

Attitudes towards Transpeople, Genderism and Transphobia as Moderated by Religious
Ideologies

by

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ABSTRACT

This paper explores the attitudes towards transpeople, genderism and transphobia as moderated by religious ideologies. The participants in this study were 505 students from a state university in the southeastern United States. Instruments used were the Genderism and Transphobia scale developed by Hill and Willoughby (2005), a revised Questionnaire about Transsexualism developed by Landén & Innala (2000), the Revised 12-Item Religious Fundamentalism Scale developed by Altemeyer & Hunsberger (2004), contact questions adapted from Kooy (2010), and the Marlowe-Crowne Social Desirability Scale, and basic demographic questions. It was hypothesized that religious fundamentalism might have some effect on how people scored on the genderism and transphobia scale, on their attitudes and on their attitudes towards transsexuals. Differences between the biological sexes were also hypothesized to exist. While the findings did not largely support these hypotheses, results did support a correlation between religious fundamentalism, higher scores on the genderism and transphobia scale, and more negative attitudes towards transsexuals.

TABLE OF CONTENTS

	Page
LIST OF TABLES.....	iv
CHAPTER ONE: INTRODUCTION.....	1
Sex, Gender, and Sexual Identity.....	2
Transgenderism, Transsexualism, and Gender Nonconformity.....	4
Violence against the Transperson: Genderism and Transphobia.....	5
Religious Fundamentalism.....	7
Contact Theory.....	9
CHAPTER TWO: METHOD.....	11
Participants.....	11
Measures.....	11
Procedure.....	13
CHAPTER THREE: RESULTS.....	14
CHAPTER FOUR: DISCUSSION.....	17
Conclusions	17
Limitations.....	18
Future Research.....	19
REFERENCES.....	20
APPENDICES.....	26
APPENDIX A: TABLES.....	27
APPENDIX B: INFORMED CONSENT.....	35
APPENDIX C: DEBRIEFING	37
APPENDIX D: IRB Approval Letter.....	39

LIST OF TABLES

1. Demographic Information on Sex and Gender with Frequency and Percentage.....	27
2. Demographic Information on Age and Race/Ethnicity	28
3. Revised Religious Fundamentalism Scale Means by Religious Preference.....	29
4. Descriptive Statistics for Social Desirability, Religious Fundamentalism, Genderism and Transphobia Scale, and Attitudes towards Transsexualism.....	30
5. Sidak Comparisons on Religious Fundamentalism, Adjusted for Social Desirability.....	31
6. Sidak Comparisons on Genderism and Transphobia Scale, Adjusted for Social Desirability.....	32
7. Descriptive Statistics for Attitudes towards Transsexuals for Males.....	33
8. Descriptive Statistics for Genderism and Transphobia Scale for Males.....	34

CHAPTER ONE

INTRODUCTION

There is a huge and ongoing current critique of Western knowledge – sometimes called “postmodernism” – that is questioning what we know, how we know it, and what effect it has on those we know it about. And of all the things we know, indeed feel we *must* know, none is more fundamental than our own bodies. (Wilchins, 2002)

Modern technology allows new parents to view the biological sex of a baby in the womb. This knowledge sets up an expectation for the soon-to-be-parents, and they begin to find ways to fulfill this expectation. Nurseries are decorated in pinks or blues with toy trucks or ballerinas. Dresses and bows are bought for girls, and sailor suits and ball caps for little boys. All of these expectations are confirmed when the baby is born, and the doctor pronounces the baby as boy or girl. With all these preconceived notions of gender, what happens when the label a child is given at birth conflicts with gender identity?

Considering how important gender is in establishing a person’s identity, people who do not conform to society’s standards are subject to higher risks of acts of violence and harassment, substance abuse, and suicide, among other threats (Beemyn & Rankin, 2011; Clements-Nolle, Marx & Katz, 2006; Testa et al., 2012). Many of the issues that people who are gender nonconformists face are due to both overt and covert prejudices of others, which in some cases lead to violence and possibly death. In order to understand why these prejudices exist, research on social factors that affect attitudes towards gender nonconformists is crucial. The current study will examine the awareness of gender issues

and attitudes towards gender nonconformists, as well as factors that are held to affect both, such as amount of contact and religious fundamentalism.

Sex, Gender, and Sexual Identity

Sex, or biological sex, generally refers to the physical characteristics that comprise the differences between males and females. This is often reduced to just a difference in genitalia, but can include biochemical, hormonal, and body differentiation differences, as well as chromosomes and internal structures (Beemyn & Rankin, 2001; Kooy, 2010). Biological sex is determined at the most basic level by chromosomal differences between males (XY) and females (XX). Even at this basic level, biological sex can be complicated by other, hormonal factors. For example, some people are born with an XX chromosomal pair, but due to atypical endocrine functioning, do not produce the same level of hormones a typical female would. This causes genitalia that are not the same as those of typical males or females. Conditions such as these fall under the heading of intersexuality. Fausto-Sterling (1993) identifies three subgroups within intersexuality based on the mixture of male and female characteristics a person exhibits. These features vary widely even within subgroups. Fausto-Sterling (1993) argues that “sex is a vast, infinitely malleable continuum that defies the constraints of even five categories” (p. 21).

Intersex conditions are treated as a medical emergency with surgery and hormones, as stated by Mackenzie, Huntington, and Gilmour (2009). According to Beemyn & Rankin (2001), the decision to have surgery on ambiguous genitalia is based on the belief that one’s genitalia must match one’s gender. However, gender is a different concept from biological sex, in that it is socially constructed, and may or may not be consistent with biological sex. Society dictates how women and men are treated and the

roles they are expected to fill. In Western culture, gender is generally seen as dichotomous, with male and female as the only categories, based on differences in biological sex (Lorber, 1994).

Gender reflects incorporation of the roles and expectations that society places on people based on their biological sex. Bornstein (1995) suggested it is possible that gender is assigned with biological sex at birth, when a doctor announces the sex of a child.

Sexual identity or sexual orientation is related to a person's selection of sexual partners. The most commonly recognized orientations are heterosexual, homosexual and bisexual, categories based on the premise that gender is a dichotomy. Bornstein (1995) notes that these models are based solely on the gender of the person's preferred partner, and do not include dynamics that can occur in relationships as, for example, transmen who consider themselves gay because they are attracted to males. These transmen might not have fully transitioned, but still identify as homosexual.

Kimmel (2011) and Lorber (1994) point out that different cultures look at biological sex, gender, and sexual identity in different ways. Some cultures have a third gender (for example, the Native American *berdache* or the Middle Eastern *xanith*), where males or females take on the roles and/or clothing of a different gender. Sexuality is also more diverse, with some cultures, such as the Sambia tribe in Africa, using sexual intercourse between same-sex members as a way of inducing maturity, while later such intercourse is less frequent or nonexistent. The difference in definitions of biological sex, gender, and sexual identity are culturally defined.

Throughout history, many people have not conformed to societal expectations of gender. For example, Joan of Arc did not follow traditional gender roles, dressing in

men's armor and leading armies of peasants. She was eventually put on trial for her choices, and humiliated and burned at the stake for daring to act in a manner that was considered more masculine (Feinburg, 1997). Importantly though, there are also many societies that do not traditionally hold the Western dichotomous view of gender. In some Native American cultures, the "two-spirit" people transcended gender by wearing articles of clothing and performing work associated with both males and females (Feinberg, 1997; Kimmel, 2011).

Transgenderism, Transsexualism, and Gender Nonconformity

A transgender person is someone who identifies with the gender that is different from his/her biological sex, but who does not necessarily want a sex change. A transsexual person is someone who wants, is about to, is in the process of, or has already undergone a sex change through surgery, hormone therapy, or a combination of both and presents as another gender. The term gender nonconformity would apply to a person whose presentation and choices for themselves did not fit the cultural norms of what is acceptable for male or female. They see themselves as outside of the gender dichotomy.

There is no one single agreed upon term in any research about what to call people who challenge society's beliefs about gender. The term "trans" has a Latin origin. It means change, crossing or going beyond (Taylor, 2010). People who are transgender or transsexual move beyond traditional definitions of gender and sex. They cross the lines of socially acceptable gender norms, regardless of whether they are a male-to-female pre-operation transsexual, or a gender nonconforming biological female. The term "transperson" or "transpeople" will be used to better capture this extensive spectrum of often unique identities.

The *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5; American Psychiatric Association [APA], 2013) states that gender dysphoria in children is “a marked incongruence between one’s experienced/expressed gender and assigned gender”, including a strong dislike of one’s own anatomy. Children who are diagnosed with gender dysphoria are more likely to become transgender, as opposed to those who simply are gender nonconforming. Malpas (2011) stated that children who have an earlier identification, more intense expression, and dysphoria are more likely to continue to identify as another gender later in life. Malpas also states that it is very difficult to predict which children will become transgender, and which will continue with a homosexual or bisexual orientation (2011). However, Beemyn & Rankin (2001) found that more than 90% of the participants in their study on the lives of transgender people knew by the time they were teenagers that they did not identify with others of their assigned gender.

Violence against the Transperson: Genderism and Transphobia

Those who cross gender boundaries challenge societal norms. With any challenge to these norms, there is a chance for discomfort and bias, and in extreme cases, violence. In a sample of 515 transpeople, Clemets-Nolle, Marx & Katz (2006) found that 59% were subjected to forced sex or rape, 62% reported gender discrimination, 83% reported verbal gender victimization, 36% reported physical gender victimization and 32% reported attempting suicide. These rates, even in such a small sample, are indicative of the troubles faced by the population as a whole. According to the United States Equal Employment Opportunity Commission, 29.5% of all discrimination charges against employers were because of sex. According to the National Intimate Partner and Sexual

Violence Survey conducted by the Center for Disease Control and Prevention in 2010, 18% of women and 1% of men have been raped in their lifetime. According to the same survey, 24.3% of women and 13.8% of men have been the victim of severe physical violence by an intimate partner. Gender-related discrimination and violence are not unknown in American culture, and the above statistics indicate that transpeople are subjected to more than what would be considered average.

There are those who believe that there are only two genders, that history has only ever had two genders, and that “all or most aspects of one’s gender are inevitably tied to the gender assigned at birth” (Beemyn & Rankin, 2001, p.89). According to Hill (2002), there is a notion that it is important to judge people based on their gender, and those who are outside of the traditional gender dichotomy are treated as pathological. This is called genderism.

Phobias have traditionally been considered fears that can cause impairment in functioning in everyday life. Homophobia has been defined as negative attitudes and feelings towards people who are homosexual. Transphobia is prejudice, anger, and fear towards a person who challenges gender expectations. It is also marked by acts of violence. Homophobia and transphobia can often be related because of some of the common assumptions made about the sexuality and gender of those who are homosexual or transgender (Hill, 2002).

While many cases of violence against transpeople have been captured in the media, including the case of Brandon Teena, who was brutally raped and murdered, many acts of discrimination go unnoticed, except by the people that are directly affected by them. Hendricks and Testa (2012) state that people who are transgendered experience

more violence and discrimination than the rest of a clinical population because of their status as a sexual minority. Additional stresses come from transpeople's anticipation of these aversive events and their realization that they must always be on guard for them. Additionally there is the possibility that transpeople may internalize the negative views of society and their peers and it is because of these experiences that transpeople have higher incidences of mental disorders. (Hendricks & Testa, 2012).

Religious Fundamentalism

Herriot (2009) defines religious fundamentalism as having five distinct characteristics. First and most importantly, they are reactive. A person who is a religious fundamentalist believes that their religion is under attack, and that they are fighting back against those who are attacking it. Second, fundamentalism is dualist, as in they think about the world in terms of a binary, such as good and evil, or male and female. Third, religious fundamentalists believe that their "holy book" is the ultimate guide to how they should live and believe, whether through direct readings or interpretations of others. Fourth, although fundamentalists have a holy book, they are often selective of the passages they use, using them to justify their reactivity. Fifth, Herriot (2009) states that fundamentalists have a millennialist view, "expecting God to fully establish his Rule over the world at some future time" (p.2). Fundamentalists believe that their actions help bring this event about more quickly.

Oftentimes, the religious fundamentalism is defined by who or what the adherents are opposing. The "others" represent threats to traditional beliefs, and often represent modern rather than traditional ideals. Some of the groups commonly opposed by fundamentalists are those seen as challenging traditional gender and sexuality roles.

Religious fundamentalists target these nontraditional groups as condemned by their religion and a threat to their beliefs, so these groups become a source of anxiety for a person who is a religious fundamentalist (Herriott, 2009).

Newport (2011) reported that a Gallup poll found that 80% of their sample of citizens across the United States believed in God, as opposed to 12% who believed in a higher power. When asked just whether or not they believed in God, 92% of the participants said that they did. These numbers have held steady across nearly seventy years, when the question was first posed by Gallup in the 1940s. Newport (2011) found that in the combined sample for both questions, 96% of the sample who lived in the South stated that they believed in God. This was the highest out of the four regions considered, with the East at 86%, the Midwest at 91% and the West at 92%. The poll also found that 94% of the women sampled believed in God as opposed to 90% of the men, indicating that gender may be a factor in belief in God.

A study by Vincent, Parrott, & Peterson (2011) found that in men, religious fundamentalism was significantly linked to sexual prejudice, and in turn to aggression, against gays and lesbians. Sexual prejudice was defined as internalization of sexual stigma, which was defined by Herek as “the negative regard, inferior status, and relative powerlessness that society collectively accords to any nonheterosexual behavior, identity, relationship or community” (as cited in Vincent, Parrott, & Peterson, 2001, p. 384). In another study, Claman (2007) found that a high level of religiosity was one of the predictors of negative attitudes towards transpeople. Hill and Hood defined religiosity as a “multidimensional construct that generally describes religious, belief, religious practice, and spirituality” (as cited in Claman, 2007, p. 13).

Contact Theory

Allport (1954) stated that “the trend of evidence favors the conclusion that knowledge about and acquaintance with members of minority groups make for tolerant and friendly attitudes” (p. 267). According to Allport (1954), exposure to minority groups increases knowledge about those groups, and can make for a difference in attitudes and beliefs about the minority groups. According to this contact theory, exposure to transpeople will lower the amount of prejudice because certain misconceptions or stereotypes about the group will be countered by factual evidence gathered through interaction. Allport (1954) also stated that differences in personality or character may cause prejudice to remain the same or increase, despite the level of contact with the minority group.

According to Shiappa, Gregg & Hewes (2005), contact through media with various people may also have an effect on people’s opinions. Transpeople have become more visible in media, with television shows like “RuPaul’s Drag Race”, and movies like “Boys Don’t Cry” and “Hedwig and the Angry Inch”. Celebrities have come out as transpeople, such as Chaz Bono and Lana Wachowski facing scrutiny from the media about their gender identities. The information presented in the media may not always be accurate or nondiscriminatory, but it gives the audience an opportunity to learn about and perhaps lessen their anxiety about transpeople. Pettigrew & Tropp (2008) found that anxiety reduction was a mediator of reducing prejudice, especially when paired with knowledge. Once a person reduces their initial anxiety about contact with a minority group, it becomes easier to accept and integrate the knowledge presented about them.

This study is designed to see how religious fundamentalism, attitudes about transsexuals, amount of contact, biological sex, and genderism and transphobia interact.

The following hypotheses will be tested:

Hypothesis 1: People who score higher on religious fundamentalism will score higher on the genderism and transphobia scale and have more negative attitudes towards transsexuals, while controlling for social desirability.

Hypothesis 2: Religious fundamentalism is a moderator for contact and the genderism and transphobia scale. That is, the higher a person scores on the religious fundamentalism scale, the less likely amount of contact will affect the score on the genderism and transphobia scale.

Hypothesis 3: Women will score lower on the religious fundamentalism scale, the genderism and transphobia scale and have more positive attitudes towards transsexuals than men, while controlling for social desirability.

Hypothesis 4: Men who have had more contact with transpeople will score lower than men who have not on the genderism and transphobia scale and have more positive attitudes towards transsexuals, while controlling for social desirability.

Hypothesis 5: Religious Fundamentalism is a moderator for whether women will score higher on the genderism and transphobia scale, regardless of the amount of contact, while controlling for social desirability. That is, the higher a woman scores on the religious fundamentalism scale, the less likely amount of contact will affect the score on the genderism and transphobia scale for women.

CHAPTER TWO

METHOD

Participants

The participants were 505 students recruited from those currently enrolled at Middle Tennessee State University. Participants were gathered through the research participant pool offered by MTSU. Data was gathered using Qualtrics. Participants had to be at least 18 years old to participate. In order for the participants to understand the differences between sex and gender, simple definitions were presented. Sex referred to a person's biological status and is typically categorized as male, female, or intersex (i.e., atypical combinations of features that usually distinguish male from female). This demographic data is presented in Table 1. Participants were also asked their age, and race or ethnicity, presented in Table 2.

Measures

Negative attitudes towards transpeople was measured using the 32-item scale created by Hill and Willoughby (2005). The Genderism and Transphobia scale was shown to have a high internal consistency, $\alpha = .95$. The scale also had a high discriminative validity, and was correlated highly ($r = .55, p = .01$) with the Attitude Function Index (AFI). The AFI is a measure of attitudes towards gender nonconformity. The scale was designed to measure three specific concepts defined by Hill (2002): genderism, transphobia, and gender-bashing.

Personal contact with transpeople will be measured using two questions suggested by Kooy (2010). The questions are self-report, and include definitions of transgendered

and transsexual persons. The definitions were adjusted from Kooy (2010) to be more in line with the current study's definitions. Amount of contact was defined in the study as the number of categories a person had been exposed to, with a possible score of 0 to 14.

A revised version of the Questionnaire about Transsexualism developed by Landén & Innala (2000) was used to investigate the participant's opinions about transpeople. One question regarding whether transsexualism was a disease was moved to the last question, because it might cause a negative impression on the following questions and because it was included as a part of the last question. In order to compare it with the other scales, questions 1a -1d, 2-9, and 11 were used to create a cumulative score of 0 to 14.

Religious fundamentalism was measured using the Revised 12-Item Religious Fundamentalism Scale developed by Altemeyer & Hunsberger (2004) based on their previous work on a 20-item religious fundamentalism scale. This scale was shown to have a high reliability, as well as a high inter-item correlation. Mean scores on religious fundamentalism sorted by religious preference provided in demographic data are presented in Table 3.

Since the topic being studied may have caused participants to respond in a way that they think is favorable, the Marlowe-Crowne Social Desirability Scale was included in the measures taken. Basic demographics, including asking about both biological sex and gender were asked. Definitions of both gender and biological sex were provided, so as to allow for clarity when answering the questions. Religious preference and race was also included in the demographics.

Procedure

Participants were able to select this study using the research participant recruitment website available to all Middle Tennessee State University students. Participants will be presented with an informed consent (see Appendix B). The order of presentation for the Genderism and Transphobia Scale, the Revised 12-Item Religious Fundamentalism Scale, and the Marlowe-Crown Social Desirability Scale were presented randomly. Exposure questions, demographics, and the revised Questionnaire about Transsexualism were presented last, followed by a debriefing statement (Claman, 2007) (see Appendix C).

CHAPTER THREE

RESULTS

A familywise alpha of .05 was used for all analyses.

For hypothesis 1, Pearson's correlations were used to test whether those people who scored higher on the Religious Fundamentalism scale also scored higher on the Genderism and Transphobia scale and had more negative attitudes towards transsexuals. A positive correlation was found for Religious Fundamentalism and the Genderism and Transphobia scale, $r(428) = 0.55, p < .001$. Religious Fundamentalism and attitudes towards transsexuals were negatively correlated, $r(428) = -0.17, p < .001$, meaning that the higher the score on Religious Fundamentalism, the more negative the attitude towards transsexuals. A partial correlation was calculated between Religious Fundamentalism, the Genderism and Transphobia Scale, and attitudes towards transsexuals, while controlling for social desirability. Religious Fundamentalism was still positively correlated with the Genderism and Transphobia scale, when controlling for social desirability, $r(427) = 0.55, p < .001$, and negatively correlated with attitudes towards transsexuals, $r(427) = -0.17, p < .001$. The data thus supports the hypothesis.

For hypothesis 2, a linear regression was used to test to see whether Religious Fundamentalism was a moderator for amount of contact and the score on the Genderism and Transphobia scale, while controlling for social desirability. An interaction term was calculated between amount of contact and religious fundamentalism. There was no significant interaction between the two variables, $t(425) = 0.23, p = 0.06$, meaning that Religious Fundamentalism is not a moderator between the two variables.

For hypothesis 3, a one-way ANOVA with Games-Howell comparisons indicated there was no significant difference between the sexes on the social desirability scale, $F(2, 476) = 0.87, MSE = 25.70, p = .42$. Table 4 provides descriptive statistics for social desirability, religious fundamentalism, scores on the genderism and transphobia scale, and attitudes towards transsexuals. A one-way ANCOVA indicated religious fundamentalism scores differed by sex, $F(2, 465) = 3.73, MSE = 627.29, p = .025, \eta_p^2 = .02$. Sidak pairwise comparisons on the adjusted means found that religious fundamentalism scores were higher for females than for males when controlling for social desirability. See Table 5. A one-way ANCOVA indicated the genderism and transphobia scale differed by sex, $F(2, 433) = 10.76, MSE = 1331.61, p < .001, \eta_p^2 = .05$. Sidak pairwise comparisons on the adjusted means found that scores were higher for males than for females when controlling for social desirability. See Table 6. A one-way ANCOVA indicated attitudes towards transsexuals did not differ by sex, $F(2, 458) = 1.05, MSE = 15.88, p = .35, \eta_p^2 = .01$.

For hypothesis 4, one-way ANCOVAs were conducted to see whether or not men with more contact with transpeople would score lower on the genderism and transphobia scale and have more positive attitudes towards transsexuals, controlling for social desirability. They indicated that there was no significant difference between amount of contact and scores on the genderism and transphobia scale for males, $F(14, 97) = 1.44, MSE = 1332.73, p = .15, \eta_p^2 = .17$. They also indicated that there was no significant difference between amount of contact and attitudes towards transsexuals for males, $F(14, 101) = 1.26, MSE = 16.37, p = .25, \eta_p^2 = .15$. Table 7 and Table 8 provides descriptive

statistics for attitudes towards transsexuals and genderism and transphobia scores for males.

For hypothesis 5, a linear regression was used to test to see whether Religious Fundamentalism was a moderator for amount of contact and the score on the Genderism and Transphobia scale for women only, while controlling for social desirability. An interaction term was calculated between amount of contact and religious fundamentalism. There was no significant interaction between the two variables, $t(296) = 0.07, p = 0.99$, meaning that Religious Fundamentalism is not a moderator between the two variables for women.

CHAPTER FOUR

DISCUSSION

Conclusions

This study on genderism and transphobia, religious fundamentalism, amount of contact, attitudes towards transsexuals, and biological sex was conducted to see how these factors interact with each other. It was found that in this sample, higher scores on the religious fundamentalism scale correlated with more negative attitudes towards transsexuals and higher scores on the genderism and transphobia scale, meaning that they agreed with more statements that supported the idea of two genders only and prejudices or fears about transpeople. It was also found that scores on the religious fundamentalism score did not affect the relationship between the amount of contact a person has and the scores on the genderism and transphobia scale. Women in this sample were not found to score lower on the religious fundamentalism scale. Biological sex was not correlated with attitudes towards transsexuals, but being male was associated with higher scores on the genderism and transphobia scale. Amount of contact was not related to any difference in attitudes towards transsexuals or scores on the genderism and transphobia scale for males, just as religious fundamentalism was not a moderator for amount of contact and scores on the genderism and transphobia scales for women.

Kooy (2010) conducted research with the Attitudes towards Transsexualism questionnaire and the genderism and transphobia scale at a northern California university. Her findings suggested that geographical location might have an effect on scores a person might have on those scales, as well as the amount and types of exposure a person might

have. In the Southern United States, research suggested that there were higher levels of religious fundamentalism, particularly among women. This was not found to be the case in this sample. Despite this, religious fundamentalism was not shown to be a factor that affected scores on the genderism and transphobia scale for women, which suggests that the amount of exposure to information about transpeople might have some effect on concepts of gender and prejudice against transpeople. However, the data does suggest that men are more likely to be susceptible to these attitudes, regardless of how they score on religious fundamentalism or how many types of contact they have had.

The data also suggests that fundamentalist attitudes might be affected by the amount of exposure that a person has towards transpeople. This is in line with Allport's (1954) theory of contact, and with the ideas of Shiappa, Gregg & Hewes (2005) that media does play some role in helping inform the public and reduce anxiety about the unknown. These findings suggest potential ways, perhaps by encouraging neutral and informative contact between religious organizations and the transgender community, that information and interventions can be targeted in the Southern United States to have a more widespread impact. Despite the concern that religious attitudes and affiliations might prevent these interventions from being affective, the data suggests that it is possible to make an impact by exposure and education.

Limitations

There were several limitations to this study. The sample had a majority of people between the ages of 18 and 24, and a majority of these listed their biological sex as female. The sample was also from a selection of students pulled from a research pool of mostly undergraduate psychology students at one southern university in Tennessee,

which could suggest a more open attitude towards experiences. Another limitation of the study was that the Attitudes towards Transsexualism questionnaire was not used in its entirety for this particular, and some of its reliability may have been lost because a cumulative score was created instead of analyzing each individual question.

Future Research

Future research could focus on expanding the study to the general public, instead of just local college students at one university. Analyses on all questions in the Attitudes towards Transsexualism questionnaire might further illuminate some of the differences between the sexes, as well as a more detailed look at how religious fundamentalism might affect these attitudes. Research could also be done as to whether the education level of the person answering might moderate some of these relationships, as well as biological sex. An assessment of direct exposure to information about transpeople would help show the affect contact had on people who had not been exposed before.

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APPENDICES

APPENDIX A: TABLES

Table 1

Demographic Information on Sex and Gender with Frequency and Percentage

	<u>Sex</u>		<u>Gender</u>		
	Frequency	Percentage	Frequency	Percentage	
Male	134	26.5%	Male	121	24.0%
Female	350	69.3%	Female	313	62.0%
No Answer	21	4.2%	Other*	8	1.6%
			No Answer	63	12.5%

* Answers include Fluid, Bigender, and androgynous, for example.

Table 2

Demographic Information on Age and Race/Ethnicity

	<u>Race/Ethnicity</u>		<u>Age</u>		
	Frequency	Percentage	Frequency	Percentage	
Hispanic/Latino	24	4.8%	18 to 24	471	93.3%
White	304	60.2%	25 to 34	16	3.2%
Black/African American	135	26.7%	35 to 44	6	1.2%
Asian	10	2.0%	45 to 54	2	0.4%
American Indian/ Alaska Native	2	0.4%	55 and over	0	0.0%
Two or More Races	15	3.0%			
No Answer	15	3.0%			

Note. Race/Ethnicity categories are based on the racial categories used by the U.S.

Census.

Table 3

Revised Religious Fundamentalism Scale Means by Religious Preference

Religious Preference	<i>n</i>	<i>M</i>	<i>SD</i>
Christian	350	76.8	18.6
Islam	13	77.3	9.9
Atheist/Agnostic	22	22.8	10.2
None/Other	76	37.2	19.8
No Answer	32	55.3	22.7

Table 4

Descriptive Statistics for Social Desirability, Religious Fundamentalism, Genderism and Transphobia Scale, and Attitudes towards Transsexualism

Variable		Male	Female	No Answer
Social Desirability	<i>M</i>	16.38	16.03	17.43
	<i>SD</i>	5.11	5.12	3.79
	<i>n</i>	125	333	21
Religious Fundamentalism	<i>M</i>	61.93	68.64	71.75
	<i>SD</i>	27.48	24.81	22.81
	<i>n</i>	122	327	20
	<i>Adj. M*</i>	61.73	68.79	70.51
	<i>Std. Error</i>	2.27	1.39	5.61
Genderism and Transphobia Scale	<i>M</i>	108.5	90.83	108.61
	<i>SD</i>	37.5	35.55	44.52
	<i>n</i>	113	306	18
	<i>Adj. M*</i>	108.51	90.83	108.63
	<i>Std. Error</i>	3.43	2.09	8.62
Attitudes towards Transsexuals	<i>M</i>	6.5	6.76	5.37
	<i>SD</i>	4.1	3.94	4.32
	<i>n</i>	117	326	19
	<i>Adj. M*</i>	6.51	6.75	5.44
	<i>Std. Error</i>	0.37	0.22	0.92

* Adjusted for social desirability.

Table 5

Sidak Comparisons on Religious Fundamentalism, Adjusted for Social Desirability

(I)	(J)	Mean Difference	95% CI	
		(I-J)	Lower Bound	Upper Bound
Female	Male	7.06*	0.69	13.43
Female	No Answer	-1.72	-15.57	12.13
Male	No Answer	-8.78	-23.27	5.72

* significant based on familywise alpha = .05

Table 6

Sidak Comparisons on Genderism and Transphobia Scale, Adjusted for Social Desirability

(I)	(J)	Mean Difference	95% CI	
		(I-J)	Lower Bound	Upper Bound
Female	Male	-17.68*	-27.32	-8.05
Female	No Answer	-17.81	-39.06	3.45
Male	No Answer	-0.12	-22.35	22.1

* significant based on familywise alpha = .05

Table 7

Descriptive Statistics for Attitudes towards Transsexuals for Males

Number of Categories**	<i>m</i>	<i>sd</i>	<i>n</i>	<i>Adj. m*</i>	<i>Std. Error</i>
0	7.33	3.51	3	7.39	2.35
1	9.50	2.12	2	9.48	2.86
2	5.36	4.06	11	5.32	1.24
3	4.00	1.73	3	3.98	2.34
4	4.88	4.26	16	4.84	1.03
5	4.17	2.48	6	4.15	1.65
6	6.67	4.07	15	6.69	1.05
7	8.00	4.47	9	8.01	1.35
8	8.00	3.91	17	8.03	0.99
9	3.50	2.89	4	3.54	2.03
10	5.86	4.42	14	5.85	1.08
11	7.33	6.35	3	7.28	2.35
12	9.25	4.19	4	9.28	2.03
13	7.50	3.51	4	7.51	2.02
14	8.67	3.67	6	8.67	1.65

* Adjusted for social desirability.

** Amount of contact based on the number of categories of exposure

Table 8

Descriptive Statistics for Genderism and Transphobia Scale for Males

Number of Categories**	<i>m</i>	<i>sd</i>	<i>n</i>	<i>Adj.</i> <i>m*</i>	<i>Std.</i> <i>Error</i>
0	103.00	12.73	2	104.72	26.07
1	86.50	41.72	2	85.93	25.84
2	125.45	26.90	11	124.37	11.25
3	119.00	25.53	3	118.54	21.10
4	120.47	32.72	17	119.71	9.00
5	137.67	22.18	6	137.33	14.92
6	97.53	37.45	15	98.25	9.55
7	103.50	42.40	10	103.74	11.56
8	101.75	44.18	16	102.63	9.32
9	156.00	9.90	2	157.9	26.13
10	105.00	40.57	14	104.75	9.77
11	123.00	55.15	2	122.96	25.81
12	80.50	34.59	4	79.84	18.31
13	104.67	35.73	3	105.03	21.09
14	80.17	27.46	6	80.18	14.90

* Adjusted for social desirability.

** Amount of contact based on the number of categories of exposure

APPENDIX B: INFORMED CONSENT

**Middle Tennessee State University Institutional Review Board
Informed Consent Document for Research**

Principal Investigator: Sharra Rosichan
Study Title: Exploration of Attitudes about Transpeople
Institution: Middle Tennessee State University

Name of participant: _____ Age: _____

The following information is provided to inform you about the research project and your participation in it. Please read this form carefully and feel free to ask any questions you may have about this study and the information given below. You will be given an opportunity to ask questions, and your questions will be answered. Also, you will be given a copy of this consent form.

For additional information about giving consent or your rights as a participant in this study, please feel free to contact the MTSU Office of Compliance at (615) 494-8918.

1. Purpose of the study:

This study examines various attitudes about religion, society, and people who do not conform to typical gender roles (referred to from now on as transpeople). This study also examines different types of contact with transpeople, as well as differences in contact and attitudes based on gender. This study will use the information collected to better understand how these attitudes interact.

2. Description of procedures to be followed and approximate duration of the study:

This study consists of a series of questions that relate to various attitudes about transpeople, experiences you might have had with transpeople, your religious experiences, and some questions about different social situations. You will be asked to choose an answer for each question, or to fill in a number or answer in a box, depending on the type of question asked. The study takes about 30 minutes to complete. At the end of the study, a debriefing statement will be given, with a code that can optionally be e-mailed to the address provided to enter into a drawing for a \$10 gift card. The code will not be associated with any data, and is the same for all participants. Optional educational material will be available after the debriefing statement and code.

- 3. Description of the discomforts, inconveniences, and/or risks that can be reasonably expected as a result of participation in this study:**
Some of the subject matter discussed may cause some discomfort, but none that would be greater than what one would experience in everyday life.
- 4. Anticipated benefits from this study:**
 - a) The potential benefits to science and humankind that may result from this study are better understanding of how certain factors affect attitude toward transpeople.
- 5. Compensation for participation:**
Course extra credit, as determined by professor, OR counting towards course requirements for psychology undergraduates. There will be a drawing for a \$10 gift card for Starbucks for participants who e-mail in the code at the end of the debriefing statement.
- 6. Circumstances under which the Principal Investigator may withdraw you from study participation:**
Incomplete survey materials or evidence of random responding may cause a participants' responses to be withdrawn from the study.
- 7. What happens if you choose to withdraw from study participation:**
There are no consequences to withdrawing from the study. A participant may withdraw from the study at any time.
- 8. Contact Information.** If you should have any questions about this research study or possible injury, please feel free to contact **Sharra Rosichan** at **sar2p@mtmail.mtsu.edu** or my Faculty Advisor, **Dr. Gloria Hamilton** at **615-898-5745** or **Gloria.Hamilton@mtsu.edu**
- 9. Confidentiality.** All efforts, within reason, will be made to keep the personal information in your research record private. No identifying information will be associated with the responses to the questionnaires to ensure your privacy.

10. STATEMENT BY PERSON AGREEING TO PARTICIPATE IN THIS STUDY

- I have read this informed consent document and the material contained in it has been explained to me. I understand each part of the document, all my questions have been answered, and I freely and voluntarily choose to participate in this study.

APPENDIX C: DEBRIEFING

Understanding Transgender Issues

The study you just participated in focused on some of the attitudes students have about transgender individuals. Very little research to date has explored this specific issue, yet transgender issues are gaining increasing visibility in society. We feel that understanding the current attitudes toward transgender issues is very important.

One of the premises of the study is that ones' attitudes toward transgender issues are likely related to their attitudes toward other social issues such as gender roles and religious orientation. Moreover, research has supported the notion that exposure to transgender issues may influence attitudes. Accordingly, some of the questions presented assessed these other issues. In line with increasing the education on transgender issues, we feel it is important to provide you with information about some commonly asked questions about transgender issues. We hope you find this information helpful in increasing your awareness of these issues.

Please feel free to ask any questions about the study or the concepts presented. If you have any questions or want to hear about the results, you can contact the Principal Investigator, Dr. Gloria Hamilton at Gloria.Hamilton@mtsu.edu or the Co-Investigator, Sharra Rosichan at sar2p@mtmail.mtsu.edu.

Thank you very much for your participation!

If you are interested in entering the drawing for the \$10 gift card, please e-mail this code: FOURDUNE to sar2p@mtmail.mtsu.edu The drawing will be done November 1st, 2014.

Some Commonly Asked Questions about Transgender Issues

What does the term "transgender" mean?

The term "transgender" describes a multitude of identities and forms of self-expression that transgress established gender categories. "Transgender" includes transsexuals (individuals who identify with a gender different from that which is biologically assigned), cross-dressers (individuals who prefer to dress in clothing traditionally worn by the opposite gender; this term is preferred to "transvestite"), as well as drag kings and drag queens.

Do most transgender people identify as lesbians or gay men?

No. Transgender is a matter of gender identity (how people perceive their own gender), whereas "lesbian" and "gay" are terms that describe sexual orientation (the focus of people's attractions). Transgender people may identify as gay, lesbian, bisexual or straight, but this is independent of their transgender identity.

How does one correctly refer to the gender of transgender individuals?

It is correct to refer to people based on the gender with which they identify. If someone identifies as a woman, it is correct to refer to her as a woman, regardless of what gender she was born.

Why would someone cross-dress?

Cross-dressers do not necessarily identify with the opposite gender, and their crossgendered expression is typically limited to attire. There are multiple reasons people crossdress. A small fraction are entertainers, some are young people demonstrating rebellion. A few cross-dress as a sexual fetish while others cross-dress to be outrageous. But the overwhelming majority of cross-dressers do so as a form of self-expression.

Do most transgender individuals seek gender reassignment surgery?

No. While some transsexuals take hormones, have electrolysis (for transgender women), or mastectomies (for transgender men), and undergo genital reconstruction surgeries, others choose only some of these procedures, because of the tremendous cost of the surgeries, the mixed results, and lack of access to medical care in general. Other transgender people decide not to alter their bodies permanently, but seek to express their gender identities in other ways, such as through cross-dressing.

Are transgender people who were born female, but identify as male rare?

No. This is a common misconception, perhaps due to the fact that transgender men may be more visible than transgender women. It is estimated that there are approximately equal numbers of transgender women and transgender men.

Are transgender legal rights protected in the majority of states?

No. The legal and political rights of transgender people are quite limited, and vary from state to state, city to city, and among institutions. Currently, only four states ban discrimination based on gender identity or expression in housing, public accommodation and employment.

Are transgender people fully accepted in the gay, lesbian and bisexual (GLB) community?

Although transgender issues are often included with GLB issues, the political, developmental, legal and medical needs and concerns of transgender people are not always the same as those of GLB. Although, transgender issues are becoming increasingly included in the GLB community, there is still not necessarily full acceptance.

APPENDIX D: IRB Approval Letter



4/11/2014

Investigator(s): Sharra Rosichan, Dr. Gloria Hamilton
Department: Psychology
Investigator(s) Email: sar2p@mtmail.mtsu.edu, gloria.hamilton@mtsu.edu

Protocol Title: "The effects of systems of beliefs, amount of contact, and gender identification on attitudes towards transsexuals and the Genderism and Transphobia scale"

Protocol Number: 14-332

Dear Investigator(s),

The MTSU Institutional Review Board, or a representative of the IRB, has reviewed the research proposal identified above. The MTSU IRB or its representative has determined that the study poses minimal risk to participants and qualifies for an expedited review under 45 CFR 46.110 and 21 CFR 56.110, and you have satisfactorily addressed all of the points brought up during the review.

Approval is granted for one (1) year from the date of this letter for 500 participants.

Please note that any unanticipated harms to participants or adverse events must be reported to the Office of Compliance at (615) 494-8918. Any change to the protocol must be submitted to the IRB before implementing this change.

You will need to submit an end-of-project form to the Office of Compliance upon completion of your research located on the IRB website. Complete research means that you have finished collecting and analyzing data. **Should you not finish your research within the one (1) year period, you must submit a Progress Report and request a continuation prior to the expiration date.** Please allow time for review and requested revisions. Failure to submit a Progress Report and request for continuation will automatically result in cancellation of your research study. Therefore, you will not be able to use any data and/or collect any data. Your study expires **4/11/2015**.

According to MTSU Policy, a researcher is defined as anyone who works with data or has contact with participants. Anyone meeting this definition needs to be listed on the protocol and needs to complete the required training. **If you add researchers to an approved project, please forward an updated list of researchers to the Office of Compliance before they begin to work on the project.**

All research materials must be retained by the PI or faculty advisor (if the PI is a student) for at least three (3) years after study completion and then destroyed in a manner that maintains confidentiality and anonymity.

Sincerely,

Kellie Hilker
Compliance Officer/ MTSU Institutional Review Board Member