person would

be classified as a lesbian, even though that participant identified as a male, which

demonstrates the complexity of trying to accurately depict the sexual preferences of

transgender individuals.

Factor and Rothblum (2008) discussed an additional dimension to the gender identity and sexual orientation in their study examining FtMs, MtFs, and genderqueers. Factor and Rothblum asked participants about who they were sexually attracted to and what their sexual identity was. Overall, their participants were attracted to women more, with 67% of FtMs and 78% genderqueers being attracted to lesbians and 75% of MtFs attracted to biological women with a female presentation (Factor & Rothblum, 2008). Factor and Rothblum also looked at how the participants identified themselves sexually as well. Categories were not mutually exclusive, so people could identify as more than one sexual identity, and these included heterosexual, bisexual, lesbian, gay, multisexual, omnisexual, pansexual, queer, and other, demonstrating the wide array of sexual identities for participants to affiliate with. In terms of MtFs, most identified as bisexual (44%) and lesbian (33%; Factor & Rothblum, 2008). FtMs mostly identified as being queer (69%) or heterosexual (33%; Factor & Rothblum, 2008). Finally, those who identified as genderqueer primarily associated with being queer (69%) or bisexual (29%). Factor and Rothblum's study clearly indicated that how one identifies oneself and who that individual is attracted to are influenced by a number of factors, including aspects of a person's gender, sex, and sexuality, which according to Carroll et al.'s (2002) definition may also be viewed as a part of sexual orientation. Therefore, an individual may be attracted to a male body with a male presentation who identifies as homosexual, or that person may be attracted to anyone who identifies as gender female, despite his or her biological sex.

Some researchers have made attempts at categorizing transsexuals based on their sexual orientation (Smith, van Goozen, Kuiper, & Cohen-Kettenis, 2005). Using a

previously established categorization of homosexual and nonhomosexual (including

bisexual, asexual, and heterosexual), Y. L. S. Smith et al. (2005) compared the two

groups on a number of different dimensions, including biographical information, GID in

childhood, physical attributes, and GD. The researchers found that the subtypes did

differ on some characteristics, mostly regarding cross-gendered behaviour, sexual arousal

when cross-dressing, marriage, childhood behaviours and preferences, and the age at

application for SRS (Smith et al., 2005). However, in their study examining the

dimensional profiles of only MtF patients, Fisher et al. (2010) found they could not use

sexual orientation and gender identity to classify MtF patients. Fisher et al. argued, while

classification may not be possible, the two factors could be used to better describe the

clinical features of this population. As has been shown earlier, transgender people as a

whole can be very heterogeneous. It is, therefore, important to be able to gain a complete

understanding of individuals by taking into account the way they view themselves in

terms of not only their gender identity, but also their sexual identity.

Transgender inclusion in the lesbian, gay, and bisexual community. The

inclusion of transgender people into the LGB community has been relatively recent,

dating back to the 1990s, whereas gay and lesbian activism had started in the 1970s

(Stone, 2009). Although transgender people are now typically included within the gay

community, as largely demonstrated by the common use of the acronym LGBT, this

acceptance is not necessarily without conflict. Some people argue that the community

has become too large, as the acronym continues to grow and more terms and groups are

added, such as queer and questioning, creating an "alphabet soup" (Stone, 2009, p. 347).

Gay and lesbian members of the community may view transgender people as an

outgroup, feeling that transgender individuals do not belong, even though both groups experience prejudice and discrimination, albeit differently (Morrison, 2010). People within the LGB community hold different views of transgender inclusion, with some seeing both bisexual and transgender people as "names for parts of their own community" (Weiss, 2003, p. 29). However, there are others who view both bisexual and transgender groups as being separate from themselves.

Stone (2009) examined the addition of the letter *T* to the LGB acronym and the reaction of LGB activists to transgender inclusion. While transgender people may also be gay or identify as being gay, Stone found some animosities between the two groups within the community. As one of the participants in Stone's study stated, "Trans people get discriminated against more than any other group, and a lot of it is from gays and lesbians" (p. 340). However, within Stone's study were accounts of lesbians and gay men connecting with transgender people, either by identifying with their own struggles or by witnessing the discrimination against a transgender person. It is possible that the feelings toward transgender people within the gay community may be a result of gay and lesbian members putting LGB priorities first (Morrison, 2010). This could explain why, despite transgender people being included in the community, conflicts continue to arise. Those in the gay and lesbian community may occasionally feel threatened or displaced by transgender people. These feelings of being threatened or displaced may arise from the challenge that both bisexual and transgender people present to the mentality of gay and lesbian people, arguing that they are "just like you" (Weiss, 2003, p. 30) except that they prefer same-sex partners. As a result, there is the potential for some animosity towards transgender people within the community.

Being transgender in Canada. As noted in Chapter 1, television shows and movies increasingly include transgender characters (e.g., Hanson et al., 2015; Kohan & Friedman, 2015; MacFarlane, 2015; Macy & Tucker, 2005; Petersen et al., 2015; Rhimes et al., 2013; Schuyler et al., 2015; Smith et al., 2013; Vachon et al., 1999; Wooley & Jordan, 1992). In addition, although not the first, musician Tom Gabel of the band Against Me! came out as being transgender ("Tom Gabel," 2012). In the article announcing her change to begin living as a woman, Laura (formerly Tom) mentioned that she hoped people would be understanding and kind. This speaks to the society that we currently find ourselves in. In 2015, former Olympic athlete Bruce Jenner came out as transgender, under the name Caitlyn Jenner (Bissinger, 2015). This was a highly publicized event, including interviews, a photo shoot in *Vanity Fair*, including a cover page, and news coverage (Bissinger, 2015). In addition, a docu-series was aired starring Caitlyn Jenner (Bissinger, 2015), which brought transgender issues to the forefront. While both of these examples are American, they were relevant in Canada and received media coverage. Therefore, the general population's knowledge and acceptance of transgender media figures indicates current society in Canada may be more open.

Several groups (e.g., at universities and various centres within the major cities) put on a variety of events and provide support for people who identify as LGBT. There are also a number of support forums for Alberta transgender populations. Alberta is one of the larger provinces in Canada with a population of just over 3.6 million, whereas Canada has a total population of just under 33.5 million people (Statistics Canada, 2015a). Canada is known for being multicultural, and Alberta is no exception. Within the government system, each province has its own elected government that is responsible

for services such as education and health care. In 2009, the then conservative provincial

government cut funding to Gender Reassignment Surgery ("Alberta Reinstates," 2012).

As a result, the provincial health care plan would no longer cover SRSs. Those seeking

an SRS would have to pay out of pocket for it. The total funding that this amounted to

was $700,000 a year ("Alberta Delists," 2009). However, in early June of 2012, 3 years

after the decision was made to delist SRS, the funding was restored by the government

("Alberta Reinstates," 2012). This funding will go towards helping roughly 25 people

per year with their SRSs ("Alberta Reinstates," 2012). In 2015, this funding is still

available for those who qualify (Trans Equality Society of Alberta, n.d.).

Within Canada, a number of recent changes have occurred that may benefit

transgender people. It is possible for transgender individuals to change the sex on their

passports to be in line with their genders (Government of Canada, 2015). In addition,

greater awareness is being brought to school settings, and new policies are being

established among school boards in Alberta ("Catholic Board," 2015). Although these

initiatives are indicative of changing views and more positive attitudes towards

transgender people, further improvement is needed in this area.

Diagnosing transgender. People who experience an incongruence between their

birth or natal sex and their preferred gender may be able to obtain a diagnosis from the

DSM-5 (APA, 2013). While the diagnosis is not without its controversy, it may allow

transgender individuals to receive access to treatment through insurance companies,

which often require a diagnosis in order to obtain treatments (Drescher, 2010). Although

the diagnosis that enables transgender individuals to be medically diagnosed as requiring

an SRS has changed several times over the last 35 years, the current form is GD (APA,

2013). The next sections will review the historical diagnoses spanning the *DSM-III* (APA, 1980) to the *DSM-IV-TR* (APA, 2000), followed by a review of the current diagnosis of GD in the *DSM-5* (APA, 2013). Finally, I close the section with a review of some of the identified controversies of this diagnosis. The latest revision of the manual, the *DSM*-5 (APA, 2013), was released in 2013; therefore, the bulk of studies and data that currently exist are likely based on the *DSM-IV-TR* (APA, 2000) diagnosis of GID. Therefore, any research that relates to GID will use that term, even though the current diagnosis is GD.

  Historical diagnoses. Diagnoses related to gender identity first appeared in the *DSM-III* (APA, 1980) in two different forms (Cohen-Kettenis & Pfäfflin, 2010). The two diagnoses that conveyed this disconnect were transsexualism and GID of childhood. The *DSM-III* (APA, 1980) also marked the removal of the controversial homosexual diagnosis. Some authors have suggested that the removal of the homosexuality diagnosis combined with the addition of GID of childhood may have been a way to continue to pathologize homosexuality (Toscano & Maynard, 2014), in part due to the findings that some children diagnosed with GID later identify as homosexual (Bartlett et al., 2000; Cohen-Kettenis & Gooren, 1999; Toscano & Maynard, 2014).

  In the *DSM-IV-TR* (APA 2000), the diagnosis was GID, which included separate codes based on current age (children or adolescence/adults) and specifiers based on sexual attraction. A diagnosis of GID not otherwise specified was also possible and accounted for intersex conditions or cross-dressing that was transient and stress related.

  According to the *DSM-IV-TR* (APA, 2000), to qualify for a diagnosis of GID, the individual must present a strong and persistent cross-gender identification. For children,

cross-gender identification is typically displayed in several forms, of which four must apply: (a) a stated desire to be the other sex, (b) a preference for wearing the opposite sex's clothing, (c) a persistent preference for cross-sex roles when engaging in make-believe or fantasies of being the opposite-sex, and (d) an intense desire to participate in games or pastimes that are of the opposite sex or the preference for opposite-sex playmates (APA, 2000). However, in adolescents and adults, individuals are diagnosed with GID if any one of the following apply: (a) stating they want to be the opposite sex, (b) passing as the opposite sex, (c) exhibiting the desire to either live or to be treated as the opposite sex, or (d) expressing typical feelings and reactions as one of the opposite sex.

The second overall criterion was the persistent discomfort with their sex or that there is a sense that the gender associated with that sex is inappropriate (APA, 2000). In children this manifested as a rejection of their biology and stereotypical activities of their gender (APA, 2000). When in adolescence and adulthood, this largely surfaced as a preoccupation of removing their primary and secondary sex characteristics or the assertion that they believe they were born into the wrong sex (APA, 2000). The last two criteria for a diagnosis of GID were as follows: (a) it is not concurrent with an intersex condition and (b) it causes clinically significant distress or impairment in important areas of functioning (APA, 2000).

DSM-5 and gender dysphoria. In the *DSM-5* (APA, 2013), the current diagnosis appears in its own section. This is different from the previous version, which listed GID under sexual and GIDs (APA, 2000). In addition, the word disorder was removed from the title of the diagnosis, which some authors view as trying to reduce the associated

stigma (Toscano & Maynard, 2014). Although the criteria for GD has evolved from the former diagnosis of GID (APA, 2000, 2013), many aspects remained similar to the previous criteria (Davy, 2015; Toscano & Maynard, 2014). Perhaps one of the largest changes that can be seen in the *DSM-5* is the addition of "alternative gender" (APA, 2013, p. 452), indicating that one is not required to identify as male or female, but can instead identify as outside of the gender binary.

Another difference between GID and GD is the separate criteria for children from that of adolescents and adults. In the *DSM-IV-TR,* a code was used to specify whether the diagnosis was for a child or for an adolescent or adult (APA, 2000). However, the *DSM-5* (APA, 2013) presents two separate diagnoses to reflect this difference. Children must meet criteria based largely on behaviour. Such examples include a preference for cross-gender roles in make believe play, a preference for cross-dressing or wearing the clothing of the opposite sex, a preference for typically opposite gender games, toys, or activities, and a preference for opposite gender playmates (APA, 2013). The one mandatory criterion for children is that there is a desire or insistence that they are the opposite gender, or an alternative gender (APA, 2013). Additional criteria may also include a dislike of their sexual anatomy or their primary and sex characteristics (APA, 2013). Aside from the criteria related to the incongruence between the assigned and experienced gender, there is also the need for this to cause clinically significant distress (APA, 2013).

The criteria for adolescents and adults are primarily based on the body and desires, rather than behaviour, as with children. Along with an incongruence between the assigned and experienced gender, adolescents and children may have a strong desire to be

rid of their primary and secondary sex characteristics of their assigned gender as well as a

desire to have the primary and secondary sex characteristics of their experienced gender

(APA, 2013). These adolescents and children may also have a strong desire to be a

different gender than their assigned gender, to be treated as the other gender, or a

conviction that they have the reactions and feelings of the other or another gender (APA,

2013). Unlike with children, there are no mandatory criteria that an adult must meet

under Criteria A; only two of the aforementioned need to be met in order to qualify for

the diagnosis. As with children, criteria B must be met as well, which is that there is a

clinically significant impairment or distress associated with it.

There are some additional differences between GD and GID. As noted in the

DSM-5 (APA, 2013), the focus for GD is on the clinical problem as opposed to identity,

which may have been the case in the *DSM-IV-TR* (APA, 2000). While many of the

criteria are similar or unchanged from the previous diagnosis in regards to sentiment,

there has been a shift towards gender as opposed to sex. Whereas in the previous version,

the term "opposite sex" (APA, 2000, p. 581) was used, in this most current iteration, it is

"other gender" (APA, 2013, p. 452), with the option for an "alternative gender" (APA,

2013, p. 452). Another difference in the *DSM-5* (APA, 2013) is the exclusion of the

criteria regarding intersex conditions. The *DSM-IV-TR* required that it occur not in the

presence of an intersex condition (APA, 2000). This is not mentioned in the *DSM-5,*

which discusses the different trajectories and considerations for individuals who may

have a disorder of sex development (APA, 2013). Finally, the only specifier that is used

with the GD diagnosis is posttransition, in order to continue treatment after an individual

has received treatment (APA, 2013), whereas the GID diagnosis contained specifiers related to sexual orientation and age of onset (APA, 2000).

   Etiology.   There have been attempts to explain why some people feel that their gender do not match their birth sex. In general, there are two main theories on what causes GID or transsexualism: biological and intrapsychic (Manners, 2009). Biological factors include genetics, hormones, and neurobiology. Hormones may act alone prenatally, or may interact with genetics, as is the case in congenital adrenal hyperplasia (Haldeman, 2000). Genetics have also been indicated as a cause of GD, although the link is weak at this point in time (APA, 2013). In addition, there have been no strong explanations with regards to the endocrine system for GD, although there may be an increase of androgen in natal females (APA, 2013).

   Some influences that have been examined for the cause of GD are related to family and parental factors (Cohen-Kettenis & Gooren, 1999). A close relationship with the mother for boys, an absent father, avoiding competition with the father, girls disidentifying with their mother, a violent father, or the mother's wish for a child of the opposite sex may all be factors (Cohen-Kettenis & Gooren, 1999; Manners, 2009). However, psychological and family factors have not been strongly supported by the research (Haldeman, 2000). Furthermore, Haldeman (2000) argued that any attempts to explain gender atypical behaviour in terms of a unitary explanation would not be successful, largely due to the social and personal nature of gender.

   Sex reassignment surgery.   Several options for treatment of GID exist, which allow for people to choose the level in which they may transition. The main treatment options include changing how individuals express their gender and gender roles;

examples include living part or full time in the gender of their own gender identity, hormone therapy, surgery to primary and/or secondary sex characteristics to make them more in line with the gender identity, and psychotherapy (Coleman et al., 2012).

The latest revision of the WPATH's *Standards of Care* (Coleman et al., 2012) was released in 2011. Originally released in 1979 by the Harry Benjamin International Gender Dysphoria Association, the aim of creating the standards of care was to establish minimum requirements with regards to assessment and determining eligibility for both hormonal treatment and SRS (Coleman, 2009). Hormone therapy is an option that some people may choose to take. Although it is recommended in some cases, hormone therapy is not needed for all surgeries, and may provide an option for those who do not wish or cannot go through with surgery (Coleman et al., 2012). Surgery options include chest or breast surgery, genital surgery, and nongenital surgery, including voice surgery, pectoral implants, lipofilling, and liposuction, as well as other aesthetic procedures (Coleman et al., 2012).

The WPATH *Standards of Care* (Coleman et al., 2012) stated that referral letters are needed primarily from mental health professionals in order to obtain physical interventions. For genital surgery, it is required that patients live for 12 months in the gender role that is consistent with their own gender identity, and although it is not explicitly required, WPATH recommended patients have regular visits with either a mental health professional or some other medical professional (Coleman et al., 2012). Cohen-Kettenis and Gooren (1999) also mentioned that this may be a time to seek psychotherapy to deal with the anxieties that may arise and to help these individuals adjust to the changes that are occurring in their lives.

Due to the permanent nature of SRS, satisfaction with the procedure is important. However, it appears that many who undergo the treatment are satisfied with their changes and it is a viable solution to GD (Cohen-Kettenis & Gooren, 1999). In a study examining quality of life among FtM participants, Newfield et al. (2006) found, while quality of life scores were lower than non-FtM controls, those who had undergone hormone treatment scored significantly higher than those who had not undergone treatment.

Controversy surrounding diagnosis. There have been some issues raised with regards to the *DSM-IV-TR* (APA, 2000) diagnosis of GID. Many of these issues have persisted with the continued presence of GD in the *DSM-5* (APA, 2013) and the similarities in criteria between the two diagnoses. This is in part due to the similarities in diagnostic criteria between the two versions (Davy, 2015; Toscano & Maynard, 2014). Since many of the studies are based off of the *DSM-IV-TR* (APA, 2000), the diagnosis of GID will be used, as that was the current diagnosis at the time of the research reviewed.

One of the issues that researchers have argued is that boys diagnosed with GID in childhood tend to have a greater association with homosexuality in the future rather than transsexualism (Bartlett et al., 2000; Cohen-Kettenis & Gooren, 1999), which raises the issue of whether or not assessing for GID in childhood is actually indicative of GD. This criticism has persisted into the current diagnosis of GD (Toscano & Maynard, 2014). The *DSM-5* stated that a persistence rate ranges from 2.2–30% of natal males and 12–50% of natal females (APA, 2013). Therefore, there is evidence that not all children who are diagnosed with GID or GD continue to show symptoms as adults.

Furthermore, Bartlett et al. (2000) argued that GID in children does not meet the criteria for a mental disorder. This is due to the fact that while children may experience

some distress, as well as some degree of impairment in peer relations, social and school impairment, and mental health, there is the chance that this may be due to a conflict between the individual and society at large. Cross-gendered behaviours and identification, especially those labelled as deviant, would be highly influenced and dependent on both the cultural and the historical context (Bartlett et al., 2000). Therefore, what may be considered deviant behaviour from the norm will differ between cultures and periods in history.

Cohen-Kettenis and Pfäfflin (2010) also looked at the diagnostic criteria for GID; however, their focus was on adolescent and adult GID. Through their examination of the criteria, Cohen-Kettenis and Pfäfflin found several potential problems with the diagnosis. First, they found that there were few studies which stated the interrater reliability of the diagnosis, as well that there were no structured interviews that had been developed to differentiate GID from the diagnosis of GID – not otherwise specified. This can cause potential problems in trying to determine who would best benefit from SRS. This does not appear to have been changed since the introduction of the *DSM-5* (APA, 2013).

Another potential problem is the binary view of the *DSM* (APA, 2000, 2013). Within the literature, many references were made to "other sex" (APA, 2000, p. 581) or "cross-gender" (APA, 2000, p. 581), which has maintained the dichotomous thinking that there are only two sexes and, therefore, two genders (Cohen-Kettenis & Pfäfflin, 2010). While this has been addressed in the *DSM*-5 (2013) to include the term "other gender" (p. 452) as well as for individuals to identify as an "alternative gender" (p. 452), much of the criteria are based on stereotypical behaviours, which may not reflect current gender expression in contemporary society (Davy, 2015). As discussed above, Carroll et al.

(2002) found people used many terms to describe their gender, and these did not always fall into one of two categories.

In addition, to warrant a diagnosis of GID or GD and, therefore, to be able to access treatment, it is required that transgender people experience distress (Cohen-Kettenis & Pfäfflin, 2010). While there are some people who may have been impaired and unable to function due to the distress caused by GD, there are those who would not meet this criterion, but still wish to undergo SRS. As such, some people may experience distress, but not to a suitable level to warrant a GID or GD diagnosis. It is then possible that individuals may reframe their narratives in order to demonstrate significant distress so that they might obtain a diagnosis and be considered for treatment (Davy, 2015). Finally, distress may also arise from the diagnosis itself, specifically related to the stigma associated with being diagnosed and the possible fear of being shunned (Toscano & Maynard, 2014).

A further issue with the diagnosis is that it is highly linked to treatment (Cohen-Kettenis & Pfäfflin, 2010). In order to undergo SRS, a diagnosis is often needed to create the "medical necessity" (Drescher, 2010, p. 446) of the operation for insurance companies. This creates a situation where the diagnosis is needed to obtain treatment, but may create problems such as stigmatization in the future. Once treatment through hormones and surgery is completed the diagnosis remains (Cohen-Kettenis & Pfäfflin, 2010). Examining the criteria for GID, it is likely that even after an individual undergoes treatment the diagnoses may remain unresolved (Cohen-Kettenis & Pfäfflin, 2010). Therefore, these individuals face the potentiality of being classified as having GID for life. Cohen-Kettenis and Pfäfflin (2010) mentioned that this label may become a greater

issue, as there tends to be a stigma attached to having any sort of mental disorder. This may lead to problems in terms of employment and obtaining health insurance if the diagnosis is revealed (Cohen-Kettenis & Pfäfflin, 2010). With the revision to the *DSM-5* (APA, 2013) and the creation of GD, the diagnosis may be resolved upon treatment. However, there is the potential for the diagnosis to remain using a specifier to identify that the individual is posttransition (APA, 2013). Another issue with the diagnosis is the method of treatment. The most common treatments for individuals with GD or GID are medical interventions involving hormone therapy and surgery—a psychological disorder is being treated with a medical procedure and surgery (Manners, 2009; Toscano & Maynard, 2014).

One final criticism of the *DSM* (APA, 2000, 2013) diagnosis for GID, as well as GD, is that it mirrors the former diagnosis for homosexuality. Drescher (2010) discussed how gay activists argued against the diagnosis of homosexuality. Many of the arguments revolve around variation and subjectivity. Specifically, gay activists argued that having a diagnosis for homosexuality was an abuse of psychiatric authority (Drescher, 2010). However, by removing the diagnosis of GD, there is the potential to limit the availability of treatment options. Further complicating the issue is the stigmatization of having the diagnosis, especially for those who are postoperative or nonoperative and do not require or desire medical treatment.

While the *DSM* (APA, 1980, 2000, 2013) has provided a framework and a language that can be used across professions, it also has some downsides. Specific diagnoses can influence who can and cannot receive treatment, especially with regards to insurance companies covering treatment costs, which can be seen with GID and GD

(Cohen-Kettenis & Pfäfflin, 2010; Vanheule, 2012). Vanheule (2012) offered another

criticism about the *DSM* (APA 1980, 2000, 2013) involving its focus on the symptoms

that are experienced and that it neglects the personal aspects. Along with Vanheule's

criticism is the idea that the person, time, and culture may be disregarded when focussing

specifically on symptoms and a more biological cause of dysfunction. Vanheule (2012)

also expressed concern as to the validity of diagnoses in the *DSM* (APA, 1980, 2000,

2013) and noted issues in the past with large numbers of false positives when diagnosing

people, as well as a lack of consistency in diagnosis. Overall, while the *DSM* (APA,

1980, 2000, 2013) attempts to create a common groundwork from which to diagnose

people; this has been problematic in the past. Although applying a diagnosis is meant to

be a more objective measure of dysfunction, there is still a subjective element to that

reduces the validity of the diagnosis, which can have lasting impacts on people.

  Prevalence. The actual prevalence of GID is hard to determine. This is due to

the fact that figure estimates do not include preoperative (i.e., those awaiting treatment)

or nonoperative (i.e., those who do not choose to change their physical body) transgender

people (Persson, 2009). In addition, while some people may choose to transition and

receive hormone therapy and possibly pursue surgery, not all of these individuals will go

through specialty clinics and, therefore, may not be included in prevalence estimates

(APA, 2013). The *DSM-5* (APA, 2013) listed the prevalence rate for natal males at

0.005–0.014% and for natal females it is 0.002–0.003%. In their review of

transsexualism, Cohen-Kettenis and Gooren (1999) stated that the prevalence rate for

MtF ranged from 1:100,000 to 1:24,000, and for FtM the rates were from 1:400,000 to

1:100,000. These authors also found studies that stated recent rates for both men and

women were higher in Singapore and the Netherlands (Cohen-Kettenis & Gooren, 1999).

Fisher et al. (2010) stated that the average prevalence was 1:10,000 for MtF, whereas

FtM has a prevalence rate of 1:30,000. However, as mentioned, these statistics only

accounted for those who decide to pursue SRS and did not include those who may never

opt for surgical alterations or may have conflicts of gender identity and birth sex, but do

not qualify for a diagnosis of GID or GD. Therefore, it is difficult to determine precisely

how many people are affected by the disconnect between sex and gender.

Aside from prevalence rate, the *DSM-5* (APA, 2013) also indicated the

persistence rate for those who have been diagnosed as children and persist into adulthood.

These rates vary and may help to indicate the persistence of the diagnosis. As previously

mentioned, one possible controversy is that the diagnosis of GID or GD may be

indicative of homosexuality instead of gender identity (Toscano & Maynard, 2014). The

DSM-5 indicated that for natal males, the persistence rate is 2.2–30%, and for natal

females the rate is 12–50% (APA, 2013).

Issues Transgender People Face

Due to the possible distress resulting from the feeling of being born in the wrong

body, it is not surprising that those who are transgender may experience a lower quality

of life than their nontransgender counterparts, both male and female (Newfield et al.,

2006), with FtM transgender people experiencing a lower quality of life in the mental

health concepts measured than the general population (Newfield et al., 2006).

Transgender men also scored lower on some measures of quality of life in a Dutch

sample, specifically on measures of general health and social functioning, whereas

transgender females actually scored higher on body pain measures than the general

sample (Motsman, Meier, Ponnet, & T'Sjoen, 2012). Existing outside of the gender binary may result in other concerns such as transphobia (Lombardi, 2009; Mizock & Mueser, 2014) including violence, harassment, and abuse (Bradford et al., 2013; Grossman & D'Augelli, 2006; Stotzer, 2009; Testa et al., 2012), mental health issues (APA, 2013; Bradford et al., 2013; Grossman & D'Augelli, 2006; Testa et al., 2012), and suicide attempts (APA, 2013; Clements-Nolle et al., 2006; Testa et al., 2012).

These issues may persist through the lifespan, affecting older people who already have to deal with many of the same issues that the other elderly people do (Persson, 2009). There may be additional health issues for older transgender people based on the hormones and surgical treatments that they have undergone (Persson, 2009). Some of these health concerns include osteoporosis and breast cancer for those who have taken female hormones and urinary tract infections for those who had MtF SRS. For FtM, health concerns can include liver disease, diabetes, or cardiovascular disease, as well as endometrial cancer for those who have not undergone surgery (Persson, 2009). This group may not have sought help for other mental health issues, which may worsen as they age. There is also the issue of gender versus biology, as health care workers and workers in gerontological care may be unaware of transgender people and treat them based upon their biological sex (Persson, 2009). Transgender individuals may be more hesitant to report violence and abuse due to the risk of being exposed as transgender and feeling the need to hide their identities (Butler, 2004; Persson, 2009). While changes may be forthcoming as awareness about transgender people increases, it will be important to learn more about the kinds of problems that members of this population are facing, especially as they grow older and may be forgotten. It is important to take into

consideration the societal context when working with transgender individuals, as society has made strides in terms of progress. While the issues described below may not be unique, the attention that is being brought to transgender individuals has increased in recent history.

  Discrimination and victimization. Transgender people may experience numerous forms of discrimination and victimization. In addition, their experiences may differ from that of other marginalized groups, since they challenge a number of base assumptions that many people have. Specifically, transgender people may experience what is known as transphobia, which is discussed next. They also may experience various forms of violence, such as physical, sexual, emotional, and psychological violence.

  Transphobia. Weiss (2003) examined both transphobia and biphobia within the gay and lesbian community in the United States. Transphobia is not, as the name would suggest, a fear of transgender people. The Oxford dictionary defines transphobia as an "intense dislike of or prejudice against transsexual or transgender people" ("Transphobia," Noun section, para. 2). The word transphobia, by the use of suffix phobia, implies that it is a psychological problem (Weiss, 2003). However, as Weiss noted, this "changes prejudice, the attribution of negative characteristic to a group, and discrimination, the exclusion of such a group from the benefits of society, into a psychiatric illness, a sickness over which the sufferer has little control" (p. 32).

  Transphobia largely comes from the traditional views and attitudes that people hold with regards to birth sex and gender. Lombardi (2009) examined transphobia utilizing modified sexism and racism scales among transgender men and woman who had

problems with substance use. It was found that the age of transition either before or after the age of 30, and whether participants had told their friends about being transgender were the two highest correlates with regards to participants' experiences of transphobic events and the stress associated with them. Overall, older transgender people experienced more lifetime occurrences of transphobic events, which illustrates the persistence and continued nature of discrimination. In addition, members of this population have experienced life at different times and cultures, which may also impact their levels of transphobic events. Clements-Nolle et al. (2006) also found high rates of discrimination among transgender people, as 62% of their sample stated that they had experienced gender discrimination at some point. In addition, transgender individuals who work also experience transphobia, including discrimination and stigma, as they were at more of a risk of disclosing mental health problems (Mizock & Mueser, 2014).

Violence and harassment. Much of the research on transgender people's experiences of violence has been focused within the United States in large-survey format. While it is important not to assume that every transgender person's experience of violence is the same or that every transgender person will experience some form of violence, when the statistics of those surveyed are examined it is evident that there is a common experience of violence among transgender people.

Transgender individuals, similar to the general public, are susceptible to all the various forms of violence. For the purpose of this literature review, I discuss the topic of violence in two separate categories: bodily harm and emotional or psychological violence. The bodily harm section is used to discuss physical violence, in which a person may be physically injured; this includes sexual violence, such as unwanted sexual

advances and nonconsensual sexual contact. Emotional and psychological violence

examines acts by other people that may inflict emotional or psychological harm, such as

verbal abuse.

Transgender individuals may come into conflict with people who seek to police

gender and enforce gender norms (Lombardi et al., 2002). Violence against transgender

people has been suggested to have common links with violence against women and

antihomosexual violence (Witten & Eyler, 1999). Similar to violence against women,

perpetrators and victims may argue that the way that transgender people look and act

provokes others to acts of violence, especially in the case of sexual assault. Others may

commit acts of violence in response to the transgender individual's refusal to conform to

the typical role of a heterosexual man or woman, or even by not fitting into the role of

homosexual man or woman, as in the case of hate crimes aimed at sexual minorities. A

common explanation for why this population is targeted may come in the form of that

"they deserved it" (Witten & Eyler, 1999, p. 461). This may be due to the fact that

transgender people defy social norms.

Another possible explanation for why violence occurs towards this population is

that while they may not identify as homosexual, they may engage in relationships with

members of the same biological sex, which may elicit aggression and violence towards

these individuals based on their choice of sexual partners. There are also additional risk

factors in transgender violence, such as race and ethnicity and high-risk behaviours, such

as being a sex worker and alcohol and drug use (Mizock & Lewis, 2008). Like other

forms of violence, there is a gap between what is officially reported and the information

gathered through community victim surveys (Moran & Sharpe, 2004).

Bodily harm. Transgender people may experience a variety of violent acts or assault that results in bodily harm. This includes being assaulted with or without a weapon, having objects thrown at them, or being forced to have sex (Lombardi et al., 2002). Wyss (2004) examined the experiences of transgender people with regards to violence that they experienced in high school. The types of violent acts included being pushed, punched, shoved, kicked, or burned, as well as suffering sexual harassment and rape (Wyss, 2004).

The incidence of sexual assault and rape vary widely. Within Canada, among the general public, 20,735 sexual assaults were reported to police in 2014 (Statistics Canada, 2015b). While this number indicates that those who experience sexual assault are a small proportion of the population, it is important to note that, like transgender people, the general public tends to underreport sexual assaults, so this number is likely much higher. Among transgender people, a number of studies have examined sexual assault and violence (Bradford et al., 2013; Clements-Nolle et al., 2006; Lombardi et al., 2002; Risser et al., 2005; Stotzer, 2009; Testa et al., 2012). Although just over one quarter of Lombardi et al.'s (2002) sample identified that they had experienced a violent incident within their lifetime, 55 people comprising 14% of the sample had experienced either rape or an attempted rape. While transgender people were used in the sample, transsexuals participated at a higher rate than other transgender people, at 21% for each FtM and MtF (Lombardi et al., 2002). Other studies have also found approximately 25% of their participants experienced sexual assault (Bradford et al., 2013; Risser et al., 2005; Testa et al., 2012). One of the highest rates of sexual violence was noted at 59% of the sample (Clements-Nolle et al., 2006). Overall, studies have found that between 10–86%

of participants sampled have experienced sexual violence (Stotzer, 2009). The New York

City Gay and Lesbian Anti-Violence Project (2015) found transgender women were 1.6

times and transgender people of colour were 1.8 times more likely to have experienced

sexual violence. This trend is evident in Kenagy's (2005b) study, which found that MtFs

were significantly more likely to have been forced to have sex with someone, were more

likely to have experienced violence in the home, and were likely to have been physically

abused. One possible explanation for this, put forward by the author, was the inclusion of

MtF sex workers, which may increase the likelihood of violence against them (Kenagy,

2005b).

Similar to sexual violence, physical violence also has a wide range of occurrence

among studies. The incidence of physical violence has been found to range from 28–

86% (Stotzer, 2009). The New York City Gay and Lesbian Anti-Violence Project

examined data from 1998–1999 and 1999–2000, examining violence against LGBT

populations (Dworkin & Yi, 2003). These researchers found that while there was a

decrease in murders and serious injuries, as well as sexual assault and rape, the incidence

of attempted assaults with weapons did increase, as well as harassment and intimidation

(Dworkin & Yi, 2003). Two recent studies found that the incidence of physical violence

among their samples were both 38% (Bradford et al., 2013; Testa et al., 2012).

Transgender women and transgender people of colour were also found to have

experienced higher levels of physical violence (New York City Gay and Lesbian Anti-

Violence Project, 2015), which may be due to the intersecting of identities. Although

these numbers vary widely, they are still concerning. It seems that transgender

individuals, including cross-dressers, face a greater likelihood of experiencing violence in

multiple forms across their lifespan when compared to the general public (Witten & Eyler, 1999).

    Emotional and psychological harm. Emotional and psychological harm includes verbal abuse (i.e., insults and ridicule), the undermining of self-esteem, humiliation and degradation in either public or private, manipulation through lies or false promises, or denying a partner's reality (Pitt & Dolan-Soto, 2001). In Lombardi et al.'s (2002) study, it was found that just over half of the sample (N= 402) had experienced verbal abuse and just under a quarter had been stalked or followed over the course of the participant's lifetime. More concerning statistics are reported in Clements-Nolle et al.'s (2006) study, which found that 83% of their sample (*N* = 515) had experienced verbal abuse or harassment. Transgender individuals seem to be at a higher risk of discrimination, threats, intimidation, and harassment (New York City Gay and Lesbian Anti-Violence Project, 2015). This in-depth look at the violence that transgender people experience alludes to the variety of ways that they can be victimised emotionally, psychologically, and verbally.

    The studies I reviewed illustrated that transgender people may experience a variety of forms of violence without any physical harm (Bockting et al., 2013; Lombardi et al., 2002; Stotzer, 2009). Verbal abuse appears to be a prevalent form of violence against this population (Bockting et al., 2013; Lombardi et al., 2002; Stotzer, 2009). Many of the identified forms of violence indicate that the intent may be to elicit fear within this population, such as being stalked or intimidated (Lombardi et al., 2002; Stotzer, 2009). Even without physical harm, these forms of violence can result in long-lasting psychological effects, which are discussed below.

Perpetrators. Perpetrators of the various kinds of violence and abuse seem to differ based on type of abuse. For verbal abuse and harassment, strangers were most often found to be the perpetrator, followed by police and parents (Stotzer, 2009), although this was only measured by one of the studies included in Stotzer's (2009) review. It can possibly be argued that this is due to the pervasive nature of verbal abuse, and it is easy for transgender people to experience such abuse out in public where they may be singled out as being different or transgressing gender norms.

In terms of physical violence, the studies examined people who were known to the victim were high on the list of perpetrators, as were strangers (Stotzer, 2009). Law enforcement personnel were also identified as the perpetrator of physical violence, although to a lesser degree (Stotzer, 2009). However, in sexual assault, the most common perpetrator was someone that the victim knew beforehand (Stotzer, 2009). Researchers also found that same-sex couples also experience cases of domestic violence, and in similar rates to that of heterosexual couples (Stiles-Shields & Carroll, 2015). Transgender people in particular may experience unique forms of intimate partner violence, such as MtF experiencing physical assaults towards parts of their bodies that have been altered. Therefore, it is important to examine intimate partner violence in this population as well.

Mental health issues. It is difficult to separate mental health issues from the discrimination and violence that transgender people may face. While being transgender may lead to distress (APA, 2013), the aforementioned violence that these individuals experience may be a compounding factor. As previously mentioned, emotional and psychological violence may have lasting psychological effects. However, there are a

number of issues that transgender people deal with, such as social isolation, low self-esteem, difficulties with school or work, fetishism, prostitution, and being at high risk for HIV, substance-related disorders, abuse, anxiety, depression, and suicide attempts and completions (APA, 2000, 2013; Bradford et al., 2013; Carroll et al., 2002; Grossman & D'Augelli, 2006; Nuttbrock et al., 2014; Testa et al., 2012).

Some of these issues may be related more specifically to experiencing violence, such as the feelings of anxiety, rage, issues of low self-esteem, depression, and self-destructive behaviours including substance abuse, unsafe sex, and ultimately suicide or suicide attempts, although all of these may be experienced without being victimized (APA, 2013; Bradford et al., 2013; Carroll et al., 2002; Clements-Nolle et al., 2006; Nuttbrock et al., 2014; Testa et al., 2012). Transgender youth stated that they experienced feelings of shame and unworthiness due to what had happened to them and the way others have treated them (Grossman & D'Augelli, 2006). Transgender youth also faced the problem of lack of housing and problems of financial support, which forced them into prostitution (Grossman & D'Augelli, 2006). Due to the stigmatization at school and from peers, transgender youth also experience academic problems, which ultimately lead to some dropping out of school (Grossman & D'Augelli, 2006).

Lombardi (2009) found that transphobic events were correlated with measures that showed high levels of depression and anxiety. Clements-Nolle et al. (2006) also found that 60% of their sample met the cut-off score for depression on the Center for Epidemiologic Studies Depression Scale. In total, 28% of Clements-Nolle et al.'s sample had also been treated for alcohol or drug use. In addition, the authors found correlations with those who had a history of drug or alcohol treatment, rape, gender discrimination,

and physical and verbal victimization (Clements-Nolle et al., 2006). Samples of transgender individuals have been found to experience depression (44%), somatization (27.5%), anxiety (33.2%), as well as overall psychological distress (40.1%; Bockting et al., 2013). Another study found that the incidence of depression was five times higher in transgender women than in the general public (Nuttbrock et al., 2014). Substance abuse has also been found within this population, specifically in relation to experiences of violence (Testa et al., 2012). Substance abuse was impacted by both sexual and physical violence, with sexual violence being linked with alcohol abuse and illicit substance abuse, whereas physical violence was linked with higher alcohol abuse within a sample of transgender men (Testa et al., 2012). Overall, while transgender people appear to face many different psychological issues, some of these may be compounded or due to experiences of violence.

    Suicide. Suicide is an ongoing risk for transgender population, both pre and posttransition (APA, 2013). The true number of suicides is often unknown due to a number of reasons, such as hiding the true cause of death to reduce stigma, for insurance reasons, and accidents that may have actually been suicides. However, some studies have examined suicidal ideation and attempts among the transgender population (Clements-Nolle et al., 2006; Kenagy, 2005a, 2005b; Testa et al., 2012). Many of these studies are needs assessments (Kenagy, 2005a, 2005b). This may be because of the link between violence and suicide, or the consideration that suicide may be seen as a self-inflicted act of violence.

    Clements-Nolle et al. (2006) found 32% of their sample had attempted suicide at some point in their lives. Those who had attempted suicide were found more often to be

white, under the age of 25, recently unemployed, with a history of incarceration (Clements-Nolle et al., 2006). Clements-Nolle et al. also found a significant correlation between suicide attempts and depression (as measured by the Center for Epidemiologic Studies Depression Scale) and low self-esteem. Other studies have found that the incidence of suicidal ideation or attempts have ranged from 30–60% (Grant et al., 2010; Kenagy, 2005a, 2005b; Risser et al., 2005; Testa et al., 2012). Furthermore, when asked whether they attempted suicide due to being transgender, between 13% and 67% agreed (Kenagy, 2005a, 2005b). When examined closer, 32–75% of the MtF and 26–53% of the FtM transsexuals had attempted suicide because they were transgender (Kenagy, 2005b). In addition, suicide was also an active concern for this population, as 16% had thought about suicide in the last 30 days (Risser et al., 2005). Suicide may also be linked with experiences of violence (Testa et al., 2012). Testa et al. (2012) found among transgender women physical abuse was related to suicidal ideation, whereas sexual abuse was related to suicidal ideation in transgender men. With regards to suicide attempts, researchers further found that both types of violence were associated for both transgender men and women (Testa et al., 2012). Kenagy (2005b) suggested that the rate of suicide attempts was somewhere around 0.002% among the general population. With suicide attempt rates of up to 41% for individuals who are transgender (Grant et al., 2010), evidence points to a need for more supports that members of this population feel they can turn to in times of crisis.

Counselling Considerations

In terms of treatment for transgender people, physical changes can be made to the body to help align sex and gender. However, some people may not want to fully

transition. Regardless of whether or not a person does transition, transgender individuals also have options for interventions and treatment, such as counselling. A number of considerations must be weighed when counselling this population, and counsellors need to be aware of the many barriers that may prevent transgender individuals from attending counselling sessions.

Accessing counselling. A transgender person may seek out counselling for a number of reasons, and the person's experiences may be complex as the person works through a number of possible issues. As previously discussed, transgender people face a number of possible concerns, including depression, substance abuse, suicidal ideation, trauma, and interpersonal relationship issues (APA, 2000, 2013; Bradford et al., 2013; Carroll et al., 2002; Grossman & D'Augelli, 2006; Nuttbrock et al., 2014; Testa et al., 2012). In addition, for those who desire to transition, counselling is often required in order to begin the process. Providers, specifically psychologists and psychiatrists, are often the ones who help to determine a person's readiness to transition, and this assessment is often based on the provider's opinion of how well the person can pass, or how well the provider thinks the person will be perceived as the gender the individual wishes to be (Mascis, 2011). However, in terms of the mental health functioning and the needs of transgender individuals, not much is known (Shipherd, Green, & Abramovitz, 2010).

Transgender people may seek counselling due to their gender identity, such as wanting to transition; however, they may go to counselling for a number of different issues. Shipherd et al. (2010) found that the 37% of their transgender participants ($N = 130$) sought counselling for nongender identity issues within the last year. These

issues included depression or excessive sadness (20%), panic attacks, worry, or anxiety (19%), relationship or marital concerns (18.5%), posttraumatic stress disorder (12.9%), sleep problems (8.5%), grief or bereavement (6%), eating and weight disturbances, and drug or alcohol abuse (3% and 1.5%, respectively; Shipherd et al., 2010). These numbers show that transgender people, in the study, sought help for a variety of issues, most of which are also found within the general public who seek counselling. Therefore, the issues and concerns that transgender individuals experience may or may not be related to their gender identity, and it is important for therapists to avoid making assumptions based on a client being transgender or the client's sexual orientation (Walker & Prince, 2010).

Many of the nongender-related reasons that transgender individuals seek counselling for can be treated as they would for members of the general public. The theoretical orientation of the therapist can allow for a variety of different treatments for various mental health concerns such as cognitive behaviour therapy, which may be used for depression or anxiety or trauma specific treatments. This theoretical framework can also impact how gender issues may be dealt with within the counselling relationship. However, the specific theoretical approach may also be a detriment when working with transgender individuals, such as using behaviour modification to try to change individuals to act more like their assigned gender.

Barriers to counselling. Several potential barriers might prevent transgender people from seeking the help that they might need. Shipherd et al. (2010) examined the barriers that transgender people perceived relating to counselling and mental health services. The most common barrier that they found was the cost of services, even among those who needed counselling (Shipherd et al., 2010). Other barriers for counselling

initiation and continuation included hearing about someone else who had a negative

counselling experience, having a bad experience themselves, a dislike of talking about

their personal lives, participating in groups, and a fear of being put on medications

(Shipherd et al., 2010). These barriers may also be common among various populations;

however, these barriers may more complex for clients who identify as transgender, as

they may have to explain their gender identity and possibly educate their primary care

provider about their needs (Bradford et al., 2013). Transgender individuals may also face

discrimination within the health care system (Kenagy, 2005a, 2005b). Kenagy (2005a,

2005b) found that only between 62–67.1% of her participants had a primary care

physician. This was echoed by Bradford et al. (2013), who found only 60% of their

sample ($N = 350$) had a primary care physician. In addition, only 43% of Bradford et

al.'s (2013) participants were out as transgender to their care physicians and, of those

who had a primary care physician, 20% had to educate their care providers on

transgender health issues. In addition, health care discrimination may also be present

with this population (Kenagy, 2005a, 2005b; Shires & Jaffee, 2015). Kenagy (2005a,

2005b) found that between 14–26% of her participants believed that they had been denied

health care based on their transgender status, 15% were refused transgender related care,

and 7% and 10% were refused care due to being transgender and refused care for

transgender issues, respectively. In a more recent study, Shires and Jaffee (2015) found

40% of their sample had experienced health care discrimination, including being denied

health care services; this percentage also included verbal harassment and denial of equal

treatment. It is important to note that health care providers are not necessarily the

perpetrators of these experiences of discrimination and verbal harassment, as any

individuals within the health care setting, including other patients, may commit such acts of violence.

Possible solutions may help combat some of the barriers that exist. For therapists who specialize in areas other than gender identity concerns, it is important to be aware of the transgender population and perhaps target outreach services to this population, offering services that work with issues other than gender identity (Shipherd et al., 2010). For therapists who do not specialize in gender identity concerns, it is important that they recognize their own biases. Some therapists may not be aware of their cisgender privilege. Alternatively, based on their views and biases, therapists may believe that any clients who come to them who are transgender are accessing care because of their gender identity, and this may not be the case. When treating any minority or group, it is important for therapists to be aware of their own competencies and to increase their awareness (Canadian Psychological Association, 2000).

It is also important to be aware of the potentially prohibitive costs of services for transgender clients, including hormones, surgery, counselling, dental care, and so forth (Kenagy, 2005b; Shipherd et al., 2010). Although many of their participants did have health insurance in the United States, Shipherd et al. (2010) noted that many of their participants had identified cost as a barrier. These authors argued that this may be because mental health services are not covered by their insurance, or they are seeking providers that are not approved by their insurance (Shipherd et al., 2010). Health care providers, including mental health providers, should be aware of these barriers that transgender people face when seeking services and work to overcome them.

Mental health treatment. A number of considerations need to be taken into account when working with transgender clients. While gender identity may be seen as "encompass[ing] a profoundly intimate intrapsychic experience" (Mascis, 2011, p. 201), it is important to realize that it does not exist by itself. As discussed earlier, transgender people may seek mental health services for a variety of issues other than their gender identity (Shipherd et al., 2010). Some issues may be related to or caused by their gender identity, but other issues may be unrelated. Previously, therapists used behaviour modification with the intention of changing the behaviours of patients to align with their assigned gender (Manners, 2009). Two primary approaches exist that may be used in the mental health treatment of GID or GD, specifically in children (Scharrón-del Río, Dragowski, & Phillips, 2014). The first approach is the corrective approach. As mentioned earlier, this approach may use behavioural methods with the intent of correcting behaviour so that it aligns with normative gender behaviours (Scharrón-del Río, Dragowski, & Phillips, 2014). This treatment approach aims at reinforcing the normal behaviours that are generally associated with the assigned gender. Overall, the corrective approach aims at reducing the chance of persistence of GID past childhood, which may be treated as an undesirable outcome (Byne et al,. 2012).

The second main approach is the supportive or affirmative approach (Scharrón-del Río, Dragowski, & Phillips, 2014). As opposed to the corrective approach, the supportive/affirmative approach seeks to support the gender role expression of the child (Scharrón-del Río, Dragowski, & Phillips, 2014). This may take the form of affirming the child's expression and identification, possibly with the aim of transitioning, potentially through suspending puberty (Byne et al., 2012). These two treatment

approaches exemplify two polar approaches, one in which the child is encouraged to conform to gender behaviours associated with their assigned sex and the other approach supports the child in their cross-gender expression. However, though there is a lack of randomize control studies to support either approach, there may be a shift away from the corrective approach (Scharrón-del Río, Dragowski, & Phillips, 2014). Alternatively, there is another approach which may also be used (Byne et al., 2012).   In this approach, a neutral stance is taken towards gender identity (Byne et al., 2012). Instead, the goal is to allow gender identity to develop naturally without specifically trying to encourage one outcome over another (Byne et al., 2012).

Those who face violence and trauma may need additional assistance. This creates a dilemma that Mascis (2011) discussed in the following except:

To gain access to vital gender-related treatment, transgender people are told they first must resolve other intrusive symptoms associated with trauma, including, for example, substance use or self-harming behaviors. To resolve their trauma issues, transgender people must develop a sense of safety and self-care within their own bodies and the ability to relate meaningfully and supportively with other people. Living in a body that misrepresents one's gender makes caring for that body or feeling safe in that body enormously challenging. (p. 202).

Therefore, it is important for therapists to be aware of the possible multitude of problems and concerns that transgender people may have when seeking out counselling and to have that in mind when coming up with possible treatments. However, there are some general steps that counsellors can take to create an atmosphere that is transgender friendly, regardless of the presenting concern.

Counselling environment. A number of techniques can be used when working with transgender clients to create a better environment that may be perceived as more helpful, especially considering the history that exists between transgender clients and mental health (Israel, Gorcheva, Walther, Sulzner, & Cohen, 2008; Israel, Walther, Gortcheva, & Perry, 2011). When working with clients who identifying as being transgender, it is important to ensure physical and emotional safety, as well as to create a positive and affirming attitude towards LGBT issues in general (Israel et al., 2008; Mascis, 2011). Therapists have typically been seen as gatekeepers, since treatments such as hormones and surgeries often require the approval of a mental health professional. As a result, clients have often felt the pressure to present themselves as being stable and deserving if they wanted future treatments (Mascis, 2011). Therefore, when a safe and trusting environment is created, it may be possible to more fully explore issues. When looking at what therapists perceived as being helpful in their sessions with LGBT clients, being knowledgeable, appropriate, affirming, and helpful were seen as being important, whereas being seen as judgemental, cold, indifferent, or disaffirming were seen as unhelpful (Israel et al., 2008). It is also important to let the client set the pace when talking about gender or sexual orientation to avoid making incorrect assumptions (Israel et al., 2008).

Counsellor knowledge. Counselling sexual minorities can be a form of multicultural counselling. As a result, it is important to ensure that therapists are educated about transgender issues, how gender identity plays into society (i.e., gender socialization and power hierarchies), the *Standards of Care* (Coleman et al., 2012), and other relevant factors surrounding gender, such as the capacity for clients to develop

positive social support systems (Walker & Prince, 2010). It is important for counsellors to be informed in order to avoid ignorance and insensitivity, which is may be prevalent among those providing service to transgender people (Shipherd et al., 2010). On a larger scale, Israel et al. (2011) looked at policies and practices that might be helpful or unhelpful when working with LGBT clients. They found that a lack of staff training and of clear policies with regards to treatment of transgender issues and clients was unhelpful (Israel et al., 2011). Some of the helpful policies that they found included communicating and coordinating with individuals both inside and outside the agency, connecting LGBT clients with other LGBT individuals and groups, having available and visible gay staff, and being aware of the power and the position of staff who are and are not LGBT affirming (Israel et al., 2011). While there are actions that therapists can carry out to work with transgender clients, it is important to realize that much of the research completed has been on LGBT clients. This assumes that the transgender experience of counselling is similar to those of LGB clients, which may or may not be the case. Furthermore, it is important to realize that the experiences of MtF transgender individuals and FtM individuals may also differ (Israel et al., 2008).

Utilization of Resources and Supports

It is crucial to look at how transgender people access these resources to help them resolve the problems that they face in order to increase support for this population. This is a population at risk for suicide and violence, who fear for their lives (APA, 2013; Clements-Nolle et al., 2006; Stotzer, 2009; Testa et al., 2012). By increasing counsellors' understanding of this population, the formation of positive supports may also be increased. In conducting this study, I sought to increase understanding by examining

how transgender people experienced discrimination and violence and the impacts these experiences have had on them. In addition, I sought to understand how this population viewed resources to help them deal with these issues and their willingness to access these resources. My ultimate goal was to be able to provide information that may assist in building a stronger connection between transgender people and those who provide resources.

As shown, transgender individuals can face a number of issues, such as violence, discrimination, and mental health concerns, both as a result of violence and from their experience of identifying as transgender. It is, therefore, important to understand how transgender people view and access traditional resources, such as law enforcement and mental health professionals, to help resolve these issues. Transgender people may have some reluctance to utilize these resources for fear of negative judgement, victimization, or the thought that these supports will not make a difference. Depending on how traditional supports are viewed, as well as the problem the person is facing, the individual may seek out informal supports instead. These resources can include support groups for transgender individuals or for the specific problem they are facing, friends, family, or other people of their lives whom the transgender individual may feel will give the required support. Therefore, it is important to understand how transgender individuals experience discrimination and victimization, how these may feed into mental health issues, and where transgender people may turn to deal with these problems.

As previously mentioned, when it comes to mental health concerns, the transgender population may be reluctant to seek help for issues such as depression, anxiety, or substance abuse for fear of the negative reaction (Carroll et al., 2002; Cohen-

Kettenis & Pfäfflin, 2010). As a result, they may not divulge the severity of their

depression, which may or may not be a by-product of discrimination and prejudice

(Carroll et al., 2002). Regardless of whether they are seeking help for transitioning or for

other reasons, Cohen-Kettenis and Pfäfflin (2010) asserted transgender people may be

pathologized if they are diagnosed under the *DSM* (1980, 2000, 2013). It is important to

keep in mind that even after a person successfully transitions from one sex to another, the

individual will likely retain the diagnosis, which may lead to further issues of

discrimination in areas such as employment and health insurance (Cohen-Kettenis &

Pfäfflin, 2010).

For those who experience various forms of violence, one possible resource that

they could utilize would be law enforcement personnel. However, violence is something

that may be underreported and there are many reasons that people may choose not to

report violent events. Among the transgender population, many of these reasons may

centre around their lack of trust and confidence in police, as well as expectations of

discrimination and hostility from the people who are supposed to protect them (Moran &

Sharpe, 2004). This may be based on their own previous experiences or the experiences

of someone else. An additional problem stems from the potential for transgender people

to transgress gender stereotypes and challenge the assumptions that police officers would

have about a particular gender. For example, as Moran and Sharpe (2004) discussed,

MtF transsexuals may continue on with the same sense of safety that being a man has

when being out. There is a certain amount of safety in today's society in being a man

that is not afforded to women. Therefore, when MtF transsexuals find themselves in a

violent situation, the police officer may assume that victim failed to act in a responsible

fashion and exhibited inappropriate behaviour (Moran & Sharpe, 2004). Reporting of incidents as well as trust and confidence in different institutions may also be impacted by previous experiences that transsexuals had when they were the opposite gender (Moran & Sharpe, 2004). In addition, how these people are perceived when seeking these supports may be impacted by others' assumptions about masculinity and femininity.

The transgender experience of abuse, violence, and discrimination is compounded by the fact that many of those who experience these events feel that there are a lack of safe places to go. In a study on transgender youth (between 17–25 years of age), Grossman and D'Augelli (2006) found that many of their participants felt they had no safe place to go to. The youth felt that they were objectified sexually, and they identified feeling fear about the potential for escalation to physical or sexual violence when being verbally harassed or discriminated against. In addition, Stotzer (2009) noted transgender individuals seem to be hesitant to go to authorities with reports of abuse and violence due to the potential for victimization or revictimization. This is evident when taking into account that police were noted to be one of the highest groups identified in perpetrating verbal abuse and harassment as well as in physical assault (Stotzer, 2009). Additional reasons for not trusting police include fear of reprisal from the perpetrator, abuse from members of both the medical and legal systems, and a feeling that even by reporting the incident it would not be taken seriously (Stotzer, 2014).

Barriers may exist with regards to accessing both health care, including mental health services, and law enforcement. However, it is important to look at ways that both mental health and law enforcement can be improved so that these resources are better utilized and better able to help.

Summary

The previous discussion looked at the existing literature on transgender people, what it is to be transgender, the problems and challenges these individuals face, and the treatment and resources that they may or may not access. The next chapter outlines the methodology I employed within the current study, which involved a qualitative method to examine the in-depth experiences of transgender people who have suffered violence. I also explain the recruitment of the participants in detail, as well as the instruments utilized and the methods employed for data analysis.

Chapter 3: Methods

The previous chapter defined what transgender is by looking at gender versus sex, exploring the importance of language surrounding transgender individuals, and examining GD and GID as described in the DSM (2000, 2013). In addition, I presented a discussion outlining some of the uniqueness of being transgender and proceeded to look at some of the issues that transgender people face. Through the discussion in the previous chapter, it can be seen that transgender people are a distinctive population with their own set of concerns and issues, specifically related to violence.

The current study aimed to conduct a more in-depth examination of the violence that transgender people face and how this may or may not impact their willingness to seek out appropriate resources and supports. In addition, I examined who perpetrates violence against transgender people and if variances in who committed these acts, as well as types of violence, affected transgender people's use of supports. Two other aims of this study were to determine what might increase transgender people's willingness to access resources and supports and to see how this population perceives law enforcement and mental health professionals. The study focused on participants' subjective views of the violence that they experienced and how they interpreted them. Overall, I sought to fully understand the effect that violence can have on seeking help, and as such a qualitative format best suited this inquiry in order to appreciate the full experience.

The current chapter contains an explanation of the method used in this study, including a discussion on qualitative research and the constant comparative method. I then discuss some of the assumptions that I had going into the research. Following that is an examination of how participants were recruited and an explanation of the participant

inclusion criteria. Next, the instruments used are detailed, including a demographic questionnaire and semistructured interview. To close the chapter, I review the procedure for the study, followed by a discussion on reflexivity and the impact of the study has had on me.

Qualitative Research

Qualitative research is "any type of research that produces findings not arrived at by statistical procedures of other means of quantification" (Strauss & Corbin, 1998, pp. 10–11). However, as Strauss and Corbin (1998) advocated, "It can refer to research about persons' lives, lived experiences, behaviors, emotions, and feelings as well as about organizational functioning, social movements, cultural phenomena, and interactions between nations" (p. 11). Therefore, qualitative research is best suited for exploring topics in detail in order to answer how or what questions (Creswell, 1998). In addition, the individuals need to be studied within their natural setting to enable them to tell their lived experiences; therefore, there was no control group within this study.

Within existing literature, the focus has generally been more on LGB issues over transgender issues. Often transgender people are more of a footnote in research surrounding sexuality and may be included in studies as a smaller sample. For example, in a review of 10 years of qualitative research with LGBT populations, Singh and Shelton (2011) examined four major counselling journals, the *Journal of Counseling Psychology, Journal of Counseling and Development, Journal of LGBT Issues in Counselling,* and *The Counseling Psychologist*, from 1998–2008. Singh and Shelton found 12 studies met the criteria from these journals, which included fitting into one of several categories. These categories included the type of qualitative research, the topic and focus of the

research, selected participant demographics, data-collection strategies, researcher reflexivity, data-collection studies, as well as articles that involved the development of intervention models, empirical studies, and articles that used preexisting treatment strategies (Singh & Shelton, 2011). Within this timeframe not one of the researchers dealt with transgender participants (Singh & Shelton, 2011). In fact, one of the recommendations was for increased research with bisexual and transgender people (Singh & Shelton, 2011). The use of qualitative research with these two populations (bisexual and transgender), specifically transgender people, allows for a more in-depth picture to be developed of their experiences. Therefore, in this inquiry, depth over breadth will be useful in gaining a better understanding of transgender people's experiences. Carroll et al. (2002) noted that much of the increase in attention and growth in transgender studies is due to the biographies of transgender people. Qualitative research follows in this path, which enabled me to explore in depth the experiences of individuals and allow for a richer understanding of these experiences and concerns.

Meyer (2010) examined hate-motivated violence against LGBT victims. Meyer emphasized that while studies of hate crimes have typically been done via survey, there is a need for an interview-based approach, as this would allow studies to best capture the ways respondents make meaning. Meyer's study subsequently examined how respondents evaluated the severity of the violence that they experienced using semistructured interviews. Qualitative research with LGBT participants is also needed to better account for their experiences, as opposed to quantifying people and overlooking the finer details (Warner, 2004).

Constant Comparative Method

For the current study, I used a constant comparative method, which is a part of grounded theory (Starks & Trinidad, 2007). Grounded theory is one of the major traditions within qualitative research, and while this approach has its roots in sociology, it is also often used in the area of psychology (Starks & Trinidad, 2007). The main aim of grounded theory is to generate a theory that is based, or grounded, in the data that have been collected (Creswell, 1998). This then creates a theory that comes directly from the lived experiences of the participants. Since theories are drawn from the data, they are likely to "offer insight, enhance understanding, and provide a meaningful guide to action" (Strauss & Corbin, 1998, p. 12). However, due to the number of existing assumptions that would interfere with developing a theory, I chose to utilize a constant comparative method.

Although constant comparative analysis is a large aspect of grounded theory, it has also developed into its own method. Grounded theory requires a number of steps to be taken and includes theoretical sampling and comparative analysis (Glaser & Strauss, 1967).

> Theoretical sampling is the process of data collection for generating theory whereby the analyst jointly collects, codes, and analyzes his data and decides what data to collect next and where to find them, in order to develop his theory as it emerges (Glaser & Strauss, 1967, p. 45).

The constant comparative method is based on the comparative analysis and may also use theoretical sampling. In the theoretical sampling, after the initial data are collected, the researcher codes and analyzes the data, then proceeds to find additional data once this

step is finished. However, in more contemporary methods, it is possible to be purposeful in sampling at the beginning in order to collect information from a source that is thought to be rich in information (Fassinger, 2005). Once this is completed, and if it is still needed, then theoretical sampling may be undertaken. This allows for an initial sample to be taken and more targeted sampling to follow as needed in order to ensure saturation of the categories that may arise and strengthen the theory.

The comparative analysis involves three nonsequential processes that and may occur at the same time (Creswell, 1998). These processes are open, axial, and selective coding (Creswell, 1998). Selective coding, which is the development of the theory, only occurs in grounded theory and is not discussed here as it is not part of the constant comparative method. Open coding involves the formation of initial categories through the process of comparing incidents that are applicable to each of the categories (Creswell, 1998; Glaser & Strauss, 1967). In the second process termed axial coding, which may occur in tandem, the fractured data are brought together into key categories, including subcategories, by exploring the relationships between the main categories that were created during the open-coding stage as well as the subcategories (Creswell, 1998; Fassinger, 2005). Throughout the entire process, the researcher keeps notes and memos to record thoughts and capture evolving ideas (Fassinger, 2005).

Boeije (2002) demonstrated how the constant comparative method could be used in her study with couples dealing with multiple sclerosis. In her paper, Boeije detailed the process of comparing the interviews that she had conducted with her clients. Initially, she compared the first interview with itself to look for categories, taking advantage of open coding to develop a list of the categories derived from each interview. As more

interviews were completed, Boeije developed more categories from the individual

interviews, as well as compared the different interviews within the same group to one

another. This process involved axial coding, bringing together the fractured data into

developing themes, which were further developed as she compared the interviews

between the different groups that she was interviewing as well. A similar process was

utilized in the current study, as discussed in the Data Analysis section of this chapter.

Summary of Methods

Given the underlying assumptions with regards to this topic, as discussed in the

Assumptions section that follows, I determined that a constant comparative method

would be the most advantageous for this inquiry. In grounded theory, it is best if the

researcher enters into the inquiry without any assumptions. While this topic may be

suited to developing a theory around why transgender people do not seek help, a constant

comparative method was utilized due to the assumptions that exist already through my

own personal bias and my background research into the topic. The constant comparative

method allowed for similarities to be drawn from the individual interviews to examine

further in depth participants' experiences and how these may relate to the experiences of

other transgender people.

Assumptions

Upon entering this study I made a few base assumptions, both from my own

perspective and as a part of the research I had previously read. The first main assumption

was that transgender people do face violence and harassment based on their transgender

status in Canada. At the time, much of the research that I had read was conducted in the

United States. As mentioned, I had a friend who had experienced multiple forms of

violence in Canada. Within society, media portrayals of transgender people were largely absent, and any representation of transgender people that I had been exposed to were largely treated as jokes or novelties. From my own experience, I had limited contact with this population, and, having been exposed to negative backlash among homosexual people, I believed that the transgender population is also subjected to negative experiences in terms of violence, both physical and verbal.

My second assumption was that the violence that transgender people experience has an impact on their mental health and use of resources. As previously mentioned, one aim in this study was to explore if there is a link between violence and use of resources, as well as to examine transgender people's views of available resources. However, I also assumed that violence and use of resources were in some way related. This assumption was in part related to my friend's experiences. He had felt that the police had not taken his concerns seriously and that the complaints he had lodged would not be pursued. In addition, as noted in Chapter 1, people who experience sexual assaults do not always report the instances to the police (Stotzer, 2009). I believed that some instances such as verbal abuse would be less likely to be reported due to the difficulty of proving that it occurred. Therefore, severity of the violence may impact whether the violence was reported. I also assumed that violence can take an emotional toll on people and have a lingering effect, such as the case with my friend and other people I know who have experienced bullying. Consequently, in order to overcome these experiences, some resources may be accessed to assist with healing, whether they are formal supports or not. Finally, based on the high rates of suicide and self-harm, I entered into this study with the

belief that participants would mention of self-injury or suicidal ideation or attempts within the interviews.

While some of my assumptions were implicit within the study, such as transgender people experiencing violence, I strove to be aware of these assumptions and not influence the follow-up questions and tried to enter the analysis of interviews with an open mind. Throughout the interviews, I took notes on questions and thoughts that I had as they arose. This allowed me to also be more present during the interview and focus on participants' stories of their experiences. While I did provide some examples of violence in the preamble prior to the interviews, I let the participants define their experiences for themselves, rather than asking about specific types of violence.

The process of undertaking this study presented a chance to examine some of the assumptions that I held. The participants detailed several incidents of violence that they had experienced. However, contrary to my assumptions, the violence was not necessarily as graphic or excessive as I might have expected. In addition, the types of violence and how these experiences impacted the participants were surprising to me. As detailed in the Impact of Violence section in Chapter 4, experiences of violence could led to people questioning their desire to transition. Alternatively, even the threat of perceived violence had a large impact and caused one of the participants to change their habits and lifestyle. This challenged my assumptions regarding violence and showed me how impactful the threat to personal safety could be.

Violence appeared to have an impact on mental health; however I also assumed that it would have an impact on resource use. I had assumed that experiences of violence would potentially lead to seeking help for these experiences. However, as detailed in

Chapter 4: Results, many of these resources were not utilized or trusted. Therefore, I have learned that many resources may not be accessible or trusted. Though my friend had not sought out the assistance of law enforcement, I was not sure if this would translate to other people's experiences. However, after completing this study, I found myself contemplating the role of supports and resources for all groups who experience violence and whether these supports are as widely utilized as I believed.

Participant Selection

This study utilized a number of targeted approaches to sampling in order to secure participants, such as snowball sampling, utilizing community contacts, and strategic contact of various organizations. The following subsections review how participants were recruited as well as what criteria they needed to meet in order to be eligible to take part in this study.

Recruitment. Two methods were used to recruit participants for this study. First, specific groups and organizations were contacted and asked to place an advertisement (Appendix A) in their centres or to send the ad out to mailing lists and to inform their staff and members of the study. These groups consisted of community support and social groups as well as university groups found through online searches and resources. In addition, I contacted various counselling programs at larger Albertan universities and requested that they pass the information to their students in these programs. Initially, only groups in Alberta were contacted, although groups in British Columbia and Saskatchewan were added in an attempt to include more participants. I asked these groups to include the study advertisement where they could, which included posting it either in their centres or online, and some organizations included the ad in their

newsletters. I sent follow-up emails as well as called organizations to ask groups to post

the advertisement if I had not heard from them, or to ask them to post the ad again after a

period of time had passed.

The second method of recruitment was through the use of community contacts.

Utilizing my own contacts within the transgender community in specific and the LGBT

community in general, I asked these contacts to inform their friends about my study and

the recruitment criteria. In addition, after each interview, I asked participants to invite

people to the study, utilizing a snowball technique. Both snowball sampling and

community contacts allowed me to increase the reach of my study, targeting more

specific transgender groups. The degree to which certain groups would post my study

varied, and there were some groups that I did not hear from. Speaking directly with

members of the community allowed me to fill possible gaps and increase the spread of

information regarding my study. In addition, since my study sought to look at the

resources that this population does or does not use, it is possible that many within this

group are not associated with various organizations, especially if they have negative

associations with LGBT groups or the larger LGBT community. Therefore, the people

whom I contacted within the community may have had access to other individuals who

would not have learned about my study through these organizations. No data were

collected on how participants found out about the study specifically. However, based on

the responses I received, it appeared as that both methods (recruiting individuals through

organizations and through LGBT contacts) were useful.

Once potential participants had contacted me regarding the study, I ensured that I

answered any and all questions and concerns. Speaking about the violence that one has

experienced can be difficult. I wanted to make the experience of my study as easy for

participants as possible. I discussed the study with potential participants, largely through

email exchanges, to ensure they understood the aims of the study and what the study

entailed and to address any concerns they had regarding confidentiality. I worked with

participants to agree upon a time and a location for the interview that worked for both

parties.

Criteria. To take part in this study, participants were required to self-select

themselves based on three criteria. In the event that there was any uncertainty with

regards to the criteria, specifically regarding experiences of violence, I provided

clarification and explanations to help potential participants determine whether they met

the criteria. The first criterion that individuals were required to meet was being over 18

years of age, in part due to the issues and controversy surrounding gender identity in

children. Participants 18 years of age and over would be able to provide informed

consent themselves, as they were considered an adult.

The second criterion that participants were required to meet was that they

identified as transgender. This criterion was open ended and allowed participants to self-

select due to the difficulty of imposing a definition on what it means to be transgender.

In addition, although a diagnosis of GD (or GID) would give a clinical assessment of

being transgender, this was not required. The reason for this was to increase inclusivity

by also inviting those who may be nonoperative, preoperative and transitioning, or

postoperative participants.

Finally, participants had to determine that they had experienced some form of

violence. In this instance, violence could be in the form of physical, sexual (i.e., rape or

unwanted sexual touching), emotional, or psychological abuse, or any other form considered to have been violent. In order to obtain a wide variety of experiences, participants were asked to self-define violence when self-selecting themselves for the study. When needed, I provided potential participants with clarification that these were open definitions and could take any form. There was also no requirement as to how often individuals had experienced violence. After the questionnaire had been completed, but prior to the interview, I offered some general definitions of violence to provide background information for the interview and to allow participants to determine which experiences they wanted to talk about. The experience of violence was the criterion that most people inquired about. I explained that the study used an open definition and that participants were able to determine themselves if their experiences were deemed to be violent of not.

Instruments. This study utilized two different instruments, which I created specifically for this study with input from my initial supervisory committee as well as from members of the transgender community, including participant feedback. I utilized a demographic questionnaire to collect basic participant information. The second instrument was a semistructured interview, which I used to examine more in depth the experiences of transgender people. To pilot test the methods, a member of the transgender community examined both instruments prior to use with participants. I elicited feedback and altered some questions on the questionnaire based on his recommendations. Further changes to the questionnaire were made after receiving feedback by a participant on how to slightly alter some of the language, specifically wording regarding "birth sex," which I altered to "assigned birth sex."

The aforementioned transgender individual examined the interview questions the same time as the demographic questionnaire. However, the interview also underwent a transformation from the version that this individual reviewed. The changes to the interview questions were based on feedback from my supervisor and first supervisory committee. While the second version of the interview was not reviewed by this member of the community, I kept in mind the conversations that I had with this person and tried to remain mindful of language. I addressed concerns raised through this individual's pilot testing of the interview questions and applied necessary revisions to the second draft. As with the demographic questionnaire, all participant feedback was considered. However, no participants raised any concerns with regards to the questions within the interview.

Demographic questionnaire. I administered the demographic questionnaire (Appendix B) prior to conducting the interviews to gain general information, understand transgender milestones, and obtain transgender-specific information (i.e., level of transition). Transgender milestones included questions such as the different ages when the individual first experienced themselves as being something other than their birth sex, identifying as something other than their birth sex, presenting as their gender identity, and telling someone their gender identity. The data were gathered to help gain additional information about participants' backgrounds and stories. The age at which people may acknowledge and accept that they are of a different gender than their assigned birth sex may vary (Factor & Rothblum, 2008), and although I anticipated that age may impact how and when individuals transition, this did not seem to be the case in the current study. However, as society changes and there is greater awareness and acceptance of transgender people, options for earlier transition may become available. In addition,

gathering information about the transgender milestones allowed for insight as to how long the participants had been "out" as transgender and undergoing transition or presenting themselves as the opposite gender, if at all. I had initially thought that this may have an impact on violence. For example, the longer that a person had identified as transgender may impact the amount of violence the individual had experienced, due to simply having been visible for a greater length of time. Since most of the participants in this study were approximately the same age when they came out as transgender (i.e., 20–25 years of age), this was difficult to ascertain.

Semistructured interview. To best learn about the lived experiences of the participants, a semistructured interview (Appendix C) was created. The interview primarily focused on the negative experiences participants have had regarding violence, as well as the outcome of such experiences. As suggested by the literature, transgender people can experience negative life events in a number of different ways, such as transphobia violence (Lombardi, 2009; Stotzer, 2009). Due to the nature of the negative life events and the interconnectedness among them, people may have experienced more than one type of violence and on more than one occasion. One of the goals of this study was to examine how transgender individuals experience these events and situations. Therefore, I encouraged participants to share their experiences of violence only in as much detail as they were willing to give. As they shared their stories, I followed up with additional questions to clarify or gain a better understanding of these experiences as well as their thoughts regarding utilizing various resources, while respecting participants' right to privacy as well as any boundaries they established.

As mentioned earlier by Stotzer (2009), transgender individuals may believe that dealing with authorities such as police allows for victimization or revictimization to occur. In order to see if this thought existed among the transgender participants in my study, questions in the interview also examined whether transgender people felt that they could access these services and what experiences they or others might have had with these services. Similarly, participants were asked about their willingness to seek support for their experiences of violence and mental health issues as well as their experiences with mental health services. With regards to mental health, participants were also asked what their understanding was of what services mental health professionals could provide. This was to explore whether participants saw mental health services as a support, as historically these services may have been viewed in an unfavourable light, as mental health workers are often seen as gatekeepers to treatment (Mascis, 2011).

Finally, I also asked general questions about what resources and supports participants had accessed, or alternatively felt that they were unable to access. One goal within this study was to examine the resources that this population felt they could and could not use, specifically as it related to violence or the possibility of violence and discrimination. Open questions were utilized to allow participants to come up with their own resources, whether they were more formal such as various centres and organizations, or more informal such as friends and family. Overall, the goal of the interview was to gain an understanding of the experiences of transgender individuals. This included understanding their violent experiences as well as their experiences with various supports. In addition, systemic violence within the supports identified was also examined, which largely arose from the participants and their stories.

Procedure

Prior to the start of the study, I obtained approval through the University of Lethbridge Faculty of Education Human Subjects Research Committee. Once approved, I sent emails to various LGBT and transgender groups in Alberta, and eventually in British Columbia and Saskatchewan. Individuals who met the required criteria (i.e., who were over 18 years of age, identified as transgender, and had some experiences with violence) were encouraged to contact me via email. Once a person made contact, I provided further information and answered any questions the individual might have. If the individual agreed to be in the study, a mutual time and location was set up for interviews taking place in Alberta. As all participants were in Alberta, interviews took place at a fairly private and quiet location, as they were recorded, but also in a public area, such as a library or at an LGBT centre, to help increase safety for both parties.

Interview procedure. Prior to the interview, participants were provided with an informed consent letter (Appendix D) and asked to sign a copy for my records, while another copy was provided to each participant to keep. I verbally informed participants that interviews would be recorded but that I would be the only one with access to these recordings. Also, I outlined the confidentiality and anonymity procedures, including assigning a randomized pseudonym and reducing identifying information as much as possible. Other aspects that were highlighted included the ability for participants to withdraw their consent at any time and that data would be stored in a locked cabinet and kept for 5 years before being permanently destroyed. Participants were able to read the rest of the informed consent letter. I then asked participants if they had any questions

regarding the informed consent and reinforced that if they ever had any questions or comments they were free to contact me with them.

After discussing the informed consent form, I spent a few minutes engaging in social conversation with each participant. This was in part to help build rapport with each individual, which would assist with the interview, as well as to allow participants to ask further questions regarding the research or about me. Several participants asked me why I was undertaking this research. I explained my interest and how I became involved with transgender studies. I mentioned that I had friends who were transgender who had told me of the need for more attention on the experiences of transgender individuals. Furthermore, I talked about some of the stories I had heard prior to doing my research about violent experiences transgender people had faced. To me, it seemed that this was an area that needed some more attention and more research could be beneficial in increasing people's understanding of the experiences of transgender individuals as well as improving services for this population. Some participants had further questions for me, largely around my understanding of what it was to be transgender. I answered these questions honestly and to the best of my ability.

Once each participant was satisfied and had no further questions, we moved on to the demographic questionnaire (Appendix B). The questionnaire was presented on a one-page double-sided sheet and took approximately 5 minutes to complete. Many of the questions included multiple-choice options to increase ease of filling out the form and to reduce time. Each question also included a comments field to enable participants to fill in their own responses, as it may be difficult for some people to fit into preset categories.

This was utilized for a number of questions, specifically regarding sexual orientation and attraction.

As previously mentioned, I conducted the interviews in a relatively quiet, private area. Interview lengths ran between 25–90 minutes, based on the number of experiences and detail that participants shared. With participants' permission, I audio-recorded all interviews, and these were transcribed prior to data analysis. During the interviews, I encouraged participants to share only as much as they were comfortable with and tried to be mindful of their situations. In order to best understand their lived experiences, I started the interview by discussing violence in general, detailing different kinds of violence. This included generally discussing physical, psychological, verbal, emotional, sexual, and systemic violence. I provided some general examples and invited participants to define their own experiences as needed. The first question started out broadly, asking about a time when the participant had experienced violence. This allowed participants to decide what and how much to share. I asked clarifying questions when necessary to improve my own understanding. When requesting more information about a particular event, I reminded participants that they were in charge and could choose to not share any further details if they felt uncomfortable doing so.

The first part of the interview focused on the violence participants had experienced and explored what had happened to them. After getting a sense of their experiences, I moved on to looking at what, if any, resources they had utilized and their perceptions of more traditional resources such as mental health services and law enforcement. This allowed participants to discuss some of their opinions and feelings towards these services, as well as to identify possible resources that may be helpful or

were in the past. Discussion of systemic violence occurred more during this time, as

opposed to other types of violence (e.g., verbal, physical, etc.). Finally, participants were

asked if they had anything further to add before the end of the interview. Some people

utilized this opportunity to describe more of the violence that they experienced, detailing

various experiences they had endured or describing the experiences of others whom they

had known. Others used this chance to talk about their experiences with regards to being

transgender.

My role during the interview. During the interviews, I kept notes where

appropriate on possible themes and thoughts that arose for me. I used these thoughts to

help me ask follow-up questions and clarify points. In addition, these notes were used in

data analysis as reminders and information to look for and confirm in the interviews.

Once the interviews were completed, I invited participants to discuss their experiences

with the interview, allowing them time to debrief if they needed it. Although no

participants seemed to be visibly upset at the end of the interview, due to the sensitive

matter of the topic and the issues and concerns that this population faces, participants

were provided with a list of resources in their area. This list was drawn up through

searches of counselling services, including services that were listed on LGBT group

websites in the area, if available, in order to provide a range of possible services that the

participants could utilize.

Once interviews were completed, I stored the recordings and all associated

paperwork in a locked cabinet. I assigned each participant a pseudonym and transcribed

the recordings. After the interviews had been transcribed and initially analyzed (see the

Data Analysis section for more information), I invited participants to review the themes

that had arisen from the interview and to provide feedback. This portion of the study, which was optional, allowed participants to provide additional comments on what had arisen within the interview and to make corrections if needed. Only one participant took advantage of this, but this individual did not provide any specific feedback on the themes. The participant instead expressed gratitude for being able to look over the themes and simply stated that they looked good.

Data Analysis

As I previous mentioned, during each interview I had made notes as appropriate on developing themes and ideas. I transcribed the audio-recordings once the interviews were completed. During the transcribing, I tried to be as accurate as possible. Although I omitted small encouraging sounds that I made, such as affirmative noises, I included more vocal encouraging statement (e.g., "Yeah"). I made a note of instances when participants may have become emotional, teared up, or had difficulty with the interview. Transcribing the interviews myself allowed me to reexperience the interviews and obtain a sense of more developing themes. In addition, during the process of transcribing the interviews, I reviewed the questions to ensure that they were clear and eliciting the type of information that it had intended. No questions needed to be altered through this process. After I had completed transcribing the interviews, I examined each one in isolation.

As I noted earlier, I took notes about possible themes and ideas when I examined each interview. According to Fassinger (2005), memos track the "evolving ideas, assumptions, hunches, uncertainties, insights, feelings, and choices the researcher makes as a study is implemented and as a theory is developed, providing a means for making

transparent the interpretive, constructive processes of the researcher" (p. 163). These

memos and notes were later used to help establish the larger categories.

Open coding involves the development of initial categories (Creswell, 1998;

Glaser & Strauss, 1967). This was done by taking notes in the margins of the document

and then grouping similar instances and ideas together. I then grouped these notes on

different concepts together as larger categories based on their similarities. The initial

categories represented the different themes within the interviews. These were

preliminary themes based solely on the content of each interview. Once these categories

were created, I contacted participants to give them an opportunity to provide feedback,

ask questions, and add any clarifying information. Only one participant responded, and

she did not provide any specific feedback regarding the categories from her interview.

Each participant was informed that the identified categories were specific to his or her

interview and may change as a result of being integrated with data from the other

interviews.

Once participants had been given time to respond and all the interviews were

completed, I then compiled all interview data for further analysis. After analyzing

themes from the interviews, along with the memos and the questions asked in the

interviews, I developed broader categories, with smaller subcategories under each one.

This process reflected axial coding, which involves "relating categories to subcategories

along the lines of their properties and dimensions" (Strauss & Corbin, 1998, p. 125). I

examined interview data for information that fit in each category and coded

appropriately. From each category, I selected quotes to help illustrate and reinforce the

theme. As much as possible, I used participants' own words, only omitting identifying

information. While I wrote each section, I tried to limit my own interpretations to enable

participants' voices to be heard. During this time, I was in contact with my supervisor

about the themes that arose from the interviews. We discussed the themes based on the

content of the interviews and she reviewed the larger categories.

Some of the themes were more readily evident, such as violence and supports, as

the study sought to examine both of these aspects. However, I found additional themes

did not seem to fit with those main categories. For sections that did not readily fit into

the established themes, I revisited the interview data. Instead of looking at each

interview transcript individually, I gathered all the participant data together and once

again engaged in open and axial coding. Once again, my supervisor assisted in reviewing

themes and creating appropriate categories. As Creswell (1998) mentioned, the stages of

grounded theory or the constant comparative are nonsequential and may occur at the

same time. I switched back and forth between open and axial coding when looking at the

larger themes. This allowed me to get a better sense of the developing themes. I then

reexamined the interview data again to see how well these themes fit. During the open

coding process I took many notes on smaller themes. I found connections between the

smaller themes through the open coding process, which eventually developed into larger

themes, and then one large category. Finally, once all the categories were established, I

reviewed the interview data once more, examining the themes that had come from each

one. These were then compared against the larger categories.

Reflexivity

Reflexivity allows the researcher to develop greater awareness of influences that

may impact and shape the research (Mauthner & Doucet, 2003). Influences on the

research may involve researchers' emotional responses to the work, their own biographies, and their interpersonal and institutional contexts (Mauthner & Doucet, 2003). As mentioned, I took notes and memos during the process of data analysis in order to keep track of my thoughts as they arose when reviewing the data. However, due to the emotional work that was undertaken in this study, the strain of this cannot be ignored. Listening to stories of others experiencing violence and seeing the impact it had on them may have impacted me and the way that I viewed the data. I initially found, when conducting the interviews, I was prepared for hearing stories that may have a large emotional toll. During the interviews, I found that this emotional impact did not take place. However, in reviewing the interviews over and over again, I realized that the stories did affect me to some degree. At times, when repeatedly listening to the interviews and reading the words of the participants, I felt sad and angry that they had experienced these acts of violence and that so much negativity had been directed towards them. Working with this population and undertaking the research proved difficult at times. I tried to be aware of how this may affect me and made notes about how I was feeling and what I was experiencing. When needed, I took breaks from the research in order to regain my composure and to process what I had been reading and experiencing. This helped me to develop a larger understanding of how I was influenced by the research and the stories that I was hearing. While I did not always write down notes, I found that I frequently reflected on how the research was impacting me while I was reviewing the data.

Conclusion

Much of the existing literature was based off of large survey format questions (e.g., Bockting et al., 2013; Bradford et al., 2013; Kenagy, 2005a, 2005b). The current study sought examine experiences of transgender individuals in depth through semistructured interviews. The interview method was utilized in order to obtain a greater sense of the violence that transgender individuals experience, as well as to look at their perceptions of support. Meyer (2010) and Warner (2004) both mentioned the need for more in-depth, interview format studies to better understand LGBT experiences. Therefore, using a qualitative, constant comparative method, I interviewed five participants about their experiences with violence and examined the supports and resources that they did and did not use. As outlined in this chapter, through the use of open and axial coding, several themes were developed.

The current study aimed to examine the violence that transgender individuals face and how that violence affected transgender people's willingness to seek support and access resources. Other aims of this study included exploring different types of violence, determining who perpetrates the violence against transgender people, and examining whether the perpetrator of violence has an impact on people's willingness to seek support. In addition, another goal of this study was to look at possible factors to increase transgender people's willingness to seek out supports and resources. Finally, the last goal was determine how law enforcement and mental health services are viewed by this population. The following chapter reviews the themes developed from the interviews. The final chapter discusses in detail the goals and outlines the limitations as well as strengths of the study.

Chapter 4: Results

This chapter reviews the results from the study. I begin by summarizing the information on the participants from the demographic questionnaires. After examining the participants, each of the themes that arose from the interviews will be detailed. These themes reflect the participants' thoughts, feelings, and experiences in relation to violence and being transgender. A constant comparative method was utilized to analyze the interviews. Each interview was examined by itself to look for initial themes. During this initial reading, notes were taken on developing ideas, which were then combined into themes that arose throughout the individual interviews. While I attempted to keep every interview separate and look at only the ideas and the themes in each one, it was impossible not to have at least some influence from previous interviews. As the data from each interview were added, larger themes and connections began to emerge. When this occurred, I took notes on these larger ideas separately and then returned to the individual interview. Participants were then given a chance to provide feedback on the themes once each interview was completed. Only one participant responded, providing general feedback and comments. She expressed appreciation for the chance to review the data and was also pleased that the experiences of transgender participants had not be reduced down to one dimension. After I had examined each interview unto itself, I combined all interview data to examine them as a larger whole. At this point, the themes and ideas that had been developed throughout the process were examined and integrated in with the interviews to develop larger themes.

Participant Information

Several people responded to the recruitment poster and had questions regarding the study. However, due to scheduling conflicts and people self-selecting themselves out of the study, only five participants contacted me and set up a time for the interview. Due to the sensitive nature of the topic and the small population size, the information about the participants has been compiled to be as broad as possible to allow for anonymity while still allowing for their experiences to be detailed. Five participants were recruited and completed the demographic questionnaire and interview.

Each participant was assigned a randomly generated pseudonym to ensure anonymity. The participant pseudonyms are Marie, Vanessa, Jacob, George, and Emily. The questionnaire gathered information regarding demographics, specific information related to identifying as transgender, and about transgender milestones. With regards to much of the demographic information, answers were presented in a check-box style. This allowed participants to quickly check off their responses, as well as to select multiple choices; therefore, some sections may have more than five responses. In addition, most of the questions had an option for "other," which enabled participants to fill in their own responses if those provided did not fit with their experiences. Transgender-specific information included questions such as their preferred gender and pronoun to ensure that the language used over the course of the study and within this final report adequately reflected their preferences. I asked participants about transgender milestones in order to develop a sense of their journey and how long they had been "out." This helped to develop a deeper understanding of participants' stories. Relevant participant data are presented in Table 1.

Table 1

Selected Participant Information

Name	Birth Sex	Gender	Pronoun	Age (in Years)	Sexual Orientation	Ethnicity	Employment
Jacob	Female	Male	Him/He	> 30	Pansexual	Caucasian	Other
Vanessa	Male	Female	Her/She	> 30	Pansexual	Caucasian/ Other	Full time
Emily	Male	Female	Her/She	>30	Lesbian	Non-Caucasian	Part time/ Student
Marie	Male	Female	Her/She	< 30	Bisexual	Caucasian	Part time/ Student
George	Female	Trans Masculine	He/They	< 30	Queer	Caucasian	Full time

Demographic information. All of the participants were recruited from Alberta, Canada, and interviews took place in major metropolitan centres. Participants' ages ranged from the mid-20s to the early-30s at the time of the interviews. Three of the participants identified as being assigned male at birth; the remaining two participants stated they were assigned female. The three who were assigned male all identified their preferred gender as female, using female pronouns (i.e., she and her). One participant who was assigned female at birth identified as transmasculine and preferred male pronouns or the gender-neutral term "they." The second participant who was assigned as female identified as male and preferred male pronouns (i.e., he and him).

In terms of sexual orientation and attraction, one participant identified as bisexual, another identified as lesbian or gay, and the remaining participants identified as pansexual ($n = 2$) or queer. Four participants stated that they were attracted to both males and females, with one participant adding in that she was attracted to "people," and another participant adding in "transfolks" and people of all genders. In terms of ethnicity, four interviewees identified that they were of Caucasian or European ethnicity, and two participants identified as being non-Caucasian, with one individual who identified as Caucasian and another ethnicity. Ethnicity seemed to play a part in one participant's story with regards to violence. All participants identified their current marital status as single. In addition, all the participants had some postsecondary education, and two individuals were currently students and working part time. Two participants were working full time, and the last participant was not currently working. When asked about spiritual beliefs, responses included Christian ($n = 2$), atheist ($n = 2$),

and other (*n* = 3). However, spirituality was only important to two participants, with the others responding that it was "somewhat" and "not at all" important.

      Transgender milestones. Transgender milestones reflect different stages that may arise in a transgender individual's life. These milestones include such things as questioning assigned birth sex and disclosing they are transgender to other people. This may help to understand the stories of transgender individuals and may influence the experiences of violence. Those who may be "out" for longer or who have told friends and family that they are transgender may experience more violence due to a longer history and more people involved who may be violent towards the individual (Lombardi, 2009). There is also the idea that those who identify as transgender may do so from an early age, which raises questions regarding the diagnosis of GID or GD. In the current study, most of the participants answered the questions regarding the milestones; however, one participant did not seem to identify with the questions and answered "N/A [not applicable]" to several of them.

      Most of the participants identified that they started to question their assigned gender identity from a young age, ranging from 5–9 years, although one participant wrote "N/A [not applicable]" and another identified that they had always questioned it, but did so more seriously in their 20s. The ages that participants identified that they first accepted their gender identity was different from their birth sex varied much more however. Participants' responses ranged from age 6 to 21 years of age, with numbers ranging between those two. In terms of labelling themselves as transgender, most of the participants identified they did so in their early 20s, although one listed her late 20s and

one stated that she never did. An almost identical pattern emerged when I asked interviewees about when they first told someone they were transgender.

Participants identified that they most commonly disclosed being transgender to friends and family, although one stated he told a partner and another did not tell anyone. Since this study sought to examine supports, these findings indicated that friends and family might be seen as possible supports. Reasons for why participants chose to tell the people they did included that the person knew other trans people, that they were close to the person, and that the person provided love and support. However, it may be that friends and family are not supportive and may not be available. Two participants discussed conflict with their family, in which they were not accepted and had problems pursing a relationship with family members as a result of being transgender.

The final question on the demographic questionnaire asked about treatment options that participants had undergone or pursued. The term transgender was not defined and, therefore, no limitations were placed on who could participate, as long as the individuals identified as transgender; participants could be preoperative, postoperative, or nonoperative. As such, asking about treatment options helped to gain a sense of where each participant might be in their transition, if they were choosing to do so. All five participants had undergone hormone therapy and four had sought counselling. Other treatment options that one or more participants had undergone included hysterectomy, speech therapy, and genital therapy. In addition, one participant had undergone chest therapy and another was pursuing it. Under the "other" option, one participant had undergone treatments for her face, throat, and voice.

Interview Results

All five participants described unique incidents with regards to violence and their experiences being transgender. There were some similarities among them, but there existed various differences in their experiences of violence and the level of impact that these had. In addition, participants' perspectives differed with regards to what might have been the motivation for the violence they had experienced and their perceptions of various supports and resources. I have tried to honour each participant's voice and the individual's experiences while tying everything together and relating it back into the existing literature. Where possible, I have used participants' own words, while striving to retain anonymity. Minimal changes have been made to the quotations in order to keep participants' voices intact. Affirmative noises or additions such as "um" may have been removed. Additions to participant quotations are represented with square brackets and omissions are indicated with ellipses.

Violence. In order to participate in the study, each participant had to experience some form of violence. Since violence can take many forms, I purposefully left the requirement open to try and encourage many different experiences and to allow people to self-define their experiences. This may have proved to be a limitation of the study, as discussed in the Limitations section found in Chapter 5. As a result of this decision, participants were able to detail their own experiences that they deemed as being violent. Some of these experiences related to emotional, psychological, and verbal violence, while others included physical and sexual violence. Participants identified another form of violence: systemic violence. This included ways in which systems may be deemed

violent by creating situations that may cause more emotional or psychological hardship for transgender people versus cisgender people.

One finding that stood out among the interviews was that four of the five participants had what seemed to be a major experience that they wanted to talk about. While they may have had several different types of experiences or incidents, one event normally stood out and provided the motivation for participating in the study. For one participant, it was not a singular incident, but a relationship that was violent. The fifth participant had many experiences of violence and related these in a chronological order. Among this sample, it appeared that the violence that occurred had a major impact on them.

Four of the participants seemed to have one example of the violence they had experienced. However, one commonality among all the interviews was what might be referred to as "street violence." These instances included invasion of personal space in terms of physical boundaries, use of derogatory terms, and invasive questions. Two of the participants described times when physical boundaries had been or were almost violated. These instances involved strangers touching parts of their bodies (i.e., moustache and breast). The participants who experienced this form of violence reported that this invasion of space seemed to be under the pretence of the perpetrator believing that the body part was not real. While the violation of physical space and boundaries by strangers seemed to be relatively rare by report, the instances of strangers asking invasive questions or using derogatory terms was higher. These experiences may not necessarily be violent in and of themselves; however, the participants mentioned that they were often asked questions. Some of the questions were asked by people who were

merely curious, but other questions were more invasive, with people almost demanding a right to know and asking questions that would not be asked of cisgendered people. Marie talked about the different ways that people would approach her with regards to their questions.

> Sometimes people aren't so nice. Sometimes people are nice, you know like, "Hey, you know, you don't mind if I ask you but . . . were you like, born a guy or something?" And I'm like, "Yeah!" And they're like, "That's cool." You know, then they have all these other questions. Then there's the other way of people . . . asking it, and they're like, "Oh, well, did you have a sex change or something?" They're just kind . . . they're just kind of snotty about it.

While these sort of questions were not readily identified as being violent and were mentioned later in the interviews, these experiences are unique to transgender people. As previously mentioned, transgender people challenge the traditional gender binary and the idea that sex and gender are not one in the same (Carroll et al., 2002). Therefore, people who are transgender may be subjected to questions about their bodies. Vanessa also addressed this issue in her interview:

> And there'd be people who would just be like, "Are you a tranny?" You know, just asking really personal, intimate questions. . . . It's like bullies and a lot of people when they ask you about your gender and they're being bullies, they expect an answer and they expect it in a way that is bite sized and simplistic that they can walk away and laugh about later.

There seemed to be a sense that strangers would assume that they had a right to know about transgender people and their bodies. This presented a unique problem that may not

apply to other groups. The visible nature of being transgender created a situation in which participants challenged the idea of the gender binary. Therefore, people may react to this visibility and create situations in which these invasive questions are asked. I discuss this issue further in the Societal Reaction section found later in this chapter.

Similarly, verbal street violence also included the use of slurs and derogatory terms. In the excerpt from Vanessa's interview above, the use of the word "tranny" can be an example of a transgender-specific derogatory term. However, George also raised the notion of homophobic terms being used in addition to transphobic slurs. When describing experiences, George mentioned being called homophobic slurs:

And when I mean street violence, I mean people like, yelling stuff at you on the street like, "You're a fag," or like, "What gender are you," or stuff like that.

Often times, I find that people just interpret me as a dyke or fag.

Transgender people may be subjected to not just transphobic slurs, but also homophobic slurs, regardless of their sexual orientation.

These transphobic and homophobic comments and questions seemed to come from a variety of different sources and arise in many different situations, from the workplace to the street and bars. While these instances were not initially mentioned when I asked participants about violence, they arose throughout the interviews. As Marie stated earlier, some people ask out of mere curiosity and do so in a manner that is less offensive, as though they are seeking to understand. Other people, however, seem to demand this information or use hurtful terms. These questions and comments may be downplayed or brushed off, especially if they occur frequently. George alluded to this when they said that these instances were "more one off. Not like, one off in that it

happens only once a year, because it's definitely much more frequent than that."
Participants noted that comments that others made in the street in passing were more easily ignored and became a part of the experience of being transgender. Overall, these incidents can have a cumulative effect. Vanessa detailed the effect that these verbal forms of violence have by stating, "It's demeaning, it's denigrating, it takes something away from you that somebody shouldn't have a right to challenge."

Harassment and verbal violence is something that has been documented in previous studies as well. Lombardi et al. (2002) examined violence and discrimination among transgender individuals and found that over half of their sample had experienced some form of verbal harassment due to being transgender. Stotzer (2009) examined existing literature on transgender people's experiences in the United States and found high rates of "subtle, yet pervasive violence" (p. 175). Rates of verbal violence or harassment ranged from 26% to almost 70% depending on the study (Stotzer, 2009). In addition, similar to the current study, Stotzer (2009) found strangers perpetrated much of the verbal violence and harassment. Therefore, the experiences of harassment and verbal violence are not unique to this sample and have been demonstrated in various other studies (Clements-Nolle et al., 2006; Lombardi at al., 2002; New York City Gay and Lesbian Anti-Violence Project, 2015; Stotzer, 2009).

While not every study specifically asked whether the violence was thought to be as a result of being transgender, the participants in the current study were asked to relate experiences that they believed to be based on their gender identity. Many of the participants' comments related to gender presentation and questions regarding gender and transgender bodies. However, George did mention that while some of the violence was

related to their gender identity, some of the comments were more homophobic in nature. One possible reason for this was that "gender variance is what they're reading as gay. Whereas, you know, when they're reading gender variance, they're reading transness, but they maybe don't have a language for that" (George).

Violence was not restricted only to verbal violence and harassment. Participants also identified violations of physical boundaries, including uninvited touching of different parts of the body, such as the breast or moustache. These violations of physical boundaries also included physical violence, such as pushing. Marie described being involved in a physical altercation: "[I was] walking from an apartment to my truck and it was dark outside. And I kind of turned the corner and I bumped into these people." Marie said there was a verbal exchange and the people did not let her pass. The altercation started with verbal harassment, with Marie reporting that they called her a "tranny" and a "faggot." According to Marie, the situation escalated: "It wasn't like I was doing anything to deter the situation." The situation continued on and included pushing, which then culminated in a fight. While Marie was the only participant to report being in an actual fight, she was not the only one who experienced physical violence. George and Jacob also detailed violence that included pushing, and in George's case a punch also occurred. The participants attributed these instances as being a result of their gender identity or gender variance.

Even the perceived threat of violence can have a large impact. Vanessa detailed an instance when she was out on her bike and there was a "truck driving really slow, being shady."

> [I] heard them screech around and start chasing me and accelerating with their big
>
> stupid truck and. . . . I was so scared they might drive on the sidewalk. You
>
> know, I was on a little bicycle and stuff. I felt so terrified, I figured that might be
>
> the night I might die or I might get really badly hurt. (Vanessa)

In this incident, Vanessa did not suffer physical harm, but the perceived threat of physical violence had a lasting impact on her. Vanessa discussed the concern about running into these people again and the perceived threat to her safety. I discuss this topic further in the Impact of Violence subsection that appears later in this section. In Vanessa's case, this incident changed her habits and caused her to be concerned about being in certain areas or alone with men in close quarters, such as an elevator. Long-lasting impacts such as these can take a heavy toll on a person's psychological and emotional well-being.

One of the most common experiences of violence related to the comments and questions that the participants experienced as a result of being transgender. These comments may have been meant to hurt or were simple inquiries. However, this experience of violence presents a unique scenario that cisgender people would not have experienced. Experiences of verbal violence in the form of transphobic and homophobic slurs seemed common among the participants. Strangers would also ask invasive questions regarding transgender bodies, which may not be appropriate. In some instances, these comments and ways of thinking led to violations of physical boundaries. These violations included inappropriate touching and in some cases escalated to physical violence. All of the instances that participants described were perpetrated by strangers. However, violence is not limited to strangers and incidents on the street but may also be perpetrated by those closer to the participants in various relationships.

Violence in relationships. Violence may occur in many different types of relationships. In terms of the experiences detailed in the interviews, participants mentioned friends, romantic relationships, coworkers, and family as relationships in which violence occurred. While coworkers were mentioned the least, Jacob had experienced physical violence in terms of pushing from coworkers who learned about his gender status. He described the situation as a mob mentality, in which one person was uncomfortable with his identity and the others followed suit. Violence in the workplace may create a unique set of challenges due to the financial implications, and transgender people may have to remain in jobs in which harassment or violence continue to occur, especially if they are relying on the money to live, such as in Jacob's case.

Other relationships such as friends, family, and intimate partner relationships can also present unique challenges with changing dynamics and the element of trust. One participant had several instances of violence involving her friends and family. As a result of the intimate nature of romantic relationships and elements that are unique to transgender populations, I examine these issues in depth in the Intimate Partner Violence subsection that follows.

While specific incidents with friends were rarely reported in this study, participants made several comments that demonstrated some of the difficulties and the potential for violence that can occur in these relationships. Jacob discussed some of the difficulty in maintaining relationships and being selective about whom to interact with:

> With certain friends, I've had friends say, "Oh, I'm totally accepting, I
>
> understand," and then turn around and say something extremely derogatory or

rude at some point, while you're visiting them and then to be like, "okay, well I

can't be friends with this person anymore."

Verbal, emotional, or psychological violence may be encompassed in these derogatory

terms. The comment that Jacob made indicates a sort of vigilance and need for respect.

As a result, he also expressed his need and willingness to terminate friendships based on

friends' levels of acceptance. He admitted that he had distanced certain family and

friends due to their reactions to him and his desire to transition. Many of the participants

discussed having friends that understood and were supportive. Jacob was early on in his

transition, and it is possible that this may be the difference in participants' perceptions of

friendships. While Stotzer (2009) found verbal abuse and harassment were largely

perpetrated by strangers, friends and acquaintances were reported to be almost a fifth of

the perpetrators. Another participant, Emily, also discussed friends, and throughout her

interview a theme arose of other people "testing" her and "teaching" her a lesson. While

the violence did not seem to be directly inflicted upon Emily by her friend, she described

the situation, which was obviously hard to discuss:

> But she thought I was crazy. Because . . . because I did not . . . enjoy the
>
> company of men [long pause.] So one night she invited me over . . . [pause]. She
>
> had a party. And she invited me over . . . [long pause]. She just sat and watched.

Friendships may be sources of violence, or they may be sources of support.

Unfortunately, some people may not accept transgender people when they come out,

which may cause problems. Ultimately, a transgender person may not be accepted by

friends, either consciously or unconsciously. Therefore, as Jacob mentioned, it may be

necessary to be aware of people's assumptions and comments. The experience of being transgender may be an isolating one, as friendships may be lost.

Similar to friends, some participants identified that their families were very supportive, while as others were not. Marie talked about how her family supported her transition: "My family has been really accepting, they're supportive." On the other hand, Jacob discussed how his dad was not as accepting:

He knows, the rest of them don't, but they don't talk to me anyway, so. And he's not okay with it. And I'm kind of at this place where I really want to start hormones, and it's going to start making changes, and he's going to freak out. So there's this part of me that's kind of like, "Don't want to do it because of that, don't want to stress my dad out," right?

Emily also had a similar situation in which her caregivers did not accept her and ended up kicking her out of the house and eventually disowning her. However, before she was disowned, she talked about being "tested" by her parents:

I surrendered to their . . . to their teachings, if you will. . . . And, you know, I was tested time and time again, . . . like, my father would bring me to play pool and fishing and all the "manly" stuff, and I was constantly tested by the psychologists and my parents.

This lack of acceptance and the testing behaviours may constitute various forms of verbal, emotional, and psychological violence as well. The impact of the lack of family acceptance may be long lasting and hard to deal with. Jacob summed up the experience of the his dad's disapproval and trying to mitigate that while also feeling the need to transition in order to do what he felt was best for him. Transitioning may impact the role

that one has within the family (e.g., from the daughter to the son) and this may strain family relationships. This can be a difficult situation to navigate for all involved.

Intimate partner violence. With regards to violence in intimate partner relationships, only one participant, George, described violence within an intimate relationship. However, George's story presented some unique situations that would not necessarily occur within heterosexual or even other LGB relationships. Throughout the relationship, George reported,

> [My partner] pretty much used all of the forms of violence that you just mentioned, as well as financial violence in ways to . . . undermine my identity and. . . . So I would also include transphobic emotional violence as like a . . . maybe a separate form of violence.

The idea of "transphobic emotional violence" that George mentioned presents a different perspective that may be present within transgender relationships. As has been shown within other groups, such as strangers and friends, more overt forms of verbal or emotional violence, including name-calling and use of derogatory terms, may occur in this form of emotional violence. George described a lack of respect for their preferences and identity, as their partner "would never use my preferred gender pronouns." This lack of respect also extended into violations of boundaries, including sexual abuse and violence, which George described as "coercing me to do certain sexual things because she wanted to do them even though I wasn't very comfortable with engaging certain things because of being trans."

Finally, trans bodies may add another dimension to intimate partner violence. Depending on the stage of the transgender person in the relationship, it is possible that

there could be violence related to transition. There are several ways in which transitioning may be made difficult or impossible by an abusive partner. George also expressed this when discussing intimate partner violence. Financial or economic violence may reduce the chances of undergoing procedures, which may be costly. As George said,

> I recognize transphobic abuse as a specific type of abuse in intimate partner violence relationships, where partners will undermine their partner's gender identity with you know . . . things like make medical transition difficult of impossible, or like, you know, even if that's like hiding someone's hormones or many things like that.

This may make transitioning difficult if not impossible. Therefore, the transgender individual may not be able to transition to their preferred gender, which may feed into other problems and forms of violence.

Systemic violence, inconveniences, and dilemmas. Many of the existing systems adhere to the traditional gender binary, as demonstrated on a majority of forms that refer to the sex or gender as a person strictly in terms of male or female. As a result, this can cause some problems for those who challenge or exist outside of it. While violence may be a strong term to use with the experiences listed, navigating some of these systems can cause additional stress or worry that cisgender people may not have to work through. Participants identified three main areas, although not all participants necessarily felt the same about them. These areas were public bathrooms, the medical system, and paperwork, including passports, drivers licences, and other documentation. I discuss mental health perceptions and law enforcement separately (in the Mental Health

and Health Care subsection and Law Enforcement and the Legal System subsection,

respectively), but include situations that may be considered violent within this section.

While the participants did not have many violent experiences directly with those two

systems, some participants had known people who had been physically handled by police

in ways that may have included excessive force, or dealt with professionals who were not

comfortable with working with a transgender population or used reparative therapy.

Fairly recently, a number of universities and other public areas have been moving

towards gender-neutral washrooms. Two participants specifically discussed the dilemma

of washrooms and presented different opinions on the topic. Marie called it a "useless,

pointless waste of time." However, George presented a very different perspective:

> But for me, you know, it's definitely the washroom thing, like everywhere you
>
> go, there's gendered washrooms. . . . Um, and kind of wandering, "Oh, if I go
>
> into this washroom am I going to get into a physical altercation or a verbal
>
> altercation?" And you know, is it worth it to use that washroom?

George went on to discuss the build up and work of using a male public washroom:

"Sometimes, you know like, I'll be thinking about it for a couple minutes or more and

like psyching myself up." George also mentioned the possible health implications

regarding having a safe washroom to use. Due to the need to expend the energy to psych

themselves up, George mentioned that some transgender people may instead opt to use

private washrooms such as at their place of residence where there is less risk of being

challenged or having an altercation. As a result, this may lead to possible health

consequences, such as urinary tract infections due to being unable to use public

washrooms. Therefore, something as simple as using a public washroom may have fairly

serious consequences in a number of areas.

Participants raised some ways in which the system may be violent (these issues

are addressed further in the Mental Health and Health Care subsection presented later in

this chapter). Emily and Vanessa both discussed problems with the process of transition.

With regards to the actual procedure of altering the body, Emily talked about the violence

of the procedures, how "the surgeries are bloody, bloody ridiculous. They're gruesome,

and nobody wants to hear that, nobody wants to share in that level of pain." Both of

these participants discussed the process of qualifying for surgery as well, and how they

felt that they were forced to adhere to a script or a formula in order to receive care.

Finding adequate care was also something that George mentioned with regards to medical

professionals: "It's so hard to access competent, or any care, for trans people." They

recounted a story from people they knew when trying to find care from a medical doctor:

> I actually, I have two transwomen friends who when the said this to their doctor,
>
> their family doctor put them on testosterone because they were like, "You feel
>
> like a woman because you don't have enough T [testosterone] in your system."
>
> So they were put on testosterone and then it was a couple of years later that they
>
> finally realized that no, . . . "I am a trans woman, this is not me," and then they
>
> started on hormone replacement therapy. (George)

Care may also be compromised or challenged in other areas as well. Two of the

participants discussed the treatment that they received at the sexually transmitted

infections (STI) clinic. Based on the policy at the clinic, people of one sex would see the

doctor of the same sex, according to the participants. This can be additionally

complicated by people with trans bodies and does not account for preferences of the person. This was particularly salient for George, who noted,

> If someone is basically calling me a woman and then, you know, going to be touching my genitals, I'm just really not comfortable with that. And that's a big trigger with me because my ex abusive partner used to do that all the time.

In addition, it was noted by the participants that the time it took to find a nurse who would see them increased their wait times. This may negatively impact the health of transgender people, as they may opt to not seek medical attention for these reasons.

The last issue that arose when discussing systemic problems was largely in relation to paperwork and documentation. Much of the documentation relies on birth sex; therefore, participants must undergo a lengthy process to ensure their preferred gender appears on their official paperwork. Marie discussed the inconvenience of renewing her driver's licence:

> The biggest pain in the ass is the whole driver's licence thing. My driver's licence is female, but when it's up for renewal, I need to go and get another letter and apply with the Alberta government again to have them put an "F" back on my driver's licence.

While not necessarily violent in and of itself, this is an inconvenience. In order to have the preferred or correct marker on the documentation, a letter must be obtained, and this process takes place every time the licence needs to be renewed, which is every 5 years in Alberta. Obtaining the appropriate documentation may be even more difficult if procedures are undertaken in another country. This was something that Emily brought up:

And there's a lot of things when it comes to the politics of it, you know, a

citizenship card, passports, all this kind of stuff, which do affect someone like me

that was going through transition. My god, it is bloody impossible in the UK

[United Kingdom] to get your passport changed for gender if . . . you haven't

done the stuff over there.

These issues can be frustrating and reflect considerations that cisgender people would not

have to go through. In addition, transgender people who are not far enough into their

transition to be able to acquire the letter to get the marker changed must continue to hold

documents that have a gender marker that is inconsistent with how they self-identify.

This can cause additional problems when their presentation does not match the marker,

which may lead to additional scrutiny should a situation arise that requires examination

of their documents.

There seemed to be a cumulative effect with regards to violence. While there

may have been one or two major incidents of violence that stood out within the interview

data, I found a history of some form of violence for all the participants. Some of this may

have been in the form of slurs and verbal violence from strangers while two participants

had histories of violence including relationships. All of these experiences had a negative

impact on participants.

Impact of violence. Various experiences impact people differently, which was

evident within the interviews. While there were some similarities, such as the emotional

and psychological toll, there were also differences with regards to severity and response.

However, although violence had a largely negative impact on all the participants, Marie

used it as a positive motivation. She recounted an incident regarding another transgender

individual who had been beaten up in a large urban centre. As she mentioned, "I never

did any volunteer work in the area of LGBT until about a couple of years ago. And a

couple of years ago I kind of realized that I'm doing really good" (Marie). As discussed,

Marie had been engaged in a physical altercation and was also subjected to negative

comments and exchanges with strangers. However, seeing the violence that others had

experienced helped to lead her to volunteer:

> It's kind of a roundabout way of saying it, but I couldn't do anything for her, but
>
> there's other people I can help. . . . And sometimes just living, being able to talk
>
> to someone and saying, "There's a very real possibility that I could bump into
>
> someone who doesn't like me and they're going to want to beat me up. That's
>
> true." And I can at least listen to that person. (Marie)

Marie was not the only one who was in a position to help people. George was also

engaged in activities to give back to the community. Emily had also volunteered,

although she was no longer involved in those activities at the time of the interviews.

Mental health impact. Participants experienced a number of other emotional and

psychological impacts from these incidents of violence. These included feeling of

isolation, a lack of safety, impacts in quality of life, and mental health concerns.

Participants reported changes in their behaviours and habits as well. Vanessa discussed

this at length, saying that her incident "shook my confidence to the core." She said that

she was "afraid to look people in the eyes for like a year and a half. It's amazing what

terror someone can wield so thoughtlessly." George reinforced the idea of isolation,

saying that as a result of their experiences with domestic violence that they "don't really

go out to queer community events anymore." In addition, participants stated that their

sense of safety was also impacted by their experiences. This led to one participant

staying at home to avoid various situations. Jacob mentioned that the violence he had

experienced made him reluctant to be in public: "[It] makes you fearful to leave your

house, it makes you fearful to be yourself in public." Vanessa also talked about avoiding

situations and certain circumstances that made her uneasy: "I was really nervous for

probably six months after that. Like, even just getting in elevators, if there was all guys, I

might just wait for the next elevator."

Two participants discussed how the violence they experienced had either delayed

or made them question transitioning. Jacob talked about the impact that it had on his

experience of being transgender and his transition after he was pushed at work and

harassed once his gender identity became known:

> And I guess, at the time I didn't really realize that what they were doing was
>
> inappropriate because I was really like . . . "Well this is . . . this is a bad thing to
>
> be obviously." Like, this isn't going to be accepted anywhere. So at the time, I
>
> kind of like, just sort of stepped back from being . . . from the whole trans thing
>
> and was like, "Ok, I'm not, this isn't going to happen."

Similarly, Vanessa also had doubts about transitioning: "It actually made me question if I

could continue transitioning which . . . was really difficult conversation to have with

myself."

The choice to transition is something that can be difficult to make, and the process

of transitioning has its own challenges. It is also possible that as transition occurs, there

are changes that may make people more visible as transgender, which could incite more

violence towards them. To reiterate what Vanessa said, having to examine whether or

not to transition can be a hard decision. As discussed, the risk of suicide during transition can be high, and violent situations that make people question that choice can be dangerous. Vanessa expressed the fear of being challenged at any time. On the other hand, this fear of being outed or spotted as transgender can cause some people to work harder at the process. This was something that Emily mentioned when she said, "Not a single day goes by without some fear of [being outed] passing through my mind, always preparing for the worst and always hoping for the best." Prior to that she discussed the effort she made to transition: "[I] worked hard to . . . every time someone's said to me "No," or "Oh my god," take a hard look in the mirror at what I've been doing wrong or what's giving it away and I erase it."

The mental health toll of violence has been alluded to in terms of fears regarding safety, being outed, and changing habits. However, more explicitly, some of the participants felt that they were nervous or developed depression in part as a result of the experiences of violence. Jacob discussed how the "incident caused me to become very depressed at that time, so I sought out counselling to help with my depression and then dealt with the situation when I was in counselling." George talked about the mental health impact of all their collective experiences:

> Like, I have PTSD [posttraumatic stress disorder], because of the abuse
> relationship, and . . . I've had a lot of depression and anxiety, which I think is
> more relating to the abuse but I think compounded by the everyday experiences of
> transphobia.

Violence did not need to occur in overt ways to have a lasting impact. As demonstrated, the experiences of violence varied among the participants, but all instances of violence

can have an effect, from physical or sexual abuse to the everyday experiences and derogatory terms. Vanessa put it simply when she said, "I want to feel safe in my city. I want to feel safe downtown."

Suicide. One possible impact of violence, as well as being transgender in general, may be suicide or suicide attempts. In a study looking at attempted suicide among transgender individuals, Clements-Nolle et al. (2006) found 32% of their sample ($N = 515$) had attempted suicide. In the same study, Clements-Nolle et al. mentioned that it was unclear when the suicide attempts occurred in relation to transition. For Vanessa, while she never stated that she had attempted suicide, she stated that she had thought about it: "It just all crumbled on me. I thought, you know I need to do something like this. It was either I start transitioning or I was going to kill myself. And . . . honestly, that . . . that struggle's there every day." For Vanessa, it was not just that she had thoughts of suicide prior to transition, but these thoughts seem to have provided a motivation or an imperative that things needed to change—she needed to either transition or end her life. Other factors can play into suicidal thoughts as well, related to violent or negative experiences that people had. Both Emily and Jacob discussed this in relation to suicide. Similar to Vanessa, Jacob expressed having suicidal thoughts: "Because, like, you're already depressed because of your gender identity, and then somebody just throws it in your face and makes it worse, right?" Clements-Nolle et al. (2006) found gender-based discrimination and victimization had an impact on attempted suicide. Emily reported that her family called her names and had kicked her out of the house at a young age.

[This] ended up with me attempting to commit suicide. I ended up in a

psychiatric ward and afterwards had to go for intense counselling, which was

provided by both the school board and the social services and health care system

at that time. (Emily)

Suicide can be a real threat for transgender individuals, who may experience other

forms of violence. The process of transitioning can be a constant struggle and suicidal

thoughts may always linger. George mentioned that the highest risk for suicide is

between deciding to transition and when transition is finished. This can be a long

process; therefore, proper support is necessary. While suicidal thoughts may arise due to

being transgender, the experiences of violence that transgender people are subjected to

also play a factor.

Summary of violence. Violence can take many different forms, and, as has been

shown, the experiences and type of violence that each participant experienced varied.

One of the more common forms of violence that the participants experienced was verbal

abuse, largely from strangers. This form of violence has been reported in previous

studies as well (Clements-Nolle et al., 2006; Lombardi et al., 2002; Stotzer, 2009). Some

of the participants had more unique experiences of violence, such as George, whose

experiences of violence included intimate partner violence. Overall, each participant

recounted more than one experience of violence, which was discussed by Witten and

Eyler (1999) who stated that, across their lifespans, transgender, cross-dressing, and

transsexual individuals were more likely to experience multiple forms of violence than

members of the general population.

The impact of the violent experiences varied between participants. However, there seemed to be a psychological and emotional toll to each one. While some participants were able to turn their experiences into something that allowed them to help others, the experience of violence may have delayed or postponed some participants' transition. Other emotional impacts included changing patterns of behaviour, becoming isolated, and feeling fearful. Transgender individuals have been found to have fairly high rates of suicide attempts and completions (Clements-Nolle et al., 2006; Kenagy, 2005a, 2005b; Mizock & Lewis, 2008; Stotzer, 2009; Testa et al., 2012). In addition to experiencing violence at the hands of others and the outcomes of those experiences, transgender people may also be subjected to violence and additional hardship when interacting with various systems. This can include inadequate care at health and medical facilities due to being transgender (Kenagy, 2005a, 2005b), increased concern with regards to public facilities such as washrooms, and issues regarding paperwork and documentation, specifically in relation to gender and sex markers. Many of the systems and resources that people may turn to in the case of violence and the impact of these events may not be available or seen as an option for transgender individuals. The next section examines how participants viewed certain systems and how they coped with the violence and negative events that they experienced.

Dealing with Experiences of Violence and Being Transgender

Coping and dealing with violence can be a difficult thing and experiences of violence had an impact on the participants. When people experience violence, a number of resources may be available to help people work through their experiences, whether it is reporting instances of violence to the police, seeking medical attention, or receiving

mental health services to work through experiences. However, these services may not always be available to or utilized by transgender people. Systemic violence may also occur, making these services unsafe or unhelpful. Transgender people who experience violence may have a number of reasons for why they do not seek out help. They may feel that they will face additional scrutiny or that they may experience more violence at the hands of the organizations and systems designed to help people.

Further compounding this dilemma is the experience of being transgender itself. Even outside of the experiences of violence, transgender individuals may face more subtle forms of discrimination or harassment. People may stare at them or, as previously discussed, ask invasive questions. Being transgender and the process of transitioning can be difficult itself. Vanessa discussed how hard it can be:

> I have it pretty good, I pass pretty well, I have tons of privilege, but, it's still . . . a horrible thing I would not wish upon my arch nemesis. You know, somebody I wish ill will on, which I think is a horrible thing to do, I would not wish this upon. It's horrible.

Emily also discussed the difficulty of transitioning, specifically noted that the surgeries are "bloody ridiculous, they're gruesome." While these experiences may not necessarily be deemed violent, they may have a similar impact, leading to psychological effects. As a result of being transgender and wanting to transition, these individuals must be in contact with various systems, which leaves them open to possible systemic violence.

Several resources were discussed with regards to transgender people and experiences of violence. Law enforcement may be a support for people who experience violence; however, participants had primarily negative perceptions of law enforcement

officers. Mental health and medical care personnel may also be called in to help with experiences of violence as well as issues related to being transgender. Among participants, opinions were mixed with regards mental health. Historically, mental health workers have been seen as gatekeepers to treatment, and that perception continues to persist. Since more traditional systems may not be available or deemed supportive, transgender people may seek out different resources in order to obtain the help and support they need. Participants identified other supports and resources that they either have or would access in order to help them through their experiences, both with regards to being transgender and the specific incidents of violence that they had experienced. Informal supports such as friends and the Internet were identified as being more useful. The following section examines participants' perspectives with regards to accessing health services, law enforcement, and other supports in order to help them with their experiences.

Mental health and health care. Some participants identified that their experiences of violence may have contributed or even caused depression, anxiety, or posttraumatic stress disorder (PTSD). Participants also mentioned that these experiences led them to feel afraid, question whether to transition or not, and change their daily habits. Mental health and the health care systems may be appropriate resources for people to access when addressing these concerns. However, participants' general reaction to mental health care, and health care in general, seemed to be fairly negative. In addition, systemic violence may persist, especially in the medical system in which participants may not feel they are able to obtain appropriate or timely treatment. How transgender people perceive these services may influence whether they will seek out such

services in times of need. While participants did describe some positive experiences, they also shared negative perceptions. As Mascis (2011) mentioned, health care and mental health practitioners have a history of gatekeeping, and this may hinder the creation of safe and trusting relationships.

The idea of gatekeeping was an issue that arose from the interviews. This was related to the fact that in order to receive hormones and surgery transgender individuals in Alberta must receive a GD or GID diagnosis from a psychiatrist to progress (Trans Equality Society of Alberta, n.d.). At the time of the interviews, some of the participants stated that there was one primary psychiatrist available within the area, with another one who is starting to take over patients. This lack of resources leads to long wait times, with wait lists over a year. With one main source of access to resources and necessary procedures to transition, this reinforces medical practitioners' gatekeeping. Two participants, Emily and George, mentioned the need to "jump through the ridiculous hoops that they put in front of you and . . . you know, you sing for your pills or you sing for your surgery or you sing for your . . . whatever it is that you need from them" (Emily). Transgender individuals may feel a need to perform or that they need to adhere to a specific rhetoric in order to achieve their goals and transition. This may be related to potentially dated practices and theories that continue to be utilized. One participant mentioned another set of standards that deviates from the traditional view of the WPATH *Standards of Care* (Coleman et al., 2012), putting patients in charge of their care instead of medical professionals. Mascis (2011) discussed the idea of members within the transgender community needing to coach others within the community with regards to the appropriate way to act in order to access services. Finally, another aspect of the

gatekeeping is the power that medical professionals may have over individuals. Vanessa summed up this fear:

> There's kind of a cultural fear with trans people, because all it takes is one person with a mighty pen to completely derail our lives, and to take away our identities and to basically put road blocks forever more. You know, somebody can write something in your file that will follow you forever.

Therefore, there is a possibility for fear and mistrust of the medical and mental health system.

While the wait list for transgender services may be long, up to 2 years to see the primary psychiatrist, according to George, the issue of long wait lists is not confined to transgender-specific services. Vanessa discussed her experiences trying to access mental health services in general.

> So I tried to, I talked to my doctor, and I tried to get a referral to a psychiatrist to maybe change my medication or something, I don't know. And yeah, they're like "Oh yeah, it'll take at least three months, could be six months, could be twelve." And eventually things just changed around in my life enough that I just gave up trying to get help. (Vanessa)

Long wait times can be problematic, especially for a population prone to suicide (APA, 2013; Clements-Nolle et al., 2006; Kenagy, 2005a, 2005b; Testa et al., 2012). Even if services are accessible, it may be hard to find care or to access adequate supports that are understanding. Due to the limited number of transgender resources, those that exist may best be found through word of mouth. One of the participants mentioned that they had

found their current therapist through a local group. Participants identified word of mouth as one way of finding resources that would help transgender people.

Even when people can access mental health resources, the services that they receive may have mixed results. Four of the participants identified experiences with mental health services, many of which were negative. When Vanessa tried to access services, she found the support personnel were very focused on suicide: "And as soon as they determined that I wasn't actively thinking about killing myself at that very moment, they sedated me and let me sleep for a couple of hours and sent me home." Vanessa expressed feeling reluctant to reach out for services:

> What I was most afraid of, the reason I didn't want to go there, was because I was
>
> so scared that they might take away my hormones. Like, "Well, maybe these are
>
> making you fucked up," or "You don't need these."

Mascis (2011) also discussed this concern and offered recommendations to people working with transgender trauma survivors. Specifically, Mascis advised, "Providers must clearly and explicitly explain to clients that their access to hormone-replacement therapy will not be threatened if they do not comply in any other way with treatment other than what is medically indicated" (p. 206). This reassurance that hormone therapy will not be removed may help to facilitate appropriate treatment and remove barriers to treatment.

Sometimes it appeared to be a matter of finding the right match. Jacob went to a counselling service that was unable to provide adequate support: "[It] was religious counselling so it was. . . . Yeah they were kind of like, they didn't really know how to handle me. So. But they did help me deal with the traumatic parts." Mascis (2011)

noted that therapists may not be comfortable working with transgender clients and may put more emphasis on gender than may be necessary or wanted at the time. Therefore, transgender individuals may worry that therapist will be "hung up" (Vanessa) on gender issues and, as such, may talk about gender more than the client wants to, instead of letting the client set the pace for discussing gender.

Not only must transgender people find counsellors who are able and willing to work with them, they also need to find counsellors who will utilize appropriate treatments. Emily had a negative experience with counselling which dealt with reparative therapy.

> So I went into reparative therapy for a year and a half and. . . . It was quite distressful. Um, really ridiculous stuff. They would ask you why do you wear the clothes that you wear, why do you do the things that you do, and they try to pound it into you time and time again that you are of this gender and you as supposed to act this way, and here's all the pros of this gender, here's the cons for the gender you are trying to portray. (Emily)

Emily's experience demonstrates an extreme position in which the counsellor attempted to alter her to adhere to a heteronormative, cisgendered perspective. Furthermore, when asked about seeking counselling supports, Emily stated that she had attended "a lot of counselling."

> And it doesn't go any further than that because the most simplest form is to talk to someone about it, and they just don't get it. They don't know what to do with it. . . . None of them are transgender. They can't possible know what we go through. (Emily)

It may be hard for therapists to fully connect with their clients, especially when there are large differences in life experiences and not everyone will consciously examine their gender. Modern society is primarily based on cisgender assumptions; as such, not everyone may be aware of their cisgender privilege. It may, therefore, be difficult for some therapists to connect and work with transgender clients, and counselling transgender individuals may require additional work and reflection on the part of the therapist.

While some of the previous examples display transgender people's more negative perceptions and experiences with mental health providers, not all of the experiences necessarily followed this perception. Two of the participants, Vanessa and Jacob, had both accessed mental health services. While they may have had some negative interactions with the mental health system, they both described positive experiences they had with a psychologist.

> I was seeing a psychologist before I lost my job last year and uh. We talked about gender stuff a fair bit. Mostly just how frustrating it was dealing with the medical system end stuff. She was really awesome. But she had specifically been recommended to me through people who said she was really cool about gender and sexuality. (Vanessa)

In both instances, Vanessa and Jacob had been referred to the service by others, either through another organization or by word of mouth. Again, word-of-mouth referrals seem to be important to find services that will be accepting and provide adequate support. While both of Vanessa and Jacob had suffered negative experiences in the past with other

mental health services, they were able to seek support that they needed and receive care that they indicated they were happy with.

Although not all the participants had sought mental health services, and even though some participants suffered negative experiences, participants were able to describe ways in which counselling may be helpful. Largely, participants thought that counselling could help with processing events or helping people to learn coping skills. George talked about the specific ways that counselling could help: "Counselling can teach like, coping skills for things like triggers or . . . just coping with you know, living with those experiences." In this regard, George had experienced violence as well as PTSD. To George, counselling could help with the experiences that they had suffered and help to learn skills to cope. In addition they said, "There are points with my healing [when] I just needed validation that my experiences were real. Like, both in terms of intimate partner violence and transphobic violence" (George). Marie also mentioned that she thought that counselling would have been effective after experiencing violence, but that she had not talked to anyone. There is some indication that counselling may be beneficial for violent experiences and dealing with these experiences.

One possible reason that transgender people may not seek help is due to their gender presentation and its relevance in the counselling setting. As Mascis (2011) discussed, it is important to allow the client to determine when and how gender is discussed. Gender may or may not play into the concerns that cause transgender clients to seek counselling, such as processing violent experiences. Consequently, it is important to let the client decide, rather than making gender an issue. This was a concern Vanessa raised when she discussed looking for help and her worry that the counsellor may be

biased or have discomfort working with transgender people: "If I get somebody I can talk to, what if they're weird and hung up about trans people?" The counselling focus does not need to be on gender, and it may be detrimental to make gender the focus of treatment. However, if gender is a concern within treatment, therapy may be helpful. Marie talked about the disconnect of being transgender and how counselling could help:

> It's like anything else, you know. If something's broken, you go and see a doctor. You break your arm, you go and see a doctor, and they set it for you, put it in a cast, and you heal. Right? When you're transgendered, there's kind of that disconnect, there's that break. Right? There's the difference between who you are in the mirror and the person who you want to be in the mirror. If that makes sense. You see a boy, but there should be a girl, or you see a girl but you should be a boy or, you know, something to that effect, right? And so . . . sometimes though, it's like counselling for anything, we have nervousness, we have anxiety, we have depression. Sometimes it's not even so much the fact that being TG [transgender] is what bothers someone, it's the depression because they feel that they can't tell anyone.

While gender may be an issue for some, as Marie pointed out, the issue may not be the person's gender identity per se, but the ramifications and reactions of others. Instead, as Marie said,

> Counselling can just help that person, give them a voice, [and] let them work through that issue. And a lot of times too, people will realize that being TG [transgender] isn't the issue. It's the fact that you can't tell someone or you feel like you're alone.

As some participants noted, counselling may be beneficial, and participants expressed some positive perceptions about the way that counselling services can help in dealing with experiences of violence. Mental health services may provide transgender people with the opportunity to talk about their experiences of being transgender as well as the violence that they may have experienced. However, due to a history of gatekeeping by health and mental health care providers and the necessity for transgender people to go through therapy prior to accessing treatment, counselling may not be seen as a resource. For those who have had negative experiences or perceptions of counselling, the emphasis on gender or suicide may make it harder for them to turn to mental health services. They may feel that their lived experiences are not valued in the face of adhering to a rhetoric that does not apply to them, but they need to follow standardized practices in order to receive treatment. Therefore, it is possible that, since these individuals hold a negative view of mental health services, they will not seek support for issues surround violence or their gender identity.

Health care. Health care was previously discussed as an example of possible systemic violence, specifically related to certain policies, such as receiving services at STI clinics. Vanessa detailed her experiences, both before and after transitioning:

> I didn't have a problem with it the first time just because I wanted somebody who I would be comfortable with. But it's like, wow, I waited a long time. When I identified as male and went there, I did not wait anywhere near that long—difference of forty-five minutes to like, an hour and forty-five minutes.

The longer wait times and additional discomfort may decrease a person's likelihood to return and to receive proper treatment. This may lead to medical complications or diseases that may have otherwise been identified and treated.

Participants also expressed concerns related to the care that they received and how medical professionals were trained to work with transgender clients. Two participants, George and Emily, discussed their experiences, or the experiences of others they had known, with the medical system. They reported knowing other transgender individuals whose doctors had denied their trans status and given them hormones to reinforce their perceived birth sex instead of hormones to facilitate transition. George stated,

> [I] feel like those doctors are just so negligent because, especially because like, suicide is so common in the trans community and basically being forced to live a gender identity you don't identify with and be pumped full of this hormone you don't really like in the first place.

There is a need for medical professionals to be aware of how to treat transgender people, and if they are not willing to do so to be able to refer to services that will provide adequate support. George also discussed the need for the training with regards to hormones and treating transgender individuals. They reported that there was very limited interaction and awareness of transgender individuals and that more time was spent on other drugs, such as Viagra (George). They stated, instead of learning about transgender health in the curriculum, physicians in training can attend "an optional lunch where two trans community members come in and just talk for like an hour or two. And that's all they get in med school" (George). Emily stated, "They don't know how to prescribe hormones properly. They don't know how to do the surgeries properly. They don't

know how to do those pre-psychological counselling correctly." She also reported that the practitioners who do the procedures "leave scars, they leave tell-tale signs, it's almost like trying to tattoo or brand a stamp on your head saying you're transgender" (Emily). In order to receive the treatment that they need, transgender individuals may need to educate themselves in order to inform their primary care physicians about the services and care that they need (Bradford et al., 2013).

Overall, some participants highlighted the need for more services that transgender individuals feel that they can access. Wait lists and quality care seemed to be two of the major problems that arose. As George put it, "At the very least be friendly and know where to refer. We should have doctors to refer people to. Because right now, there aren't very many at all." They discussed how transgender people may interact with medical services.

> It really made me think like, you know, if I didn't have a family doctor who was trans friendly or if I wasn't out to my family doctor, and I know many trans people who aren't and like, you know, their doctor might never interact with the genitals. They might just go in for blood tests or earaches or something, so. . . . What would they do? (George)

As previously stated, due to the lack of transgender awareness within the medical system, transgender people may be reluctant to access this system as a support. This may lead to health complications, especially in those who do not feel safe in disclosing to their provider that they are transgender. This results in a system that may be able to provide help, but is not accessed due to transgender people's beliefs that health care providers are incapable of providing adequate support.

In summary, medical services, including mental health services, can be a source of support, but may not be viewed as such by the transgender population. Lack of awareness, ignorance about transgender care, and an adherence to dated rhetoric within the health care system may lead transgender people to avoid these services. In more extreme cases, these shortfalls may also increase the chance for systemic violence, causing psychological and emotional harm to transgender people. Being unable to seek help for the problems that this population faces may exacerbate problems, such as depression. Instead, other resources and supports may be sought in order to help with their experiences of being transgender as well as coping with incidents of violence, which I discuss in greater detail in the next section.

Law enforcement and the legal system. When violence occurs, the police may be brought in to help with the situation. All the participants had experienced some violence in one form or another; however, none of the participants said that they had reported the violence to the police. All participants expressed negative perceptions of law enforcement and the legal system. While their reasons for not reporting the incidents of violence varied, participants' main reasons were centred on their perceptions of the responses they thought they would receive. Four of the five participants were concerned about being subjected to police scrutiny and how effective the police would be in dealing with their situations and concerns. Reporting violence to the police could expose individuals to further traumatization and possibly allow for more violence to take place. Stotzer (2009) reinforced this sentiment by stating, "Within the transgender community it is common knowledge that interacting with authorities invites a certain level of possible victimization, or revictimization of transgendered people" (p. 173).

Participants' interactions with police were limited, and the one participant who did report an incident did so with the goal of helping someone else. In some cases, participants felt that the services were not there, or that their situation did not fit into specific parameters, raising the issue of effectiveness. While four of the participants had little or no interaction with police, they based their perceptions off of the experiences of others, both locally and in other countries, primarily the United States.

Perceived scrutiny versus effectiveness. Participants primary reasons for not reporting incidents of violence to police related to the scrutiny that they would face, coupled with the question of effectiveness. The fact that participants' presentation may not match their documentation also caused some trepidation about approaching police.

> I just was not comfortable with it. I didn't want to talk to police. I didn't want to have to explain my gender or explain, you know, why my documents didn't match my presentation. And . . . you know, I was afraid they wouldn't take it seriously. (Vanessa)

Participants expressed concerns over the type of questions that may arise, or the responses that they would receive. Some participants appeared to worry that they would be investigated and that they would become the focus instead of the event that had led to them approaching the police. In addition, participants expressed concerns about the treatment that they would receive. The belief may exist that the way people act and behave may make them targets for certain types of violence, specifically with regards to sexual assault. This notion has seemed to carry over to the transgender community.

> And also, being trans did come into that as well because I felt like, um, the system might use that as a way to discredit me or something. That . . . you know, saying

that I was a trans person and I have like, some kind of weird sexuality or

something. (George)

These complexities created situations in which participants were required to consider

how much they were willing to go through in order to access law enforcement services.

While they knew that perhaps the incidents they experienced should have been reported,

they remained reluctant.

Like, I know in my head that I should, like that it's inappropriate. But yeah, that

. . . that's tough because do you want to make it public, do you want to have to go

to court, do you want to have to explain things to cops and stuff, you know?

(Jacob)

As such, reporting incidents of violence to authorities requires transgender people to

"out" themselves, providing more information than they would like to share in order to

receive help. This high level of disclosure can act as a barrier towards receiving the help

that they may need or would like.

An additional complication to seeking help from law enforcement was the idea of

how effective it would be. As previously discussed, participants noted a perceived cost

or risk to seeking help. Participants appeared to assess what they were willing to

sacrifice for a certain level of return. The participants who discussed these issues did not

appear to be optimistic about the help they would obtain. Jacob did not have high hopes

for receiving help from the police: "I would never go to the cops. Ever. I don't think that

they would do anything for me. I just know people who have been kind of abused by

police too." Participants also questioned if the police would care and how much attention

their cases would get. Vanessa touched on that, saying, "[I] figured it was . . . not

something the cops really care about because nobody got hurt." The cost–benefit

analysis is further complicated by the concerns previously discussed regarding the

scrutiny transgender people would face. Vanessa summed up this mental process as

follows:

> I would say that if something happened, it would depend on the severity of it.
>
> You know, if some random people jumped me a, what . . . what. . . . You know,
>
> how often people get caught for that? And then it's a question of how much
>
> scrutiny I'm willing to deal with and, cops . . . some of whom I guarantee, just
>
> based on from what I've talked to people about, will use the wrong pronouns
>
> purposefully, will state things in ways that imply maybe I was being provocative
>
> or that maybe I deserve it.

George had a unique perspective on the violence aspect regarding effectiveness.

Due to the specifics of their situation, they explained that they did not think reporting the

incident would do any good as a result of the limitations and narrow definitions within

the legal system.

> I feel like a lot of the parameters of how they define different types of abuse are
>
> so narrow that a lot of my experiences don't fit with that. For instance, I think . . .
>
> in order to charge someone around sexual assault, I think it has to be like physical
>
> force used or implied force used, and . . . with my ex that was never the case. It
>
> was always like, coercion or manipulation. (George)

As a result of this, participants perceived that any reporting to the police would be a futile

attempt and nothing would come of it: "Reporting it wouldn't have led to any charges.

And for getting charges around emotional abuse, that doesn't really exist in Canada, and I

really think it should" (George). This situation illustrates the scrutiny and effort versus effectiveness.

> She would not have been charged, and it just would have been like a really, I feel, traumatic experience for me. Like, going to the police and having to . . . relive those experiences and deal with those experiences and deal with that system in order to have nothing come out of it, so there wasn't really a point. (George)

Even without the gender aspect, involving the police can lead to questions and retelling about the situation and what occurred. As such, the person reporting the incident often repeatedly relives and reexperiences what has happened, resulting in retraumatization. As noted above, George commented that the whole experience of reporting the incident to the authorities would have been traumatic, and this factored in their decision not to report it.

In summary, the possible benefits that may have come from reporting the violence to the police seemed to be greatly diminished in the face of the risk of scrutiny and having to explain the victim's situation. Participants expressed that nothing would come from interacting with the police and instead opted to not engage with that system.

Factors increasing likeliness of reporting. As previously mentioned, all participants had experienced violence and none elected to report the incidents to the police. Although they expressed their reluctance to have anything to do with the police and law enforcement, two factors may increase the likeliness of transgender people interacting with this system. The first factor is the severity of the incident. Participants, specifically Jacob and Marie, expressed their experiences may not have been severe enough to warrant going to the police. Marie described the circumstances of her physical

altercation and the factors that would have increased her likelihood of reporting it. As it was, she chose not report the incident because "it wasn't very serious. You know, it's not like I broke bones or just about killed one of them" (Marie). Aside from the actual damage done, Marie also talked about the specifics of the fight, again reiterating the importance of severity: "If it was more serious than that, I would report it. Let's say weapons were involved or someone really was seriously injured. Especially me, I'd probably have reported it. If I'd have lost, I would have reported it."

The other factor that would increase the participants' likeliness of interacting with police would be to help others. George reported that they would not call the police on their own behalf, but they would for others. George recounted that there was a specific instance when they called in a suspected domestic abuse situation. In the future, they said that they might report an incident if it was "kind of like third-party crisis intervention, something like that. You know, I did call the cops, and I might do something like that again. But, for myself I probably never will." Tying together these two factors, Jacob discussed how the severity and type of incident might increase his likelihood of reporting it, if only to try to help others:

> If it was like sexual abuse or something like that I would for sure have that reported. Because then I would be like, "well I have to, because what if that person does it again, right?" Then it would be about other people's safety.

In summary, participants expressed their reluctance to report incidents to the police or to engage with them. While they may do so in order to help someone else, their reluctance to engage with police speaks to how they feel that they would be treated by authorities. This may be due to the cost–benefit of the interaction and whether they

thought reporting an incident would be helpful or effective. In addition, two participants noted that the severity of the incident was a factor in whether they would report an incident. Based on these findings, participants did not perceive the police to be a trusted resource that would help them.

Origins in perceptions. Most of the participants had limited personal experience with police, although one participant reported having a previous record and, as a result, avoided the police. Those who did not have direct experience with law enforcement had formed their perceptions based on the experiences of others or on stories that they had heard. While these stories may not have been specifically related to gender identity and being transgender, gender may have been a contributing factor. George described previous experiences with police "outside of like, specifically trans community, but I've been to various protests in my life where cops have used excessive force." This idea of excessive force was also echoed by Jacob, who "had a friend that was kicked a few times by a cop. I don't know if it was because she was trans or not, but that was definitely part of it because they could tell." These experiences and stories fed into participants' understanding of what it means to be transgender and how they might be perceived by the police. As a result, these stories and perceptions created an internalized understanding and basic idea of what law enforcement looks like to members of this community.

Jacob shared his opinion of police when he said, "But nobody's safe, right? Yeah, so I think that like . . . just don't think that they would be very supportive I guess. Maybe that's like an internalized opinion, I guess. I just don't really trust cops." Similarly, Vanessa discussed her feelings on police.

And [friends have] basically been treated like their problems aren't important or

that they're . . . shouldn't really talk about it because you know; it's just what you

should expect from being different. Mostly the people I know who are trans are

in America, and of course their whole thing is pretty different but . . . I know a lot

of people in Toronto and . . . I think it just depends on where you live really.

While some participants expressed some thoughts about how police act, their stories were

confined to geological regions, and they noted that experiences may differ from country

to country. Although Canada and the United States are in some ways similar, there are

also differences between the two countries. However, many of participants' perceptions

with regards to law enforcement may be based on American police services. Differences

can also exist between cities.

One participant had a more positive outlook regarding the police, citing the local

police department's involvement in the Pride Parade in a major metropolitan centre.

You know, there's the [LGBT Centre]. You know and the [city] Police Service

has a booth at the last pride parade so . . . you know it would be almost silly to

say, well, you know, they're going through all this effort of build ties with the

community and then to have them turn you away when you need help. (Marie)

While most of participants' sentiments towards the police seemed to be negative, Marie

highlighted the efforts made by local police services to be more inclusive and to be

involved in LGBT community events. While perceptions may, therefore, be largely

negative and people were reluctant to reach out to the police for help, there was some

acknowledgement of attempts by authorities to try and change perceptions and build

connections.

Much like participants, the literature noted people's perceptions on how the police are viewed may be based off of word of mouth and anecdotal stories. As Stotzer (2009) mentioned, there may be a tribal knowledge that one should not trust the police. Some of the perceptions that participants expressed may not have been based on transgender experiences, but rather on the common ideas surrounding events such as sexual assault, in which victims may be blamed for the violent incident (Women Against Violence Against Women, n.d.). These perceptions may be difficult to overcome. Specific to the transgender experience, participants noted that their presentation and documentation may not align and that this could raise additional questions. All of this compounds the issue, creating situations in which the police and law enforcement may not be trusted. As a result, the violence that transgender people experience may not be adequately reported, and, therefore, it may be difficult to estimate just how much violence transgender people face. Although local police services may be making efforts to involve themselves with the LGBT community, these actions may be insufficient to change transgender people's embedded perceptions.

Other Resources, Supports, and Systems

Formal and traditional supports for violence such as law enforcement and mental health services may not be viewed favourably by transgender individuals. These individuals may be reluctant to seek support and help from systems based on negative perceptions that they will not be able to access help or may be further victimized. In addition, negative views and experiences with other systems such as health care may also limit the ways in which this population can access help. Even with systems not directly related to care and help with issues around violence and gender identity, transgender

individuals may face increased scrutiny and additional challenges. In terms of government documentation (e.g., a driver's licence), a physician's note may be required to obtain the appropriate marker placed on the document. For those who have not started transitioning, they may not be able to obtain a marker on their government identification and documentation that matches their gender identity. All of these negative perceptions and added difficulties may reduce the resources and supports that this population might seek.

Some resources seemed off limits to participants, such as law enforcement, as detailed in the previous section. In George's example, resources relating to intimate partner violence were deemed to be inaccessible due to being transgender and identifying as a man, as I further explore in the Intimate Partner Violence Resources subsection below. Outside of these formal resources other supports may be accessed. Participants identified several resources and supports that may be able to help with coping with experiences of violence. These supports included family and friends, the Internet, the workplace, and LGBT groups. However, these supports are not universally available and may come with their own problems and risks of violence.

Intimate partner violence resources. While their experiences were unique to those of other participants, George discussed the difficulty that they had finding resources to assist with intimate partner violence. Aside from the difficulty with the law and the limitations of legal definitions, they also discussed the problem of finding resources to support them in dealing with the situation (George). George said that they had gone to the women's shelter and "found that wasn't really a very good fit because they didn't really have any trans-specific services and all their services for men were aimed at

perpetrators. So there was like, this gap for male survivors." This seems to have presented a problem for George on two fronts, first being unable to find transgender-specific services, and second being unable to access any support groups or resources as a male. What resources they did manage to find for male survivors was "for male survivors of childhood incest and sexual assault" (George).

This lack of support seemed to extend beyond groups and in-person resources for intimate partner violence. George also discussed the problems with regards to books aimed at survivors of intimate partner violence. These resources too seemed to be aimed at women survivors. George tried to read the books and said, "Whenever I read that, my mind would just kind of like twitch, and I just would be like, 'This book is not about me. This is not about my healing. This is a woman's healing.'" In addition, George reported that the books often had sections regarding genitals or femininity, which seemed to be exclusionary. George noted that the books may not have worked for all women:

> Not all women have vulvas; there's trans women too and . . . not all women are
> feminine, there's butch women, lots of them, or women who don't really, you
> know, have that fixed gender identity, or what have you. I don't know, I think as
> a trans person that there was like . . . a bigger stumbling block maybe for cis . . .
> than it was for cismen.

The language used in these books may be additionally problematic and retraumatizing for transgender individuals. The lack of gender-neutral language may reinforce some of the problems and violence that transgender people have experienced previously, as George discussed regarding their own experiences: "But as a trans person who's had my gender identity invalidated through my whole life; kind of to see that again, this literature that's

supposed to be supporting me was just another trigger." Therefore resources and supports for specific issues, such as intimate partner violence, may not be inclusive for those who do not fall within the male or female/masculine or feminine dichotomies.

Friends and family as a support. Another possible form of support for dealing with violence may be friends and family. Within the LGBT community, these supports may not be available, especially for families that may disown children who come out as gay or transgender. Emily stated that she followed some advice and told her parents about her condition, as she referred to it. By telling her family it "gave them control, and they used that control in such a horrible manner" (Emily). As a result, she was no longer in contact with her family. Emily explained that had she not told her parents, then she may have been able to continue to contact them:

> [I] would never see my parents, but I would at least have contact with them. I would never be able to speak to them because the voice has changed all that kind of stuff, and I've done stuff permanently to change it, so you can never go back but I. . . . But at least I would have some kind of, like I could write letters to them.

Participants' perceptions of friends and family were divided, with three participants identifying these two groups as being a big support, whereas others did not see these social supports as being available to them, as demonstrated by Emily's comments. However, participants often identified friends as being a primary resource and support, whether in person or online. Four of the participants identified that their family and friends were supportive for the most part. For example, Vanessa said, "I've been really lucky. Everybody, everybody in my life supports me. With the exception of my little

brother. But he's a jerk, so I don't really care. My parents are awesome; my friends are

all amazing." George and Jacob also identified that friends were important supports for

them. However, participants may not call on all friends for support, and Jacob mentioned

that "usually it would be with a friend that is . . . either knows a lot of trans or is trans or I

know has got trans friends that really understand." Understanding and support from

friends and family seemed to be forms of assistance that participants could access over

traditional support services, such as mental health and law enforcement.

Seeking support from outside: The Internet, workplace, and LGBT groups.

Participants identified several other resources as being possible supports for transgender

people when dealing with violence including the Internet, the workplace, and LGBT

groups. The Internet was mentioned by a two participants, and it was viewed as a

positive resource. The workplace had mixed results, with some identifying that they had

had positive experiences within their workplaces and others expressing concern regarding

how they would be perceived, having negative experiences within the workplace, or

discussing the perceived difficulty of being transgender or transitioning in certain

industries, such as oil and gas. Finally, several participants identified LGBT groups as a

possible resource, although one participant did not view these groups as a resource and

would not choose to access them.

The Internet was identified as a possible resource in terms of information,

connecting with others, and as a way to aid in transitioning. While not always helpful,

and not always the safest way to do so, the Internet provides a method for people to

access more information. Vanessa talked about her experiences on the Internet, stating

that in some ways it was helpful, although not always:

And I met a bunch of people online, trans people online. . . Reddit was a resource I found, which was also really alienating, running into people here. But I finally met people who were a lot more like me, who had no real . . . idea, the way that some trans people do, that we were trans from an early age, and people who are still struggling.

Marie also discussed how she had purchased hormones off of the Internet. People who may not have access to medical services or may wish to not utilize them can purchase hormones off the Internet. While Marie said that she did not know about the process of how to transition when she decided to order the hormones, it is possible that this may be a way for individuals to bypass the medical system with regards to accessing hormones for treatment.

Several participants discussed the workplace as either a support or a detriment. In Alberta, one of the more prominent industries is oil and gas. The trades are also a major area for work. As Gorge noted, these industries may be perceived as being less open to transgender people:

In Alberta, a lot of the great paying jobs people can get are in like, the trades, and the trades is really well known for being a very like, homophobic and transphobic environment. And I have known people who have been fired from their trades jobs when they came out as trans.

George went on to discuss how it may be different for transgender individuals, as they may not know how their workplace will support them. George mentioned the example of sexism being acknowledged and unacceptable in the workplace: "Whereas I feel like, if you know, someone was working retail and someone came in and had that same

experience with trans violence, it's kind of like a mixed bag if they'd be supported by the workplace or not." However, both Vanessa and Marie discussed how they found their workplaces to be at least somewhat helpful and accepting. Vanessa stated that she started to apply for jobs before she started hormones, and that in the industry she worked in, "nobody looked at me twice." Despite being employed in a workplace that seemed to be accepting, she did fear discrimination: "Being trans, that they might not hire me" (Vanessa). On the other hand, Marie said that she spent time researching companies in order to find a supportive workplace:

> And I started taking a list of Fortune 500 companies who had gay–straight alliances, and I started going through there, and I applied to a handful of them, [Company name] being one of them. And I got the interview for a one-year contract, and I walked into the interview and told my boss straight up.

Marie reported that she was able to transition at the job once she made the decision to undergo the process. It seemed as though finding a supportive work environment helped Marie to transition and provided support for her.

One final resource that participants mentioned was LGBT groups. Although not all participants identified this as a resource, Vanessa and Jacob did find LGBT groups to be supportive. In addition, much of the recruitment for the study was done via LGBT groups, which may indicate that participants were at least aware enough of these resources to see and respond to the advertisement. Vanessa discussed a transgender-specific group within a local LGBT centre. She mentioned that the presence of the group and the set up allowed for issues that may be more salient for different groups to be discussed, specifically that "the old ones were typically older transwomen who had

transitioned in their 50s. And the young people couldn't really relate to that." Jacob

mentioned that the local LGBT group has

> a support group that meets once a month. And the great thing about the . . .
>
> [Centre] is that it's there for the LGBT community but the volunteers are all trans
>
> people. So it's really interesting when you walk in the door. . . . You're walking
>
> into your community. It's a really good feeling.

This presence seemed to help build a sense of community and belonging. In addition, as

mentioned earlier, many resources in terms of mental health were communicated by word

of mouth. LGBT centres may provide an avenue for finding appropriate care and

services that are able and willing to work with transgender clients.

However, there may be a downside to LGBT groups. Stone (2009) discussed the

addition of the letter *T* to the LGB acronym and the level of discrimination that

transgender people may face within that group. Vanessa also discussed the inclusion of

transgender people in the LGB community, stating,

> Like I say, we're at the end of an alphabet soup. It's not the placement that I care
>
> about so much. It's the, so often, we're kind of pushed to the side because our
>
> problems aren't so glamorous. We don't have, you know, trans eye for the
>
> straight guy or something. We don't have some cute little marketing makeover.

Transgender people may have less visibility in this group and, therefore, may not feel

included or supported by the group as a whole. George touched on the representation and

visibility in the LGBT community as well.

> And there's not as much trans visibility. And even if we like, you know, have
>
> pictures of "beautiful people," like on the posted for like some pride events or

general LGBTQ [lesbian, gay, bisexual, transgender, and queer] community

events, they're always like skinny or muscular if they're dudes, or like skinny and

large chested if their women, all that stuff. And those things don't necessarily . . .

I think they're oppressive from a feminist standpoint, but also form a transphobic

standpoint because you know, those don't really look like trans bodies and you

never really see like, trans people seen as those like sexual icons in the

community or just icons in general. (George)

This lack of visibility and sense of belonging may alienate transgender people from the

very group that should be inclusive and support them. While some transgender-specific

programs may provide support, the general community as a whole may not be as

available to this population. As George noted, the adherence and reinforcement of beauty

norms may in fact be discrimination against transgender bodies.

Various informal supports may be available to this population, as the participants

mentioned. Friends, family, and supports outside the home with the inclusion of the

workplace, Internet, and LGBT groups may all be places that people can go to access

assistance and help with experiences of violence. However, even these informal supports

may not be fully available and may vary on a case-by-case situation. Similar to more

formal supports, informal sources of help can also be avenues for violence. As

previously discussed, friends and family may be the perpetrators of violence. This was

reinforced by Stotzer (2009) who found that both friends and family were among the

perpetrators of various types of violence. Therefore, this population may be at risk when

seeking informal supports. It may not be possible to know how the people in their lives

will support them and react to them. This may be due to prevalent societal perspectives and how society treats those who deviate from the traditional gender binary.

Societal Reaction

North American society tends to emphasize the idea that sex and gender are bound together, which George mentioned when discussing these issues: "I think people are so invested in the gender binary." As such, those who fall outside of the gender binary may be subjected to violence and discrimination, as discussed. Even when interactions may not be violent per se, transgender individuals may be subjected to stares, invasive questions, or additional scrutiny. Vanessa discussed the importance of gender to transgender people versus cisgender people:

> To trans people, it seems like your gender is absolutely everything, but to everybody else, it's not that big of a deal. And it's . . . it's really difficult to not see it that way. I think that everyone's ganging up on you, but people are just genuinely, they have no frame of reference, so they're curious.

Vanessa also commented that "a lot of people never . . . really think about gender, except when you know, it's in our face I guess. Trans people are kind of necessarily in people's faces, because it's a hard process." The visibility of being transgender allows people to notice transgender individuals and to pick up on the differences.

The incidents of violence that participants experienced were deemed to be in response to each participant's gender identity and presentation. Participants' perceptions about their experiences suggested that the violence, discrimination, and more negative interactions may have been based on society's reaction to their visible lack of adherence to the traditional gender binary. These reactions may have been due to curiosity,

ignorance, or fear among others. In some cases, people may not be aware of gender

identity and, therefore, may be reacting to transgender people based on something else,

such as homophobia. George further discussed this subject:

> They're seeing someone whose gender they like, you know, like they see a
>
> masculine woman when they see you or they see an effeminate man. . . . So it's
>
> that gender variance is what they're reading as gay. Whereas, you know, when
>
> they're reading gender variance they're reading transness, but they maybe don't
>
> have a language for that.

People may not be aware of gender variance and that gender identity does not have to

coincide with assigned birth sex. In addition, society relies on the gender binary and may

have a limited view of gender and sex.

> It's always implied, it's like implicit in all situations that there's two genders. So
>
> any time anybody, you know, a very masculine woman or effeminate man, people
>
> only have a few different reactions. You know, there's like effeminate men,
>
> obviously they must be gay and masculine women must be butch dykes and all
>
> this stuff. (Vanessa)

Being confronted with people who are transgender may bring up an awareness that the

person did not have before and may cause them to question their own gender and their

own identity. Jacob mentioned this alongside the role of ignorance and fear:

> Other people's ignorance, other people's fear. . . . Having to question. . . .
>
> Because when you throw that out there, people suddenly have to question their
>
> own gender and their own place in the world, and I think that it scares them. And
>
> I think that's what it is. I think it's fear based.

The reactions that people may have towards transgender people can vary from stares to questions and may even escalate to violence. Emily presented several reasons that these reactions may exist.

> First and foremost, not understanding, lack of knowledge. Secondly, deep cultural or religious teachings that have been ingrained since childhood. Third, psychological pressure. Or no, not sorry, not psychological, social pressure. And . . . you know, the policing of gender. Finally, the big one. the hierarchy of everything. (Emily)

The hierarchy that Emily referred to is based off of the perceived social standing among North American society. The hierarchy she mentioned starts with cisgender heterosexual white men, followed by cisgender heterosexual white women. According to Emily's hierarchy, transgender people fall at the bottom of the hierarchy.

> One way that may mitigate the reaction of society may be to go stealth. For those who are able to pass as their preferred gender, they may choose to not reveal their transgender status. Vanessa, George, and Emily all talked about going stealth. For George, the role of discrimination and systemic violence played a part for why people may want to go stealth:

> [There are] reasons are why people choose to live stealth, like, they choose to not let people know they're trans just because there's so much discrimination. Which I feel like is not really fair to people to make them live like . . . in the closet or stealth, they shouldn't have to hide that they're trans.

Vanessa also knew people who were living stealth: "Most people I know just keep their nose down. Just trying to get through this I guess you could say. A lot of people, you

know, go stealth and try to move on, put it behind them." Emily, who had the furthest level of transition among all the participants, said,

> [I'm] just trying to be female and have the same opportunities and same
> challenges as any other female. I don't want to be seen as, and people see it all
> the time, before during transition, they have the one stupidest thing in the world.

Emily was afraid of being outed and her transgender status revealed:

> Not a single day goes by without some fear of it passing through my mind, always
> preparing for the worst and always hoping for the best. Because, as each day
> passes and people keep reconfirming my new identity, [I] start to relax a little.

Being able to pass as their chosen gender seemed to allow transgender people to move more freely within society. Marie said that she was "relatively passable," and as a result that people either did not know that she was transgender, or if they did that it had never come up. Vanessa also commented on the ability to pass: "People stopped staring at me, when I entered a room. That was . . . amazing." She said she felt a relief of tension, which allowed her relax and become more confident. Overall, it seemed that the better participants were able to pass as their preferred gender, the less reaction that they got. However, despite the ability to pass, the fear remains that they may be outed, or, as Vanessa said, "I'm always, in the back of my mind, I always have the fear that anyone can challenge me at any time, right?"

Overall, society seems to have the potential for a negative reaction towards those who do not adhere to a gender binary. Some individuals may police gender, and one way of doing this is through violence. While there may be many reasons and motivations behind the violence that transgender people face, part of the reason may be due to other

people's fear, ignorance, or a lack of awareness and being faced with confronting their own ideas and gender identity.

Transgender people are a minority group and as such may receive similar treatment as other minority groups. As transgender people slowly come to the forefront, society will need to alter its view and reaction to this group. Being able to pass as one's preferred gender and go stealth may be one way for transgender people to deal with the discrimination and violence that they face from society; however, larger societal change is in order. Already, the way that society views and treats transgender people may be changing. Jacob commented on this shift, saying, "A lot of the younger ones [transgender people], I'm really happy to say, seem to be getting treated a little better."

Summary

In the interviews, each participant discussed their own experiences of violence. While I found some similarities among the findings, such as the verbal street violence, each participant had a unique story with regards to violence. As such, a saturation point was not reached, but this also illustrates the breadth of experiences and speaks to the unique understanding that being transgender presents. While there may be some commonalities among them, it is important to remember that each story is different and unique, and there is no one path or way of being transgender. This is further reinforced by the stages of transition that each participant had gone through or was planning to go through.

As mentioned, all of the participants experienced verbal violence in the form of slurs and inappropriate, invasive questions, predominantly from strangers. While this was the most prevalent and shared experience, participants also discussed several

instances of physical and sexual violence. Another form of violence that participants identified was systemic violence. Participants shared the ways in which systems may be violent or discriminatory. Examples included longer wait times for STI testing, problems regarding public washroom use, long wait times for transgender-specific care, and ignorance regarding transgender care. Participants also identified the added stress and complications of having to change documentation and the problems of holding documentation that did not represent their presentation.

These experiences had an impact on all of the participants. Much of it was a psychological impact, resulting in depression, anxiety, or PTSD in some of the more extreme cases. Kenagy (2005a) conducted a study of transgender people in Philadelphia and found that 30% of the participants felt that they were unsafe in public and that 19% were uncomfortable in public. These sentiments were echoed in this study. The violence that the participants had experienced created situations in which they may have felt unsafe and changed their behaviours and habits as a result. This can be very disruptive and may result in additional problems. While experiencing violence may be traumatic for anyone, when coupled with being transgender, these incidents may lead to additional problems. Two participants commented that the violence that they experienced led them to question or delay their transition. This delay can be especially problematic, as this population is at a higher risk of suicide (Clements-Nolle et al., 2006; Kenagy, 2005a, 2005b; Risser et al., 2005; Testa et al., 2012).

Despite the impact that violence and being transgender had on these participants, they did not all seek help. Participants viewed mental health and health care services with some concern regarding the care that they would receive. The participants who did

seek mental health care spoke of the difficulty of finding appropriate care that they felt would help them. While mental health may have been helpful, it was not always easy to find, and accessing these resources involved the risk of finding someone who was not helpful or who may cause further harm.

None of the participants had reported any of the violence they experienced to police. This may be due to the fear that they would face scrutiny, especially when their documentation did not match with their presentation. Participants also ran the risk of further victimization at the hands of law enforcement. Police may not be seen as a resource in times of crisis for fear of how they will perceive the transgender person. Although some police services may try to encourage and foster relationships with LGBT populations, these initiatives may not be having the desired effect. Instead, participants turned to other possible supports, including friends, family, the Internet, work, and LGBT groups. Although these informal supports were not an option for all the participants.

Like most human experiences, the five participants in this study had unique and detailed stories. While there were some similarities and commonalities, it is difficult to provide one common example of being transgender. Participants described a range of experiences, both with regards to violence as well as with the development of gender identity and transitioning. The examples in this study may differ from examples found in other places, such as the United States. However, they demonstrated the impact that violence can have and the lack of resources that this population may have access to. Even supports that transgender people may think would be useful may be fraught with risk and harm. Simple decisions, such as whether or not to use the washroom in a public place may be more complicated for this population, whose presentation may or may not

align with their internal gender or their documentation. This can increase the chance for violence and takes an additional psychological toll. Therefore, providing more supportive resources and enhancing societal understanding is key. As Vanessa stated,

> I've tried to create the change I want to see in the world so I think I should have the right to live as I see fit. It's not like I'm juggling polar bears that drink vodka and powered chain saws in front of three year olds. I just, want to be treated how I see myself.

Chapter 5: Discussion

The current study explored transgender people's experiences of violence and how these experiences impacted their willingness to seek support. The previous chapter examined the themes that were developed throughout the interviews, specifically looking at violence and how the participants worked through their experiences, including supports that may have been available. This chapter begins with an overview of the study and its aims followed by a review of the results related to the goals of the study. I then discuss of my own personal journey undertaking the research. Next is an examination of both the strengths and limitations of the study. The last section reviews possible implications of this study, specifically relating to knowledge, practice, and recommendations about the possible directions for future research.

Overview

People who identify as transgender do not adhere to the assumption that gender is binary, with male on one side and female on the other. Transgender individuals may challenge society's perceptions and possible beliefs about sex and gender. For people who assume that sex and gender are the same, using the terms interchangeably, being faced with someone who defies that assumption may cause them to react against the person. One reaction to this population may be in the form of violence. Previous studies have shown that transgender people have experienced various forms of violence by a number of different perpetrators, including strangers, family members, and even police (Clements-Nolle et al., 2006; Kenagy, 2005a, 2005b; Lombardi et al., 2002; Stotzer, 2009; Testa et al., 2012; Witten & Eyler, 1999).

Many of the studies regarding transgender populations are based off of larger survey formats (e.g., Bockting et al., 2013; Bradford et al., 2013; Kenagy, 2005a, 2005b). To gain a better perspective and to delve more deeply into their experiences, a qualitative approach was used. This allowed participants to go into more detail and better explain their experiences, allowing for a deeper understanding of not only the violence that they faced but also their own story of what it was to be transgender and their journey. With this in mind, five participants were recruited from large metropolitan centres in Alberta, Canada. Three of these participants were MtF and two were FtM; all participants had undergone some form of transition. Utilizing a constant comparative approach, each interview was examined independently and then integrated as a whole. From this analysis, several themes were developed. These themes centred around the violence that they had experienced, coping with the violence, and the societal reactions to the participants.

Findings

To better understand the experiences of transgender people, this study focused on the violence that participants had faced and if these experiences impacted whether or not individuals sought out supports and resources to assist them. The secondary goals of this study were to (a) explore the types of violence, (b) determine who the perpetrators of violence are and whether the perpetrator influenced this populations willingness to seek assistance, (c) explore any factors that may have increased their willingness to seek help, and (d) look specifically at transgender people's views regarding law enforcement and mental health. The following subsections examine the results within the context of the study's goals.

Experiences of violence. The participants in this study had all experienced more than one violent event or type of violence. Researchers have found that transgender individuals may be subjected to multiple forms of violence and that these violent incidents may span the person's entire life (Stotzer, 2009; Witten & Eyler, 1999). Although four of the five participants were able to recount one major incidence of violence, they also detailed other instances in which violence had occurred, in a variety of settings. The remaining participant, Emily, detailed a long history of violence, beginning at a young age. The experiences that the participants had described included many forms of violence. While I found some similarities between participants' experiences and the specific types of violence they had described, there was no one uniform experience of violence. The violent incidents that participants experienced were influenced by factors such as the acceptance of people in their lives, their ability to pass as their chosen gender, as well as their workplace and the venues that they chose in their downtime such as clubs and centres.

Participants deemed most of their experiences to be due to their gender identity and presentation. Stotzer (2009) discussed the motivation behind physical and sexual violence towards transgender individuals, stating that it was due to a hatred or negative reaction towards transgender people. While that sentiment was reflected in this study, the violence was sometimes more than a negative reaction to people who are transgender. George stated that some of their experiences with violence were based on misogyny. In addition, George suggested that it was not only gender identity that people were reacting to. People may not regularly come into contact with transgender people and, therefore, may not be reading their gender identity. Therefore, a transgender person's presentation

may be misread as homosexuality. Therefore, transgender people may be subject to both transphobia as well as homophobia.

Types of violence. The participants in the current study reported verbal abuse as the most common form of violence that they experienced, including the use of transphobic or homophobic slurs or intrusive questions and comments about their bodies. Three participants recounted experiences of physical violence, including pushing and fighting. In terms of sexual violence, two participants reported incidents of unwanted sexual activity, including unwanted touching. Stotzer (2009), in her examinations of studies on violence among transgender people, found approximately 50% of respondents experienced sexual assault, 20–86% of respondents reported physical violence, and experiences of verbal abuse ranged between 26–56%. Researchers who conducted a study in Virginia found 38% of their sample had experienced physical violence and 26.6% had experienced sexual violence (Testa et al., 2012). Rates of violence may differ based on location, as well as how violence is defined. Since participants were able to self-define and openly discuss their experiences, more instances may have been brought forth in the current study that may not have been evident among a survey format.

Participants also discussed the ways in which the various systems that they interact with can be violent. These experiences of systemic violence may be less overt and may represent a unique struggle for transgender people that cisgender people may not consider. One example of this is the use of public washrooms. For most cisgender people, the choice of which washroom to use is marked and not even considered. However, for transgender people, choosing which washroom to use may pose a threat. If they use the perceived wrong washroom, they may face the risk of violence. George

commented on this topic and stated that the experience of this threat and stress may lead to people forgoing the use of public facilities, leading to an increased risk of contracting a urinary tract infection.

Another form that these systemic instances of violence can take is with regards to documentation. Mizock and Lewis (2008) discussed what they called "daily indignities and injustices" (p. 346), which includes such things as having the wrong documentation. In order to obtain the appropriate sex markers on documentation, letters must be provided by professionals. If a letter cannot be obtained, perhaps due to the individual's stage of transition, then the documentation may not match the individual's presentation. This may cause problems when dealing with officials who examine documents, such as at border crossings or in airports. All of these experiences can cause psychological and emotional effects and may further impact the other forms of violence that this population experiences.

Systemic violence was not limited to documentation and government systems. Participants reported workplace discrimination and violence and also described systemic violence among the health care systems. This violence included experiencing longer wait times for certain types of care and receiving inappropriate care or having to educate care providers about transgender health issues and concerns. In a study conducted in Virginia by Bradford et al. (2013), 41% of the sample reported experiencing discrimination in housing, employment, and health care. Within health care, while a majority (60%) of Bradford's et al.'s participants had a primary care physician, "20% reported they had to educate their PCP [primary care physician] about their health care needs" (p. 1825). Xavier et al. (2013) conducted a series of focus groups with transgender participants and

found additional barriers to health care included concerns about insensitivity from practitioners, disrespect, and having health care providers who were unwilling or not trained to treat them. Furthermore, transgender people who have intersecting minorities, such as being part of an ethnic or socioeconomic minority, may experience additional discrimination (Shires & Jaffee, 2015). Therefore, transgender people may not have access to competent and capable health care. In order to receive the care that they need, transgender people may have to be more forward and educate their providers regarding their treatment, which may be uncomfortable for some people.

In addition, participants in this study discussed how being transgender excluded them from certain industries due to the perceived stigma that existed among coworkers. Transgender people may be dependent on the employment in order to pay for treatments, drugs, and services that may not be covered by insurance. In addition, transgender people face the dilemma of whether to disclose being transgender at a workplace. They may face discrimination with regards to employment, such as not being hired, job loss, or hostile work environments (Xavier et al., 2013). A person's inability to pass may lead to discrimination in the workplace as well and may cause complications with coworkers (Xavier et al., 2013). Therefore, transgender people may be forced to go into sex work in order to make money (Xavier et al., 2013). Mizock and Mueser (2014) conducted a study on employment and discrimination among a transgender population. They found "transgender participants who were working were more likely to report experiences of internalized and external stigma" (Mizock & Meuser, 2014, p. 151). Jacob mentioned that he had experienced violence at work once his gender identity was revealed. George also discussed the concern regarding safety in the workplace and the uncertainty of

whether the workplace would support them should an incident occur. Marie, on the other hand, took the time to seek out a place of employment that had an LGBT friendly policy that would allow her to transition while working. Transgender individuals may face economic hardship due to limitations with regards to the workplace. They may face discrimination, violence, or stigma related to their presentation.

 Perpetrators. Participants identified that the majority of verbal violence was by strangers, whereas violence towards the body tended to be largely by someone known to the participant. Similar to the current study, Stotzer (2009) found, among studies reporting the perpetrators of violence, strangers and people who were not known to the victim were the largest perpetrators of verbal abuse and harassment. Within this study, participants who had experienced physical violence included strangers and coworkers. Other researchers have also found high rates of strangers perpetrating physical violence against transgender people (Stotzer, 2009; Testa et al., 2012). Other perpetrators of violence include people known to the victim, such as acquaintances, family members, or partners (Stotzer, 2009; Testa et al., 2012). With regards to sexual violence in this study, perpetrators included partners and strangers. However, Emily's experience with sexual violence was unclear who the perpetrator was and whether she knew the person beforehand. Similarly, other researchers have found that perpetrators of sexual violence are more often someone known to the victim (Stotzer, 2009; Testa et al., 2012).

 One of the goals of this study was to examine whether the perpetrators of violence impacted whether or not transgender people reported the violence. However, all of the participants stated that they did not report any of their experiences to the police. As a result, it seems that the perpetrator of the violence did not have an impact on whether or

not the violence was reported. George did comment that they would have liked to report the violence of their partner to the police. Unfortunately, they felt that they could not have accessed the system and obtained a restraining order, due to limitations of the system and the violence and abuse that they had experienced. Therefore, while none of the participants reported violence, it is possible that having a partner as the perpetrator of violence may have a small impact on whether someone would report it or not. This may be in part due to the close nature of the relationship and the possibility of obtaining a restraining order to attempt to prevent further victimization.

   Impact. Violence can have a major impact on people, and transgender individuals are no exception. Depression, anxiety, somatization, and PTSD may result from violence, discrimination, and transphobia (Bockting et al., 2013; Mizock & Lewis, 2008; Nuttbrock et al., 2014). Nuttbrock et al. (2014) examined depression and gender abuse in a sample of transgender women. They found that rates of depression were five times higher among transgender women than nontransgender women (Nuttbrock et al., 2014). In addition, any type of abuse was associated with an increase in the risk of depression (Nuttbrock et al., 2014). The participants in the current study discussed the impact that the violence had on them and listed depression, anxiety, and PTSD. Vanessa discussed how her experiences of violence led her to avoid certain situations and to change her habits. George reported having PTSD after their experiences with an abusive partner.

   One of the assumptions that I held prior to commencing the study was that suicidal ideation and attempts would arise during the interviews. Several studies have found that there may be high rates of suicide attempts ranging from 21–32% (Clements-Nolle et al., 2006; Kenagy, 2005a, 2005b). Including suicidal thoughts, the number of

people who reported these thoughts increased to 48% (Kenagy, 2005a). Kenagy (2005a, 2005b) reported that of the 31% of participants who attempted suicide 67.3% said it was due to being transgender. Clements-Nolle et al. (2006) examined suicide among transgender people and found that the risk factors for attempted suicide were similar to those of other people within the LGB community. However, among these risk factors, which included age, substance abuse, and a history of forced sex, Clements-Nolle et al. (2006) also found that gender-based victimization and discrimination were factors. Similarly, Mizock and Lewis (2008) raised the issue of suicidal ideation being a response to transphobic events. Testa et al. (2012) found among transgender women physical violence was related to higher suicidal ideation and sexual violence was associated with suicidal ideation among transgender men. When it came to suicide attempts, "for both trans women and trans men, both forms of violence were associated with history of suicide attempt" (Testa et al., 2012, p. 456).

Three of the participants directly stated they had either thought about or attempted suicide. George commented that the highest risk of suicide was during transition, specifically after the decision to transition had been made but before transitioning was finished. The process of transitioning may take a long time to complete. As George noted, transgender people may be at an increased suicide risk due to this long process. This time period may also be when transgender people experience more violence, as those around them may pick up on their presentation and they may not pass as well. Therefore, transgender individuals may already be at an increased risk during transition, and gender-based discrimination and victimization can add to these risk factors (Clements-Nolle et al., 2006).

Perceptions of supports. The main aim of this study was to examine transgender people's experiences of violence and how they utilized supports. There are a number of reasons why transgender people who experience violence may need to access support systems. For example, they may turn to the police to report the violence they experienced, or to various health services to deal with the physical and emotional impact of violence. In addition, being transgender requires some interaction with various systems and supports. As detailed in the Types of Violence section, systems themselves may be violent towards transgender individuals. Therefore, transgender people may need to access various supports in order to help them through their experiences of being transgender and to work through some of the systems and the process of transitioning. The following sections look at how transgender people may view health care services, the law and law enforcement, and alternate supports.

Health care. Some researchers indicated transgender individuals may be refused treatment or may receive inappropriate treatment based on their transgender status (Kenagy, 2005a, 2005b; Witten & Eyler, 1999). Care providers may be unaware of how to work with this population or how to address their specific needs. The issue of finding competent, knowledgeable, and timely care extends into other areas of the health system as well. Kenagy (2005a, 2005b) conducted two studies in the United States and found between 62–67% of respondents had a family doctor. Despite difference between the American and Canadian health care systems, Kenagy's (2005a, 2005b) findings may extend into Canadian health care as well. George mentioned that while they had a transgender friendly family doctor, not everyone who is transgender has access to such a resource. Transgender individuals may choose not to divulge their transgender status to a

family physician (Bradford et al., 2013), and, therefore, may be at risk for additional medical problems as a result.

As previously mentioned, it may be difficult for transgender people to access care in a timely fashion. For both general health and mental health care, transgender people may experience long wait times. For example, participants in the current study raised the issue of STI clinics. Two of the participants reported longer wait times after they had begun transitioning. In addition, George mentioned that the policy of the STI clinic was based on genitalia as opposed to patient preference. In addition, two participants reported that the wait list for the primary psychiatrist in Alberta for gender identity was up to 2 years long. In terms of access to a psychiatrist for nongender-related care, Vanessa also stated that the wait list was several months long. In addition to the mental health concerns that this population may experience, transgender people need to see a psychiatrist in order to transition. Due to the long wait times, transgender people may not be able to access interventions when needed. In the case of Vanessa, she was able to overcome what she was going through without the aid of mental health services. However, this may not always be the case, and the lack of access to these services may have a terrible outcome for other transgender people.

Similar to finding adequate health care, finding satisfactory mental health care can also be challenging. Kenagy (2005a) reported some of her participants had been refused counselling support as well as medical care due to being transgender. Among the participants in the current study, those that sought mental health services had some difficulty in finding appropriate services. Some participants reported contacting several different therapists in order to find one they worked well with. While this may be a

common experience among other populations, transgender people may face an additional challenge. Due to the low prevalence rate of GD and people who identify as transgender, it may be difficult for transgender people to find competent care. As Jacob mentioned, "You have to take the risk." Transgender clients may need to put themselves into a vulnerable position to receive counselling services, even when it may not be related to their gender identity. Medical centres that lack culturally competent care have the potential to retraumatize people (Mizock & Lewis, 2008).

The perceptions of the care that transgender people receive in terms of mental health services may be mixed (Xavier et al., 2013). The participants in this study described both positive and negative experiences with mental health. Four of the participants in the current study had sought counselling services. Those participants identified counselling as having the potential to help with regards to experiencing violence. Two of the participants mentioned counselling as a way of working through some of the trauma they had faced. Although she did not access counselling services, Marie stated that she might have benefited from counselling after her physical altercation with a group of strangers. However, seeking out counselling services may come with some risk, such as meeting with a counsellor who is hung up on gender and may not appropriately address transgender clients' issues and concerns. Participants in this study found that mental health providers sometimes provided inappropriate care or focused on their gender identity as opposed to other issues. This was echoed in the research, as Xavier et al. (2013) reported transgender participants expressed mixed attitudes when it came to mental health care and finding providers that had the expertise and compassion to work with this population.

Participants in this study also raised concerns regarding transgender-specific care. At the time of this study, only one primary psychiatrist was available for transgender-specific care in Alberta, with no other options available to participants. Therefore, participants had no choice in the care that they received. Vanessa discussed how it seemed as though there was a rhetoric that needed to be followed in order to receive treatment. Emily echoed this and commented that there was a need to "sing" to get treatment. Transgender individuals may feel that there is a need to adhere to a certain way of thinking, and they may be coached in what to say or how to act in order to receive the treatment that they need (Pimenoff & Pfäfflin, 2011).

Shipherd et al. (2010) found that there were five barriers to mental health care. These included the cost, hearing about other people's negative experiences with mental health, not wanting to talk about their personal life, not wanting to talk in groups, and being worried about being put on medication. The participants of this study also identified some of these barriers to health care during the course of the interviews. With regards to cost, Vanessa had to stop seeing her therapist due to the loss of her job. Participants described their own negative experiences with health care services, which acted as a barrier, as opposed to hearing about other people's negative experiences, as found by Shipherd et al. (2010). Finally, another concern was related to the medication. Whereas Shipherd et al. (2010) reported transgender people are concerned about being put on medication, Vanessa expressed her concern of being taken off her hormones. The apprehension of medication being taken away and that one's transition may be halted due to mental illness may create a lack of trust with regards to health services.

Overall, participants' perceptions regarding health care were mixed. Long wait times for various forms of care are a barrier to receiving some forms of treatment. Finding culturally competent care seemed to be difficult, but beneficial when it was available. Participants who had accessed mental health services described some positive experiences, even though it took some time to find appropriate care that they felt they could work with. However, it did not seem that mental health services were necessarily thought of as a first resource or support among all the participants.

Law enforcement and the legal system. Overall, participants had a negative view of law enforcement. None of the participants stated that they had reported any of the violence that they had experienced to the police. In part, this was due to a lack of trust in the system. Participants seemed to question the point of reporting violence, as the police may not take the matter seriously or nothing would come of it. Much of the violence that the participants had experienced was verbal violence, which may be harder to prove or pursue. For example, George, who wanted to report the violence they experienced to the police and obtain a restraining order, felt that the police would not be able to help. In part this was due to narrow legal definitions that they felt did not appropriately capture the situation. George experienced sexual coercion and felt that the incident would not fall within the definitions of sexual assault; therefore, they saw no reason to pursue reporting it to the authorities.

There may be a number of reasons why transgender people would not seek out the assistance of law enforcement and the legal system. Researchers have suggested transgender people may experience a larger number of unjustified stops and arrests, due in part to the notion that transgender people are linked with sex work (Stotzer, 2014). In

addition, there may be concern over how they will be treated by the police (Stotzer, 2014). The participants expressed concern that they would be scrutinized for their gender identity and that reporting the violence may impact them negatively, putting the focus on themselves, rather than on the incident that had occurred and the person who had perpetrated it. In addition, the potential discrepancy between transgender people's presentation and their documentation may cause them to be under additional scrutiny and may raise more questions about victims than the incidents they report. Stotzer (2014) listed a several reasons that transgender people may not choose to report experiences of violence, including being uncomfortable about law enforcement and concerns about further abuse and discrimination. George discussed the idea of police discrimination and expressed the fear that the system "might use . . . [being transgender] as a way to discredit me or something." They followed up saying that being transgender may be assumed to be some "weird sexuality" (George), which brought blame upon them. In another paper that reviewed studies about violence among transgender people, Stotzer (2009) mentioned that interacting with the police was possibly traumatizing and that this was common knowledge within the community. Of the study's participants, Marie seemed to have the most positive view of police, although she still identified that it was possible to have negative interactions with police officers. Marie noted, "If you even end up with one or two asshole cops or one alone who doesn't want to help you, you can go to other cops or just go back the following day and re-launch your complaint." However, this may not always be an option for people. Having to retell the story of victimization may be traumatizing, and returning to recount the event multiple times may be too disturbing and can act as a barrier to receiving help.

Although the participants in this study did not think that reporting their violent experiences to the police would be helpful, they did have some trust in the police. While they may not have gone to the police for any of the violence that they suffered, two of the participants stated that they would report a violent incident to the police if the event affected other people. For example George stated that they had called the police because of a suspected domestic violence. Jacob reported that if he had experienced a sexual assault he might have reported it in order to help other people. For Vanessa, if her physical altercation had been worse, such as involving weapons or broken bones, she said that she would have considered reporting the incident. Therefore, while accessing the police might not have been seen as an option for themselves, participants did have some trust in the system.

Alternative supports. Participants discussed a number of other resources throughout the interviews. These resources included domestic abuse supports, the Internet, LGBT groups, and friends and family. George reported that they had tried to access resources and supports for domestic abuse survivors. George found these resources were problematic, as they were triggering and did not relate to their lived experience. Participants noted alternative resources may not be accessible to transgender individuals. In addition to problems with language and assumptions about survivors, such as most survivors being female, Seelman (2015) found that a small portion of transgender people received unequal treatment at domestic violence shelters and in rape crisis programs in the Unites States. The treatment that transgender people received may have also been additionally complicated by possible intersecting minorities, such as ethnicity or socioeconomic status (Seelman, 2015). Therefore, while transgender people

may experience domestic violence, they may not be able to access adequate and culturally competent care that they can relate to.

Due to the potential gaps in knowledge and care among medical professionals, transgender people may need to engage in finding social networks and doing their own research (Mizock & Lewis, 2008). For Marie, the Internet provided some information, as well as a way to purchase hormones. Some participants accessed LGBT groups as a support and a way to connect with other transgender people. While transgender people may not always feel that LGBT groups are welcoming and inclusive towards them, these groups can provide a means for participants to learn about what services were available and which psychologists or other services were transgender friendly. Transgender-specific programming at LGBT groups can also be beneficial for creating a social network and sharing knowledge.

Finally, participants identified that friends and family were also a source of support with regards to experiences of violence and being transgender. Although family members and friends may be perpetrators of violence against transgender individuals (Stotzer, 2009), they can also provide support. Among the participants in the study, five individuals identified that a friend or family member was one of the first people they told about being transgender (participants were not restricted to one answer), as well as one person who told a partner. Friends and family may be a resource that transgender people turn to when they experience violence. In addition, friends may also include people whom transgender people know through online communities and forums. Having a social support system may help transgender people with various mental health concerns that may be a result of violence. Researchers have found that having peer support can be

a factor in resilience against stigma and discrimination, as well as reduce feelings of depression and anxiety by reducing the use of avoidant coping (Bockting et al., 2013; Budge, Adelson, & Howard, 2013). Therefore, having a social support network that transgender people can access may assist in both experiences of violence and the lasting impact that discrimination can have on this population.

Personal Reflection

This study was my first true exposure to research, and I was unsure of how the process would affect me. Considering the nature of the research, I worried about how hearing stories of people's experiences with violence would impact me. I tried to prepare myself for the worst, based on the research that I had read and hearing stories of the experiences of my friend. I tried to be ready as I could to hear stories of violence, and I expected to hear details about these experiences. I was prepared to seek out my own counselling if needed. However, whether due to my sampling or differences between Canada and other places like the United States, the stories were not as intense as I had anticipated. Although participants' stories were hard to hear, I was able to remain calm and stay emotionally regulated during the interviews.

What struck me most, and what I found most difficult, was transcribing the interviews and reading them afterwards. While the experiences were not as graphic or as arduous as I had feared, hearing how these violent experiences affected the participants was more difficult than I had anticipated. Listening to the emotion in the participants' voices as they spoke of the fear and the impact that it had on them was emotionally draining at times, and I needed to take breaks while transcribing. Reading over the transcripts had a similar effect, and I found myself sometimes becoming upset due to the

incidents they had experienced. While this was at times hard to bear, it also provided me with motivation to keep going, to ensure their voices would be heard and their experiences shared.

Another difficulty was that I questioned my right and ability to undertake this research. As a cisgender female, I questioned my own qualifications. Since I have become acquainted with transgender individuals, I examined my own gender identity and how it factors into my life. Previously, I had hardly considered gender identity and expression, but since talking to transgender people and specifically starting this research, I am more cognizant of my own gender and the role it plays in my life. Throughout this process I questioned whether I could adequately undertake this research. However, the responses I received when recruiting participants helped to reaffirm that this research is needed. Many people whom I had spoken to about promoting the study were interested in the research, commenting on the need for more. Talking to participants before and after the study also helped me to feel more sure of myself and my research.

Finding participants for the study proved to be rather difficult. The incidence rate of people with GD is between 0.005–0.014% for natal males and between 0.002–0.003% for natal females (APA, 2013). While the incidence rate for those who identify as transgender may be higher, it is still a relatively small portion of the population. At the onset of this research, due to my choice to use an open definition of transgender in which people could self-select, I had believed that finding participants would be a much quicker process than it ultimately was. While some people did express interest in my research, I was unable to quickly secure participants, and I felt discouraged, especially when some potential participants were unable to set up interview times or did not respond to emails.

Most of my recruitment came through LGBT resources, and I realized that this may be an inherent problem, as I sought to look at which resources transgender individuals either used or did not use. One of my base assumptions was that transgender individuals would see LGBT groups as a support and may be in contact with them. I realized this may have been a part of the problem, as transgender people may not see LGBT as friendly spaces or as a resource that they would use. Researchers had noted the exclusion of transgender within LGBT groups (Morrison, 2010; Stone, 2009), and this may have been a problem. After a period of time with no response, I sought other avenues to help aid in recruitment. I began to look for other areas that might be seen as a resource by transgender individuals. This was an interesting experience, as I attempted to seek out resources that transgender people might see as useful or safe. This experience highlighted the ideas that not everything that might be deemed a resource is useable and that finding an appropriate resource or support can be very difficult, especially for a marginalized minority. I found resources that I had never considered before, such as LGBT friendly churches and other groups. While I experienced the process of finding participants and recruitment to be at times discouraging and stressful, it also presented an interesting view into how individuals may have similar struggles when seeking appropriate help and support.

Strengths

The current study had several strengths that helped to develop further understanding of the experiences of transgender individuals, in addition to examining their use and perceptions of various supports and resources. The strengths of the study

include recruitment criteria, the use of semistructured interviews, and the sampling methods use, among others. Each strength is detailed in the following sections.

Recruitment. Several aspects of the recruitment process could be identified as strengths. All of the definitions were left open to enable participants to self-select as to whether they fit the criteria. This allowed for participants to determine which of their experiences were violent without having to necessarily meet specific criteria. However, not having a clear definition of violence may have also been a limitation, as noted in the Limitations section of this chapter. Transgender, as discussed, is an umbrella term and may incorporate a number of different types of people. Using the term transsexual may imply that participants must have medically transitioned and may have limited potential participants. This study sought to obtain the perspectives of not only postoperative but also pre and nonoperative people, and using the term transsexual may have excluded the latter two groups. Any other definitions of the word transgender were found to be too potentially restrictive. Therefore, my initial committee who approved the study made the decision to not include a definition and to allow participants to self-select into the study if they identified with the term. This allowed for a variety of people at different stages of their transition to participate, if they had chosen to do so.

Another strength regarding recruitment is how the participants were recruited. I used several forms of recruitment and from many different types of locations. I utilized community contacts, including members of the transgender community as well as snowball sampling once participants were recruited. University counselling programs, LGBT groups (both within postsecondary institutions and community organizations), and LGBT-friendly churches were all asked to post recruitment posters. While I did not

record recruitment strategies that were most successful and how participants had heard about the study was, the variety of places allowed for more members of the community to hear about the study and increase the possible recruitment pool. This approach also served to raise awareness of the research being done and elicited interest from different parties regarding it, initiating several conversations about the research.

Contribution to limited knowledge. The current study sought to look at Canadian, specifically Albertan, experiences of violence among transgender individuals. The use of a semistructured interview allowed for more detail to be sought and for an in-depth look at transgender people's lives. In addition, the added element of looking at resource use allowed for an examination of how transgender people view the services that may be utilized for dealing with experiences of violence and their own journey of identifying as transgender. This enabled me to understand what resources are being used and how they are being perceived. While these resources may be working towards being more accessible and transgender friendly, the perception of these resources is important. This study revealed which resources may be succeeding and areas in which they may be improved, as well as uncovered other supports that may be useful.

Limitations

While the study had some strengths, there were also some limitations. These limitations include the sample of participants as well as some limitations regarding the recruitment process and method.

Sample. Two limitations were identified regarding the sample. One is the small sample size. Due to the suspected low incidence rate of transgender individuals, the overall population is limited. The themes presented in this study demonstrate examples of

transgender stories and experiences. However, there was no saturation of themes due to a lack of additional participants and theoretical sampling. The results of this study are possible examples of what transgender people may face but may not be true for all people who identify as transgender. Even among the five participants, similarities existed, but there was still a large amount of variability in terms of experiences and impact.

The first limitation leads into the second limitation regarding the sample of participants; the participants in this study were rather similar. All but one of the participants identified as Caucasian, although one other participant identified as a mix Caucasian and another ethnicity. In addition, all of the participants had some form of postsecondary education, even if they had not completed a degree. This may have had an impact on the sample size and experiences, as other transgender people may not have been to postsecondary education institutions. For example, transgender people who had not attended postsecondary education may experience additional barriers that were not identified in this study as a result of this limitation. Additionally, the ages of participants did not widely vary; therefore, it was difficult to determine how older transgender people's experiences of violence may differ from younger people's. The lack of diversity in various areas may have been a limitation as some groups may not be represented with regards to how they experience violence, how they may view resources and supports, and which resources they may be more inclined to use.

Recruitment. Due to the lack of definition of key terms used in the recruitment advertisements, some people may have selected themselves out of the study. This is particularly pertinent to the use of the word violence. In order to not force potential participants to define their experiences based on preestablished categories of violence and

to allow for an open interpretation, a definition of violence was not stated in the recruitment ad. Although participants did describe different types of violence and provide various examples during the interviews, for individuals who were deciding whether or not to participate no indication of types and severity of violence was given. During the recruitment phase, I did answer questions regarding what constituted violence. My response was that violence could be anything that the individual thought of as violent, and no severity or type was specifically needed. However, one of the participants at the end of their interview had mentioned that this proved to be a limitation. They said that they knew people in the community who were uncertain whether their experiences were violent. Therefore, these voices were lost due to the lack of clear communication about the word violence in the recruitment advertisements.

Missing pilot. Both the interview and demographic interview were initially examined by a member of the transgender community. However, the interview was not reviewed during its final stage, after I had made several changes to the questions based on feedback from my first thesis committee. In addition, the interview and questionnaire were not trialled with any people; therefore, no feedback was gathered on the actual questions with regards to the information that would be gathered. While the person who did look over all the initial documents had provided feedback in terms of language use and sensitivity, there was no feedback on the type of responses or clarity of the questions. As a result, any changes that were made to the questions were done during the study due to participant feedback. One change was made based on the first interviewee's comments regarding language preferences in order to increase sensitivity.

Implications

Some of the following implications are directed at counselling, whereas others may be applied to other services and resources that may work with this population. Many of the listed implications relate to ways in which care can be improved, how programs and services are implemented, and how services can be more inclusive for different populations.

One of the main ways that participants identified improving service was to include transgender people. Participants reported a lack of transgender-specific services as well as limited transgender inclusion. Vanessa illustrated this, stating, "There's progress, but I feel like most trans people I know feel like we just need to create our own resources. The traditional ones just aren't changing fast enough for us." This issue was raised by George as well: "Trans-specific services around mental health and intimate partner violence would be a really good start. Even for intimate partner violence, having more services geared towards men would be like, an amazing first step." These two examples demonstrated there is a service gap for transgender people. Resources and services need to be more targeted in helping this population, and may benefit from including transgender people within the development of these services.

Ideally the participants wanted to see more transgender people within the medical and mental health fields. Vanessa and Emily both talked about seeing more transgender people in the medical field. Vanessa raised this issue, stating, "I guess until I see trans people in positions of medical authority making decisions and suggestions and implementing programs, I'm really skeptical." Emily echoed this, articulating the need to "get people who are transgender in as counsellors and service providers. Easier to open

up to people who have been through it before also." Removing educational barriers for

transgender people may enable more of them to enter into these crucial fields. Even

though it may not be easy for transgender people to obtain these positions, they can still

be included in making decisions related to their care. Vanessa raised the issue of

transgender inclusion with in programs:

> Probably if I knew that programs were put together by people who actually talk to
>
> trans people but at the same time understood that all of our experiences, while
>
> very similar in some respects, are totally different. No two trans people have the
>
> same transition.

Therefore, programs and services should try include transgender individuals to speak on

behalf of their own care in order to be trans-informed.

With regards to counselling practice, practitioners should strive to understand

transgender individuals and their experiences. Reading books written by transgender

people such as Kate Bornstein and Susan Stryker can assist in developing a greater

understanding of gender and the history around being transgender. Biographies about

transgender people may present another alternative. In addition, research that examines

the lived experiences of transgender individuals may be beneficial in informing

counsellors about transgender people's lives. Some practitioners may lack an awareness

of transgender people and be ignorant of their needs and struggles (Shipherd et al., 2010).

Jacob also discussed this issue, stating,

> It's not just like, "Oh, we respect all gender identities and sexual orientations,"
>
> because they don't. They say it on paper, but they don't. So, yeah, to have like, a

little bit better understanding, I think, in the general population, especially in counselling.

Counsellors may also benefit from examining the role of gender in their own lives as well as their own gender identity and gender expression. Cisgender people may not be aware of their gender or have given it conscious thought. Being aware of the role that gender plays in everyday life can help to develop a deeper understanding of how transgender people may or may not be impacted.

In addition, those who are transgender may seek care for problems unrelated to their gender identity and sexual orientation (Shipherd et al., 2010; Walker & Prince, 2010). Counsellors should be aware transgender people may be seeking them out as experts in different fields and should strive to be culturally competent, as they would with any other minority or individual difference (Shipherd et al., 2010). Practitioners may need to educate themselves on many of the issues that transgender people face and adopt a trans-positive stance (Carroll et al., 2002; Walker & Prince, 2010). Since transgender individuals may seek out counselling for a number of different reasons, counsellors should let the client set the pace for discussing their gender identity. Some clients may not seek assistance for gender identity and may not see the need for discussing it. Therefore, clients will be able to obtain treatment for the issues that are pertinent to the client. As clients may be working through several issues, it may be beneficial for therapists to be aware of the client's social supports and recommend additional resources. Therapists should be aware of LGBT friendly supports, however, these may not be beneficial for all clients as some clients may have negative associations with them or may not view the resources as helpful. In addition, it may be necessary for counsellors and

service centres such as domestic violence shelters to look at their policies and the way

that they interact with clients for any unequal treatment of clients, specifically

transgender people and those with intersecting identities (Seelman, 2015).

It is also important for practitioners to know about the history that the transgender

population has with regards to mental health services. Due to therapists' roles as

gatekeepers, there may be a lack of trust with regards to the mental health system.

Practitioners should be aware of this history and how it may or may not impact treatment.

Counsellors should be aware of the history of the WPATH Standards of Care and the

history of diagnoses in the *DSM* (1980, 2000, 2013). It would be beneficial for therapists

and those working with transgender individuals to be aware of the criticism of both the

WPATH and the *DSM* (1980, 2000,2013) and how these criticisms may impact

transgender lives as well as treatment. Some of the participants discussed the rhetoric

and need to give specific answers to obtain treatment with regards to transitioning. In

order to receive treatment and be able to transition, transgender individuals may hide

other symptoms and not seek care out for other problems they may be facing (Carroll et

al., 2002). Transgender individuals may find themselves in situations in which they must

work through other problems before being able to transition, and these other concerns

may be impacted by their need and desire to transition (Mascis, 2011). A further

recommendation is that counsellors working with transgender people be aware of any

possible alternative treatment models and the implications that these models may have.

The violence that transgender people face may be unique in ways that cisgender

people may not even be aware of. For example, the use of the wrong pronoun may be

very damaging and possibly triggering to a transgender individual, as with George.

Being required to hold documentation that does not match their presentation or using

public washrooms may have a cumulative negative effect. Therefore, it is important for

individuals working with a transgender population be sensitive towards their cisgender

privilege and to seek out areas where they may not be transgender positive or can be

more inclusive. Due to the expensive nature with regards to transitioning for example,

there may be a problem with accessing services due to cost (Shipherd et al., 2010).

Making sure that services are accessible and transgender friendly can go a long way

increasing the trust of systems and improving the use of these systems among this

population.

Future Directions for Research

Many studies looking at transgender people have focused on violence and HIV

status. This study aimed to improve counsellors' and the general population's knowledge

of what transgender people may encounter in terms of violence and how they use and

perceive various resources and supports. Only five participants were involved in this

study, but this allowed for an in-depth look at transgender people's experiences within

Alberta, Canada. Compared to other larger format studies, this inquiry differed from

others in that it utilized an in-depth qualitative method, using a semistructured interview.

In addition, since this study took place in Canada, this may help to develop a sense of

what transgender people are experiencing in different areas, as the majority of the

literature was conducted within the United States.

Due to the small sample size and limited geographic area, I recommend that

future research seek to expand to other locations in Canada. It would be useful to

compare how different provinces and cities within Canada treat transgender people.

Certain areas may have better treatment of transgender populations. Since health care is

determined primarily by the provinces, it would be beneficial to compare how

transgender people fare under different systems across Canada. Emily compared the care

in Alberta to that of British Columbia, specifically Vancouver, saying,

> Look at Vancouver. The Vancouver Coastal Health, they actually have a
>
> transgendered group, support group, run by the health care system. That's
>
> amazing. And they have doctors and they have . . . like an actual system in place.
>
> Here it's kind of wishy-washy, flippy-floppy.

Therefore, future research that examines differences between different locations with

regards to not only violence but also service use and satisfaction may allow for better

development of programs and services.

In addition, I recommend further research be conducted on the violent experiences

transgender people face. As mentioned in the Limitations section, the current study did

not define violence, which may have restricted participation. More clarity around

violence may be useful in attracting more participants. One of the participants mentioned

that people he knew had seen the study, but were unsure whether their experiences

qualified. These people may have had unique experiences that may not be reflected in

the current study. Therefore, I recommend more research on violence be conducted to

develop a better understanding of the variety of experiences. Furthermore, research into

systemic violence and the impact of documentation and working with systems would be

beneficial. Participants identified that in order to update much of their documentation to

match their chosen gender, they had to obtain various documents and letters. In addition,

the participants also stated that they had to repeat this process each time they needed to

renew documentation. Therefore, engaging with various systems may have a psychological and emotional impact. More knowledge is needed about how transgender people interact with various systems and bureaucracies and the impact that this can have in order to develop inclusive and supportive policies.

Finally, I recommend that future research focus on existing programs, supports, and services. This study focused on predominately mental health and law enforcement, but also delved into health care supports. However, most of the research presented was within the context of violence, the ways in which systems may be violent, and how systems are used when recovering from violence. Therefore, it may be useful for future research to look at various systems separately within Canada to develop a better understanding on the perceptions and use in order to improve services for this population.

Conclusion

By virtue of identifying as transgender, these individuals transcend the gender binary, which may bring them into conflict with other members of society. As a result, this population faces a number of potential consequences. This can range from daily inconveniences, such as choosing which washroom to use, to violence. Regardless of the severity, these experiences all have an impact on the individual. Even choosing which washroom to use can result in a psychological impact. Due to the visible nature of being transgender, these individuals may be subjected to stares, invasive questions, and violence. Aside from the major impact of violence, which may result in serious mental health concerns, the accumulation of small instances can also have a psychological repercussion, as Vanessa noted, "I just wish that people could see . . . what a harsh impact their words and the way they stare . . . how crushing it is."

In order to be authentic to themselves, transgender people may have to sacrifice relationships, including friends and family. This can leave them with a limited number of resources and supports. It is important that members of this population have the support and help that they need. Violence, depression, anxiety, PTSD, and suicide can complicate the already difficult path that those who are transgender face. For transgender people who desire to transition, these concerns and issues can make their journeys even harder. Limited resources may make it difficult for these individuals to access not only transgender-specific care but all care.

During the process of recruitment, many of the LGBT groups and individuals that I contacted expressed gratitude that there was research being done on this population. This is an area that needs attention and help. As society shifts towards greater acceptance and awareness of gender identity, it is possible that more people will come out and will express themselves as being along the continuum. Hopefully, this awareness will lead to broader gender acceptance within society. As Emily said, "The first place it has to change is through society."

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Appendix A: Recruitment Ad

Participants Needed for a Study on Violent Experiences of Transgender People and
Resource Use

This study will examine transgender people's experiences of violence and how this
impacts their use of resources and supports is seeking participants. This study includes
an approximately 30 minute interview and 10 minute questionnaire.

The inclusion criteria for this study is

1) Identify as transgender
2) Over the age of 18
3) Have experienced violence

The interview will ask participants to share their stories regarding the violence that they
have experienced. If you or someone you know meets the criteria and feels comfortable
talking about these experiences, please contact the researcher Cassandra Weir at [email
address]

This study is for a Masters of Education – Counselling thesis through the University of
Lethbridge. This study has been approved by the Human Subjects Research Board
through the University of Lethbridge and is supervised by Dr. Noëlla Piquette, Ph.D., R.
Psych.

Questionnaire

Name: _____

Age: _____

Birth Sex

Male ____   Female ____

Other (please specify) _____

Preferred Gender: _____

Preferred Pronoun: _____

Sexual Orientation

Straight ____   Lesbian/Gay ____

Bisexual ____   Asexual   ____

Other (please specify) _____

Sexual Attraction

Males ____   Females ____

Both   ____   Other (please specify) _____

Ethnicity

African American   ____   Asian   ____

European/Caucasian ____   First Nations/Native American   ____

Hispanic   ____   Middle Eastern   ____

Other (please specify) _____

Spiritual Beliefs

Christian   ____   Jewish   ____

Muslim   ____   Hinduism ____

Buddhism ____   Pagan   ____

Agnostic   ____   Atheist   ____

Other   _____

How important is spirituality to you? _____

Current Marital Status

Single   ____   Married   ____   Common Law ____

Divorced ____   Separated ____   Widowed   ____

Education

Some high school _____   High school _____   Some post-secondary ____

Certificate or diploma ____   Undergraduate ____   Graduate studies ____

Current Employment Status

Full time _____   Part-time _____

Unemployed _____   Student _____

Casual _____   Retired _____

Other (please specify) _____

When did you first question your assigned gender identity? ___

When did you first accept that your gender identity was different from your birth sex? ___

When did you first label yourself as being transgender? ____

When did you first tell someone you were transgender (if applicable)? ____

Who did you first tell that you were transgender?
_____

Why did you choose to tell that person?
_____
_____
_____
_____
_____

When did you first start expressing yourself as your preferred gender (if applicable)? ___

If applicable, what treatment options have you undergone or pursued?

Counselling ____   Speech therapy ____

Hormone Therapy ____   Chest Surgery ____

Hysterectomy ____   Genital Surgery ____

Other (please specify) _____

What method would you prefer to be contacted by for follow up?

Phone: _____

Email: _____

Appendix C: Interview Questions

Establish rapport for 5-10 minutes prior to starting the interview questions.

Prologue:

Violence can take many forms. These different forms include physical, emotional, sexual, verbal, and psychological violence. Some of these types of violence may be more familiar, whereas others may be less familiar and more obscure. Physical and sexual violence tend to be shown more by the media and get more attention. The media also brings to light hate crimes. These hate crimes may involve multiple forms of violence, including emotional and psychological harm. Many of our definitions of violence may come from domestic violence. Physical violence may include the use of physical force with the possibility of causing harm to another, including disability and death. Similarly, sexual violence is using physical force for the purpose of getting someone to engage in a sexual act that is against their will. Verbal, emotional, and psychological violence are harder to define. These are acts that people determine are violent or abusive. This can include being humiliated, being used, being taken advantage of, and more. These forms of violence may be harder to define, but are also more subjective, and you may find that you have had experiences relating to this that were not done by an identifiable person.

Please tell me about a time you may have experienced violence in one or more form.

When/if you have experienced violence, what do you think it related to?

If violence has occurred, or were to occur again, who would you report it to?

How do you feel acts of violence to you or around you, regarding gender identity, have impacted you?

What resources and support systems have you accessed or would you access to help with violence or mental health concerns? What resources or supports, if any, did you feel you couldn't access?

Have you or anyone you've known ever had any experiences with law enforcement regarding violence or mental health concerns? Would you or anyone you know go to them if you or they were experiencing a problem?

Have you or anyone you've ever known had any experiences with mental health services? What is your understanding of how these services would assist with violence or mental health issues?

What kind of situation would increase the likelihood of seeking assistance for violence, gender identity issues, or mental health concerns?

As you know, I am interested in finding out more about gender identity and how it is linked with violence. Do you have any experiences that you would like to share?

Appendix D: Ethical Approval

The University of Lethbridge   **MEMORANDUM**

TO: Cassandra Weir
FROM: Kerry Bernes
Date: June 25, 2013

RE: Human Subject Research Application: "Violence and Experience of Transgender Individuals: How this Impacts Their Supports"

The Faculty of Education Human Subject Committee has **approved** your HSR application. The approval adheres to the Tri-Council Policy Statement, published on the website
http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/Default/

Good luck with your research.

_____
Kerry Bernes, Ph.D.
Chair Human Subject Committee
Faculty of Education

Cc: Graduate Studies
           Noella Piquette, supervisor

Appendix E: Informed Consent

University of
Lethbridge

Faculty of Education

PARTICIPANT CONSENT FORM

Violence and Experience of Transgender Individuals: How this Impacts Their Supports

You are being invited to participate in a study entitled Violence and Experience of Transgender Individuals: How this Impacts Their Supports that is being conducted by Cassandra Weir. Cassandra is a graduate student in the Faculty of Education at the University of Lethbridge and you may contact her if you have further questions by email at [email address] or by phone at [telephone number].

As a graduate student, Cassandra is required to conduct research as part of the requirements for a Master of Education degree. It is being conducted under the supervision of Dr. Noëlla Piquette. You may contact the supervisor at [telephone number].

The purpose of this research project is to understand transgender people's experiences of violence and how this impacts their use of resources and supports. The study will look at the specific experiences of different types of violence that people have had and how these experiences have influenced whether or not they will seek help. Also, different factors that impact whether or not people will seek help will be looked at. It will also examine the mental health concerns that may have resulted from being transgender and having these experiences.

Research of this type is important because it contributes to our understanding of the experiences that Canadian transgender people have with regards to violence. In addition, it is hoped that this will help us understand how people view the resources and supports available to them. It will also allow for a more in-depth understanding of what kinds of violence transgender people face and how this impacts them.

You are being asked to participate in this study because you have identified that you meet the three required criteria. These criteria are: being over the age of 18, identifying as transgender, and have experienced violence based on your gender identity.

If you agree to voluntarily participate in this research, your participation will include completing a questionnaire and an interview. The questionnaire is a series of questions to

gain demographic information on participants, transgender specific information, and information on transgender milestones. Contact information will also be gathered. This information will not be disclosed to other parties. The researcher will be contacting you after the interview to follow up in the event that you have additional input and to discuss the themes that arise from the interviews. The interview focuses on the experiences you have had, including experiences of violence and views on supports and resources. It should take approximately an hour in total and will occur in a mutually agreed upon location, such as a rented room at a library or university, which will ensure privacy. The interview will be audio recorded, therefore a quiet location will be chosen as well. Where it is not possible to meet in person, Skype will be used, which will also be recorded. The interviewer will be in a private location to avoid anyone possibly overhearing.

Participation in this study may cause some inconvenience to you. This includes the time that it takes to complete the questionnaire, travel, and discussing possibly sensitive material.

There are some potential risks to you by participating in this research. These risks are of an emotional and psychological nature. Due to the subject matter, it may cause some feelings, such as anger, sadness, and anxiety. It may also be difficult to discuss situations that have been harmful in the past or may be ongoing. To prevent or to deal with these risks the following steps will be taken. If you feel unable to continue, the interview can be stopped at any time or the tape turned off. In addition, a list of possible resources will be given at the end of the interview, including help lines and counseling resources.

The potential benefits of your participation in this research include adding to the knowledge about transgender people's experiences, especially in Canada. It may also assist in increasing awareness of these experiences and how services may be more helpful.

Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study your data will be deleted and not included into the study.

Cassandra will follow-up with you via either phone or email after the interview is done. This contact will be to discuss possible themes that arise from the interview, if you wish. In addition, this contact will be a gentle reminder of your participation and to confirm your participation.

This research will be used for a thesis project, and may possibly be used in published journals and public presentations. Individual names and any other identifying information will not be disclosed in any of these uses.

In terms of protecting your anonymity, all participants will be given a randomly selected false name, generated by an online name generator. Cassandra will have a master list linking real and fake names, which will be locked, and only she will have access. There is a risk associated that re-identification could occur. In addition, any identifying information such as ethnicity will be described as broadly as possible to avoid possible identification.

Your confidentiality and the confidentiality of the data will be protected by password protecting all files and locking up all paper copies. Only Cassandra and her supervisor will have access. After five years, all files will be permanently deleted and paper copies shredded.

In addition to being able to contact the researcher and her supervisor at the above phone numbers, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Chair of the Faculty of Education Human Subjects Research Committee at the University of Lethbridge [telephone number]

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers.

Name of Participant   *Signature*   *Date*

A copy of this consent will be left with you, and a copy will be taken by the researcher.