TRANSGENDER COMMUNITY INEQUALITIES AND THE IMPORTANCE OF PERCEIVED SOCIAL SUPPORT

by

Quinn River Johnson

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Thesis Committee:

Dr. Tom Brinthaupt, Chair

Dr. Jackie Eller

Dr. William Compton

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"Anyone who wants to know the human psyche will learn next to nothing from experimental psychology. He would be better advised to abandon exact science, put away his scholar's gown, bid farewell to his study, and wander with human heart through the world. There in the horrors of prisons, lunatic asylums and hospitals, in drab suburban pubs, in brothels and gambling-hells, in the salons of the elegant, the Stock Exchanges, socialist meetings, churches, revivalist gatherings and ecstatic sects, through love and hate, through the experience of passion in every form in his own body, he would reap richer stores of knowledge than text-books a foot thick could give him, and he will know how to doctor the sick with a real knowledge of the human soul."
~ Carl Jung

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CHAPTER 1

Introduction and Review of the Literature

Sexuality and gender are social constructs, which will differ depending on the norms of society (Reis & Carothers, 2014). In predominantly heterosexual societies, certain attributes have traditionally been reserved to describe either male or female individuals. Characteristics such as aggression and strength are ascribed to men and women are expected to be caring and emotional (Reis & Carothers, 2014). However, not all individuals fit neatly within the categories dictated by societies. The challenges of individuals who are treated as “outliers” of society’s norm can be overwhelming, leading to emotional and physical distress, bullying, murder, mental health disorders, homelessness, joblessness, suicidal tendencies, lack of access to legal recourse, lack of access to medical care and other social inequalities that have the ability to impact every aspect of life.

The Latin word “trans” means “across,” while the Latin word “cis” means “same”. Schilt and Westbrook (2009) have determined that a person who identifies as the gender assigned to them at birth, feels congruence with their assigned gender identity, and accepts their bodies from birth can be referred to as “cisgender.” This research is aimed at looking at social support disparities between transgender identified and cisgender identified individuals, as well as social support differences between trans men and trans women, and also whether social support fluctuates during transgender individuals medical transitions. I will examine with this study whether transgender individuals will also vary within their own populations as to amount of social support

they receive individually, as well as how the social support of transsexual individuals varies across their transition timelines. Five hypotheses are presented about the differences in social support between cisgender and transgender populations, trans men and trans women, and transgender populations across transition timelines.

In this review, I present a discussion about how social inequalities such as homelessness, joblessness, disproportionate suicide and murder rates, lack of access to legal recourse and medical care, and increased amounts of mental health issues, are related to gender and continue explaining terminology that will be utilized throughout this study. Secondly, I introduce research which shows that transgender individuals face the dissolution of social support from every avenue, including peers, family, friends, co-workers, employers, and significant others. Thirdly, I present the research indicating transgender identified people are facing a likelihood of developing mental health issues such as depression, anxiety, and suicidal ideation. Fourthly, this review will show that transgender individuals do not have the same accessibility to legal recourse as do cisgender populations. Overall, I provide data that give examples of transgender populations suffering far more social ostracization than their cisgender counterparts.

Terms and Definitions

Sexuality and gender can be broken down into a variety of categories, including gender identity, gender expression, biological sex, and sexual orientation (Westbrook & Schilt, 2013). Research suggests that an individual's sex is actually made up of nine factors, but it is best defined as "the outside physical or perceived surface identity of a

person" (Marino, 2013, p. 871). Gender identity refers to how individuals personally identify themselves, including the terms man, woman, agender(identifying as having no gender), bigender (identifying as having more than one gender), gender fluid (identifying that your gender identity changes) and gender queer (identifying as a mixture of genders or that you exist outside the gender binary entirely) (Smith, 2014, Westbrook & Schilt, 2013).

Gender expression pertains to the external expression of gender or how someone chooses to present and be perceived in society (Westbrook & Schilt, 2013). Biological sex is generally broken down into three components: genitalia, chromosomes, and hormones. Sexual orientation is considered to define which sex or gender a person is attracted to sexually and romantically, including terms such as pansexual (being attracted to a variety of people regardless of gender identities), heterosexual(being attracted to the opposite sex), homosexual (being attracted to the same sex), homoflexible(being mostly attracted but not only attracted to the same sex), heteroflexible(being mostly attracted but not only attracted to the opposite sex), asexual(having no sexual attraction to anyone), and bisexual (being attracted to both sexes) (Smith, 2014 & Westbrook & Schilt, 2013).

Transgender is an umbrella term that encompasses persons who do not identify with the gender assigned to them at birth (Bradford, Reisner, Honnold, & Xavier, 2013). Transgender individuals can also vary in their gender identities (man, woman, genderqueer, bigender, gender-fluid). Non-binary gender expressions (masculine, feminine, and/or androgynous), which include forms of external presentation, activities, actions, and/or pastimes, can also be another defining characteristic of a transgender

person (Serano, 2007 & Singh, 2013). Therefore, the entire gender spectrum can be considered transgender; however, transgender individuals are not necessarily transsexual.

Serano (2007) clarifies that the term “trans woman” refers to someone who had been assigned the gender of man from birth or had been born biologically male but now identifies, lives, or transitions emotionally, mentally, or physically to a woman or female. Comparably, a “trans man” refers to someone who had been assigned the gender of woman from birth or had been born biologically female but now identifies, lives or transitions emotionally, mentally, or physically to a man or male. Transsexual people also do not identify as the gender identity assigned to them at birth; however, they go on to pursue hormone replacement therapy and/or sexual reassignment surgery. This becomes very complex as individuals who pursue only hormonal changes may identify as either transgender or transsexual, depending on their own perceptions, potential stigma or discrimination, and availability of social support.

In summary, gender and sex within American society are commonly thought of as binary dimensions, but increasingly they are understood and shown to be a continuum. Those who fall outside of the categories of “man,” “woman,” “masculine” and “feminine” become a part of a subculture made up of individuals called “transgender” or “gender non-conforming.” Due to these challenges to the binary, transgender individuals often are relegated to the fringes of society and may face many challenges, adding numerous complications to their attempt to function within a binary society. Transgender individuals may then encounter more obstacles than cisgender individuals in various arenas, including socioeconomic, peer groups, biological families, and romantic relations.

These potential challenges and obstacles will be discussed in the next section.

Mental Health Challenges

The visibility of transgender individuals in the U.S. has increased exponentially over the last ten years. Popular television shows like “Orange is the New Black” and “Glee” have contributed to the rise in awareness of transgender populations (Tannenbaum, 2013; Woodall, Novick, Silverstein, Del Valle, & Aguirre-Sacasa, 2009). However, such awareness does not always translate into acceptance within society. When it comes to the amount of research that is focused on the lesbian, gay, bisexual and transgender (LGBT) population, less than 1% addresses transgender health concerns (Coulter, Kenst, Bowen, & Scout, 2014). Based on the limited amount of data available, compared to cisgender individuals, transgender individuals face rates of suicide, homelessness, anxiety, and depression that are arguably of epidemic proportions. The national average rate of suicide attempts in the United States is 4.6%. The transgender population percentage of suicide attempts as reported include: 46% of trans men and 42% of trans women in the United States attempt suicide (Haas, Rodgers, & Herman, 2014).

Mental health challenges appear to be more prevalent within the transgender community when compared to cisgender individuals. Rates of anxiety disorders for transgender populations range from 26% to 38% (Hepp, Kraemer, Schnyder, Miller & Delsignore, 2005; Mustanski, Garofalo, & Emerson, 2010), which is nearly 10% higher than the anxiety rates reported for the United States population (Budge, Adelson, & Howard, 2013). Likewise the rates of depression for transgender populations range from 48% to 62% and are reported to be nearly four times that of the present United States

population (Budge et al., 2013). There also appears to be a gender difference within the transgender community regarding the incidence of both anxiety and depression, with more depressive symptoms reported by trans women and more anxiety symptoms reported by trans men (Budge et al., 2013). To address social inequities across the spectrum of gender minorities, we must look at the gap in prevalence for mental health issues between men and women in the transgender community.

Research suggests that the difference in psychological distress and experience of anxiety and depression among trans women and trans men may be partially explained biologically. Specifically, some differences are due to hormones. According to Bockting, Miner, Romine, Hamilton, & Coleman (2013), trans women may have a more difficult time "passing" (being externally perceived as their gender identity or being perceived as cisgender) due to the difference between masculinizing and feminizing hormones used during transition. Bockting et al. (2013) suggest that the more difficult ability to "pass," combined with sexism casting women into an oppressed role in society, helps to explain why the rates of depression are higher among trans women compared to their trans men counterparts.

The predominance of male privilege in society can partially explain the higher amounts of depression reported by trans woman when compared to trans men. At its core, Serano (2007) states, male privilege is sexism. Male privilege is the underpinning idea that men are superior to women, and this unspoken perception of entitlement means that men have access to respect and safety that women do not. Trans men tend to have an overall easier time during their transitional periods, while trans women, who are rejecting

male privilege by the nature of their transition, have a harder time mentally, emotionally, psychologically, and socially.

Living and working in a heterosexist environment as a queer, homosexual, gay, lesbian or transgender individual can increase the stigma associated with being different from societal normative expectations. Herek (2000) describes the insidious nature of heterosexism by explaining that it occurs within societal institutions and encompasses the inherent systematic oppression against anyone who does not identify as heterosexual. Serano (2007) adds that the underlying paradigm of heterosexism is that heterosexual attraction is the only legitimate or proper avenue for sexual or romantic relationships. The very existence of queer, homosexual, gay or lesbian, and transgender individuals rebuts the concept that everyone is heterosexual or falls within a gender or sexual binary. Transgender individuals are frequently the victims of heterosexism as they do not exist within the binary gender system that reinforces heterosexuality and gender normative behaviors. Not fitting within another level of society adds to potential discomfort and endangers transgender individuals.

Being isolated from social support can lead to a greater incidence of psychological distress and has been linked to the higher rate of suicide within the LGBT community (Kelleher, 2009). Originally, the increase in suicidal ideation was believed to be associated with LGBT identities themselves, but recent research has revealed that the higher rates of depression, anxiety, and suicide can instead be attributed to the negative social conditions and unfair treatment individuals find themselves living with as a result of their LGBT identity (Kelleher, 2009). Research about the higher levels of

psychological distress that is observed within the transgender community has sparked interest in quantifying how stigma experienced by transgender individuals and how the perpetuation of prejudice by society contributes to the greater rates of psychological and emotional challenges faced within the transgender community.

One theory that has been shown to be beneficial when trying to understand the occurrence of psychological distress within the LGBT community is the Minority Stress Model, which suggests that the distress is caused by a variety of factors (stigma, prejudice, and discrimination) that can combine to create psychological distress and also act as psychosocial stressors (Kelleher, 2009). Minority stress, particularly that related to sexual minorities such as the transgender community, is thought to be due to a complex mix of variables that are related directly to the sexual minority status, which include concealment, confusion, rejection (both real and anticipated), victimization, discrimination, and internalized stigmatization (Edwards & Sylaska, 2013). As Bockting et al. (2013) put it, the source of the distress is not relegated to the external environment, as research into minority stress proposes that,

> Minority stress processes can be both external-consisting of actual experiences of rejection and discrimination (enacted stigma)-and as a product of these, internal, such as perceived rejection and expectations of being stereotyped or discriminated against (felt stigma) and hiding minority status and identity for fear of harm (concealment) (p. 943).

In order to lessen the experience of psychological distress, some within the transgender community have taken a dangerous course of action, namely self-performed

surgeries and hormone replacement using either nonmedical sources or non-prescribed hormones in order to make their outward appearance align with their internal gender identity. While relatively uncommon in a recent study consisting of 433 transgender identified Canadians, five (1%) reported having either performed or attempted self-surgery (Rotondi et al., 2013). The removal of one's breasts or testes can be dangerous in a medical environment and even more so when attempted in a non-surgical environment. However, the longing to align the outside with the inside proves to be too much of a lure to prevent the practice from happening. Another factor that appears to be driving the dangerous practice of using non-prescribed hormones and self-performed surgery is the lack of access to sex-reassignment services. While certain procedures are covered by health insurance plans (vaginoplasty, mastectomy, breast augmentation, phalloplasty, etc.), the approval process to obtain such services is often long, with many hurdles for an individual to jump through to make one's external match one's internal gender identity (Rotondi et al., 2013).

Another source of psychological distress can be attributed to high rates of violence that are experienced by members of the transgender community. In one research study, Testa et al. (2012) estimated that 60% of transgender individuals have been victims of physical violence, with 46% experiencing sexual assault. Twice as many attacks against transgender individuals are perpetrated by strangers than acquaintances. However, due to historical underreporting, the incidents of violence are likely to be higher; only 10% of attacks are ever reported to authorities. These researchers also noted that, by not pursuing legal recourse, transgender victims of assault are inequitably prone

to self-medicate with alcohol, illicit substances, and attempt suicide more often than the cisgender population.

In summary, there is a clear relationship between mental health issues and social inequality for transgender individuals. The damage done by social ostracization exacerbates mental health issues and, in turn, continues to isolate transgender individuals from the general population even more. There exists a cyclical relationship between mental health disorders and the lack of social supports that most of the transgender community experiences. There are both external and internal ramifications of this prejudice against transgender individuals due to the disappearance of their social support networks.

Social Inequality and Legal Challenges for the Transgender Community

As mentioned earlier, while depression, anxiety, homelessness, and other social inequalities may be overwhelming on their own, research has revealed that members of the transgender community are also at an increased risk of violence and abuse. Being ostracized from social support may help to explain the positive relationship that exists between abuses that occur and transgender status (Budge et al., 2013). Just as the Minority Stress Model helped to explain a link between discrimination and psychological distress, it helps to understand the impact of social inequalities on members of the transgender community.

Another social issue transgender people face is workplace discrimination. Title VII of the Civil Rights Act of 1964 makes it illegal to discriminate against someone based on “race, color, religion, national origin, or sex” (“Laws Enforced by EEOC”).

However, the protection does not necessarily apply to members of the transgender community, and there is little recourse that can be taken when injustices occur that are based on sex-normative stereotypes (Marino, 2013). Restroom use and workplace attire pose challenges for members of the transgender community since their outward appearance sometimes does not match their internal gender identity. Workplace discrimination does not only affect the employment status of an individual; research indicates that such an inequality is associated with decreased job satisfaction, increased psychological distress (specifically depressive and anxiety symptoms), and a variety of health-related issues (Brewster, Velez, DeBlaere, & Moradi, 2011).

The legal system has not been sympathetic or attentive to the needs of transgender individuals who have been victims of workplace discrimination because of their gender identity or expression. If charges are filed against the employer for wrongful termination, transgender individuals are often subject to personal questions regarding their gender and sexual identity. The employer may deliver judgments that are based on outdated social and cultural normative standards and stereotypes regarding the roles men and women should fill (Marino, 2013). As Marino (2013) notes, part of the reason members of the LGBT community are not provided sufficient coverage from workplace discrimination may stem from the legal system's continued fear of showing support for conduct that falls outside of social norms, which could be viewed as "an endorsement of homosexual conduct" (p. 878).

Although the legal system should, in theory, protect all individuals, regardless of gender identity, such is not always the case. The inequality in protection can be seen in

the recourse available and pursued when a transgender individual is the victim of bullying or violence. Transgender individuals and others within the LGBT community are, due to their minority status within society, subject to hate crimes, which can result in psychological distress for both victims and their families. Hate crimes are defined as crimes that are "motivated by biases based on race, religion, sexual orientation, ethnicity/national origin, and disability" (Federal Bureau of Investigation, n.d.).

One event within the LGBT community that sparked the need for increased legal protection was the murder of Matthew Shepard in 1998. However, despite the outpour of support for providing protection for the LGBT community from hate crimes, the advancement in any proposed legislation to bring about such change for people who have alternate gender identities, gender expression or are gender non-conforming have been stymied, in part, by lack of political consciousness. The awareness of transgender discrimination is an issue that does not generally gain the attention of those in political power (Cramer et al., 2013).

Adults are not the only ones who experience discrimination. Transgender youth are victims of severe bullying at school, where the environment is often hostile towards gender minority students. A recent study of LGBT high school students and their self-reported rates of gender-based victimization revealed that over half (62%) of LGBT students aged 13 to 18 were the recipients of negative remarks based on their gender expression (Goldblum et al., 2012). When LGBT students were victimized in the presence of a teacher, the behavior was stopped only 12% of the time. Transgender students report feeling more unsafe at school (76.3%) when compared to their lesbian,

gay, and bisexual counterparts (52.9%) (Goldblum et al., 2012). With such an increased level of psychological distress at school, transgender students are at a high risk of developing depression, anxiety, and low self-esteem, as well as attempting suicide (Goldblum et al., 2012).

The hostile environment also contributes to students leaving school, with an estimated 15% citing severe harassment as the reason for leaving (Tebbe & Moradi, 2012). Research completed by Goldblum et al. (2012) determined that in their sample consisting of 290 transgender students, over a quarter (28.5%) reported a history of suicide attempts, with over one third (39.0%) reporting three or more suicide attempts. Research suggests that transgender students of color may experience greater discrimination and prejudice when compared to their white transgender counterparts (Singh, 2013). This may be an indication of society's inability to accept both people of color and transgender identified individuals.

If the suicides are not completed and the LGBT students are able to progress into adulthood, they are statistically likely to experience some sort of intimate partner abuse. Some studies suggest that close to 60% of transgender individuals will experience intimate partner abuse at some point during the course of their lifetime (Goodmark, 2012). Goodmark (2012) suggests that intimate partner abuse against transgender identified people may be caused by the same factors found in abusive cisgender relationships. Controlling and enforcing gender norms through sexism (the idea that one gender is intrinsically superior to another) can be a cause of domestic violence. However, the incidence of domestic violence is higher because transgender individuals violate

society's version of gender and sexual norms solely through their existence.

Similar to the treatment transgender individuals receive when reporting incidents of workplace discrimination, victims of intimate partner violence also receive unfair treatment, with nearly one third reporting being disrespected or harassed by the police department (Tebbe & Moradi, 2012). While law enforcement is, in theory, supposed to protect and serve, it appears that the men and women who comprise the legal system (including the police officers, judges, juries, etc.) mirror the attitudes held by the national population towards members of the transgender population. Norton and Herek's (2013) research into the attitudes held by Americans regarding transgender individuals revealed that heterosexual men are likely to view transgender people more negatively as compared to heterosexual females, but it appears that both genders of the cisgender population view transgender individuals in a negative light. They also found that, as levels of psychological authoritarianism, political conservatism, and religiosity increase, so does the level of prejudice towards transgender individuals (Norton & Herek, 2013).

Another issue that adds to the inequity between transgender and cisgender populations is the subconscious facets of cissexual privilege, which grants the majority of cisgender individuals rights and opportunities denied to transgender identified people (Serano, 2007). Most cisgender people might be reinforced to think of themselves as being more valid and legitimate than transgender people because they were born the biological sex with which they identify. Serano (2007) clarifies that cisgender individuals are often unaware and by default immune to the struggles of the transgender community because their privilege means they are not privy to transgender life experiences.

Cisgender privilege also relates to transphobia. Transphobia is a deep-seated, irrational anger, hate, or fear towards transgender individuals (Nagoshi et al., 2008). Transphobia is extended towards people who identify as bigender, agender, genderqueer, trans men, trans women and non-binary expressing people such as cross-dressers, masculine women, effeminate men and/or transsexual individuals who pursue biological alteration. The negative emotions caused by transphobia are frequently expressed in mannerisms related to disgust or revulsion (Hill & Willoughby, 2005, Nagoshi et al., 2008). When the assumption by cisgender individuals is made that everyone falls into the category of "man/masculine" or "woman/feminine," and that everyone is cisgender, they automatically invalidate the transgender experience which is the embodiment of cisgender privilege through willful ignorance or simply lack of information.

In summary, members of the transgender community, adults and youth, are much more at risk to experience violence and abuse than their cisgender counterparts. Not only are they more likely to experience violence at the hands of intimate partners, they are statistically expected to experience violence at the hands of strangers, and are more likely to experience discrimination and harassment at places of work and educational facilities. These largely unchecked injustices lead to higher rates of joblessness, stopping education, suicide, violence, abuse, trauma, poverty, anxiety, general poor mental health, and depression. Transgender individuals also experience lack of opportunity for legal recourse when seeking to report these crimes to law enforcement agencies. Law enforcement agencies are unlikely to take the claims of prejudice or abuse seriously, and if the transgender individual proceeds to court, the people involved in law's due process

are unlikely to make sure the plaintiffs receive justice. These disparities in socially constructed supports and legal systems are maintained for a variety of reasons including: psychological authoritarianism, political conservatism, religiosity, sexism, cissexual privilege, and transphobia.

Social Support Options for Transgender Individuals

There are many social support lapses for transgender people. However, there are opportunities to catalyze change. Society is experiencing a gradual shift in awareness for transgender populations. There are slowly occurring changes in perceived social support networks that transgender individuals recognize and can access. In particular, social support from significant others, family, and friends can assist in providing preventative measures that are necessary to produce improvements in quality of life and overall health for transgender individuals. Social support not only exists as preventative care but can also foster and maintain avenues through which transgender individuals receive affirmation and encouragement.

Whereas the amount of discrimination, social inequalities, and mental health challenges faced by members of the transgender population appears to be overwhelming, there are methods that have been shown to effectively combat the negative messages members of the LGBT community receive. Social support appears to be a good insulator against the negative aspects that are associated with discrimination and ostracization from society. Wills (1991) defines general social support as the opinion and/or the reality that someone is cared about by others, can access aid from other people, and that they are a part of a social system that is supportive. Different types of social support can be concrete

including "intimate" or "material" such as sexual relations or money and abstract including "intellectual" or "emotional" support such as phone calls or use of supportive language. It is important to note that the perception of being socially supported is just as critical as receiving actual assistance. Social support can come from a plethora of origination points including peers, biological family, colleagues, groups, or even domesticated animals (Wills, 1991).

In their research, Cohen, Underwood, and Gottlieb (2000) found that even personal belief in social support (incorrectly or correctly assumed) may act as a buffer against the bigotry expressed in society. Cohen's (2004) work showed that while social support is dynamic and fluctuates over time, it has numerous positive effects. The research on general social support has begun to solidify and become more focused. There are specific avenues or forms that social support might take and each of these produces multiple beneficial effects. As described earlier, there exist many blockades in transgender individuals' access to specific kinds of social support. Sheets and Mohr (2009) suggest that there are two different types of social support: general and sexuality-specific, with each mitigating undesired circumstances and increasing coping mechanisms for transgender individuals.

General social support has been linked by Sheets and Mohr (2009) to greater self-esteem, a decrease in loneliness and depression, and an overall better psychosocial adjustment. Support from parents and other family members can be helpful. Research suggests that support from such individuals' leads to a higher quality of life and lower levels of depression experienced by transgender youth (Simons, Schrager, Clark, Belzer,

& Olson, 2013). Sexuality-specific social support pertains to individuals' acceptance regardless of their sexual orientation and, more importantly, their sexuality being accepted and recognized. Sexuality-specific social support not only helps foster self-esteem, it helps to facilitate social integration (Sheets & Mohr, 2009).

To extrapolate from this concept, transgender individuals who are recognized and accepted as transgender will hypothetically have an easier time with family, friends, and coworkers, and in the areas of mental, emotional, and physical health. Finding the gaps in social support structures between cisgender and transgender people, and trans men and trans women, will be a spring board for figuring out which of the social groups are most likely to withdraw support during a transgender individuals' transition process. Additionally, this information will aid in closing the gaps between gender variant individuals and non-gender variant individuals for the most at-risk social support structures.

In summary, social support is made up of a variety of actions that make a person feel cared for. Social support can also manifest as a feeling of being assisted. Social support can come from a myriad of avenues, from pets to organizations. The effects of social support are positive and long-lasting. There are specific forms of social support, including that which is sexuality-specific. Lesbian, gay and bisexual individuals receive mental health benefits when they experience this form of social support. Transgender individuals also may benefit from this form of all-inclusive acceptance. However, dissimilarities between cisgender and transgender individuals, and between trans women and trans men, must be examined before these issues can be addressed. Metaphorically

speaking, finding fissures is essential to bolstering walls.

Transition Status and Social Support

In addition to differences in social support access between trans men and trans women, social support might be dynamic and fluctuating over time. In the case of transsexual individuals, research is unclear about this possibility. Social support might differ depending upon one's transition timelines. Specifically, I intend to examine whether transsexual individuals' (early, middle or late) transition timelines could potentially link to changes in amount of social support they perceive. The potential problem with this could be that during specific points in transition they could lose their social support networks which could lead to a vulnerability to a plethora of aforementioned issues such as poor mental health, suicide, self-mutilation, joblessness, and legal trouble. For example, amount of social support might decrease dramatically in the early stages of transition when a transsexual person first "comes out."

The Human Rights Campaign (2013) defines "coming out," in the context of the transgender community means individuals verbalizing their transgender status to their families, friends, or the other person(s) in their romantic relationship(s). Transgender individuals' experiences of rejection often occur via the repulsion, violence, confusion, rejection, and general negative reactions projected by family, coworkers, school mates, friends, and significant other(s). Research has suggested that the majority of the cisgender population within the United States holds a negative view when it comes to the transgender population (Norton & Herek, 2013).

According to the American Psychiatric Association (2013), another part of the

early stage of transition includes therapy. Therapists, counselors, or mental health professionals are the gatekeepers in sexual reassignment as they determine whether a transgender individual is ready to move into various stages of transition. Transgender individuals are recommended to receive a minimum of six months of therapy in order to determine the validity and permanence of their desire to transition, and whether they can be determined by the mental health professional to be diagnosed with gender dysphoria. (American Psychiatric Association, 2013).

Once these early stages of coming out and therapy are sought, transsexual individuals can pursue hormone replacement therapy from a medical doctor. This middle step of hormone replacement therapy includes the use of masculinizing hormones such as testosterone for trans men and the use of feminizing hormones such as anti-androgens (testosterone blockers), estrogen, and sometimes progestin for trans women (Coleman et al., 2012). Middle stages of transition can include not only hormone replacement therapy but also sexual reassignment surgery.

Trans women might pursue a variety of procedures including but not limited to: Breast/chest surgery (breast augmentation or mammoplasty through implants or lipofilling), genital surgery (such as penectomy, orchiectomy, vaginoplasty, clitoroplasty, vulvoplasty), facial feminization surgery, liposuction, lipofilling, voice surgery, thyroid cartilage reduction, gluteal augmentation (by way of implants or lipofilling), and hair reconstruction (Coleman et al., 2012). It is a reasonable assumption to imagine that after pursuit of physical changes, social support options will increase as the transgender individual will increasingly be perceived as cisgender by others and their own amounts of

discomfort with themselves should lessen.

Trans men might procure surgeries such as but not limited to: Breast/chest surgical reconstruction (subcutaneous mastectomy), genital surgery (hysterectomy, salpingo-oophorectomy, reconstruction of the urethra, metoidioplasty or a phalloplasty, vaginectomy, scrotoplasty, and implants for erection and/or testicular prostheses), (rarely) vocal surgery, liposuction, lipofilling, and pectoral implants (Coleman et al., 2012). The late stage of the transition process can be considered the ability to "pass" (or be perceived as one's gender identity or as being cisgender), as was discussed earlier (Bockting, et al. 2013). During this later stage of passing, transgender social support networks should be at their highest. Transgender individuals should be at a point where they are able to surround themselves with people who support their transition, either by starting over with new social groups, or with those who have remained by accepting their transgender status.

Social support can be expected to vary throughout a transgender individuals' transition. If we look at transition in three stages, early, middle, and late, we can gauge where transgender persons are in their timeline, and simultaneously what they consider their amount of social support to be. In pinpointing significant drops in social support, the most vulnerable times in a transgender person's life could potentially be identified. Creating awareness of when aid is most needed and required could potentially lessen not only social abandonment but also improve the mental health of transgender individuals. Pointing out the most likely point where social support decreases, preventative measures such as education and action plans could be implemented, as well as identifying the most

important times to give buffering opportunities for access to other avenues for social support, such as hotlines and support groups.

Statement of the Problem and Hypotheses

Research has shown that sex and gender are spectrums. In spite of this, traditional concepts of "man/masculine" and "woman/feminine" inundate society. There are those who recognize themselves as being non-cisgender and, therefore, can be regarded as transgender. These people consistently battle marginalization. An overarching sense of transphobia seems to exist at every level of society. Transphobia commonly perpetuates injustice because of sexism, cisgender privilege, and heterosexism. Some of the major issues non-gender conforming people face can include mental disorders, violence, discrimination, and abandonment. The loss of social support can be utterly devastating when experienced by this already disregarded population.

Lack of social support can be the most difficult obstacle for transgender people to overcome. Often, transgender people lose their jobs, homes, families, romantic relationship(s), and friends to varying degrees and during various points in their transition processes. Even the perception of having social support is vital in overcoming isolation in society. Transgender people need social support in order to reverse the violation of their civil rights. Addressing the lack of access to social support between cisgender and transgender populations, as well as trans men and trans women, is an integral step in the attempt to strengthen social support networks.

My study examined perceived social support between cisgender and transgender samples. Additionally, it addressed the amount of perceived social support between trans

men and trans women. Although previous research has indicated the general importance of social support; there remains a gap in the literature when comparing the amount of perceived social support between transgender and cisgender populations. As heterosexism negatively impacts social support, the difference in perceived social support between trans men and trans women is also a critical struggle for the transgender community. Therefore I also looked at the differences in social support between trans men and trans women. Additionally, with the transitional timeline demographic information collected, the gaps in social support were identified during transgender individuals' transition timelines to include "early," "middle" and "late" stages. In concluding my study, I will offer potential solutions to prevent significant drops in social support.

Hypothesis 1 There will be higher amounts of total perceived social support across different facets for cisgender respondents than transgender respondents. This prediction is consistent with the research reviewed earlier.

Hypothesis 2 There will be higher amounts of perceived social support for trans men than trans women. As noted earlier in the literature review, there are differences in the ease of transitioning and perceptions of the transition process that favor trans men over trans women.

Hypothesis 3 The amounts of perceived social support will be at the lowest point for all transsexual participants during the early stages of transition (coming out or therapy). As mentioned earlier within the literature review, coming out and pursuing therapy typically results in social support deficit for many transgender individuals.

Hypothesis 4 The amounts of perceived social support will be moderate for all transsexual participants during the middle stages of transition (hormone replacement or sexual reassignment). This hypothesis aligns with the previously mentioned research on the difficulty of transgender people to find accepting social groups while they undergo medical transition.

Hypothesis 5 The largest amount of perceived social support for all transsexual participants will be during late transition stages (passing). The stage of being "stealth," or passing, tends to lead to higher amounts of social support for transgender individuals, which was discussed during the summary of preceding literature.

CHAPTER II

Method

Participants

I created a Facebook page completely independent of my personal page. The page was titled Perceived Social Support. I posted the identical introduction page from the online survey to the Perceived Social Support page on Facebook. This introduction described the research study along with a link to take the survey online which I had already created (see Appendix A). I then got the permission of two LGBT groups who were on Facebook to post the page to their groups to so that their members could take the survey. One group is called TN-Tea and the other is called Alphabet Soup. These group members proceeded to take the survey, invite other individuals to take the survey, share the survey via Facebook, and it had a snowball effect. A total of 699 people completed the online survey. Characteristics of the participants will be described later.

Measures

I created an online survey which included an introduction page with information about the study, a demographics section, the Multidimensional Scale of Perceived Social Support (MSPSS), a medical transition timeline questionnaire, the Satisfaction with Life Scale, the Perceived Stress Scale and an ending page thanking the participants for their time (See Appendix A). In order to ascertain the amount of perceived social support between cisgender and transgender respondents I utilized a demographics section and the MSPSS. Utilizing the MSPSS I also looked at the amounts of perceived social support of

the self-identified trans women and the trans men who responded to the survey. Additionally, I had respondents who identified as transgender answer a medical transition timeline questionnaire, which enabled me to look at amounts of perceived social support between the “early,” “middle,” and “late,” transition groups within the transgender sample (see Appendix A).

Demographic items. As noted earlier, the demographic questions included multiple choice questions about ethnicity, gender, sexual orientation, state in the U.S. (or location if living outside the U.S.), age, religion, and education level. This method allowed for the participants to identify themselves as transgender or cisgender. This method also allowed for the participants to identify themselves as transgender or transsexual.

The cisgender participants were sent directly to the perceived social support measure (see below and Appendix A). Participants who identified themselves to be transgender were redirected to a transgender specific questionnaire about transition timeline (see below and Appendix A). The transgender respondents’ transition timeline questionnaire included 11 questions about the respondents’ medical transitions. The first three questions included: if they have been diagnosed as having gender identity disorder or gender dysphoria, if they are currently seeking or actively partaking in counseling, and if they are currently receiving or seeking hormone replacement therapy. Participants had four response options: *Yes, No, Prefer Not to Respond* and *Not Applicable*.

The next three questions had seven possible responses and pertained to participants’ disclosure being transgender, transsexual and their medical transition to

their social supports (*I’ve told my friends, I’ve told my biological family, I’ve told my significant other(s), I’ve told my coworkers, I’ve told none of the above, Prefer Not to Respond* and *Not Applicable*). The next two questions with six possible responses were related to the respondents pursuing or being on hormones (*Yes, I'm currently pursuing testosterone blockers, Yes, I'm currently pursuing estrogen, Yes, I'm currently pursuing testosterone, No, Prefer Not to Respond, Not Applicable, Yes, I'm currently taking testosterone blockers, Yes, I'm currently taking estrogen, Yes, I'm currently taking testosterone, No, Prefer Not to Respond, Not Applicable*).

The next two questions with six possible responses were related to pursuing surgery (*Yes, I'm pursuing surgery to change my vocal cords, Yes, I'm pursuing surgery to undergo chest reconstruction or breast augmentation, Yes, I'm pursuing surgery to alter my genitals (vaginectomy, metoidioplasty, phalloplasty, vaginoplasty etc.), Yes, I am pursuing surgery to alter my sterility (orchiectomy, oophorectomy, hysterectomy, etc.), Prefer Not to Respond, Not Applicable)* or having had surgery *(Yes, I've had surgery to change my vocal cords, Yes, I've had surgery for chest reconstruction or breast augmentation, Yes, I've had surgery to alter my genitals (vaginectomy, metoidioplasty, phalloplasty, vaginoplasty etc.), Yes, I've had surgery to alter my sterility (orchiectomy, oophorectomy, hysterectomy, etc.), Prefer Not to Respond, Not Applicable*).

The final question had eight possible responses pertaining to if they were far enough along in transition to be perceived as a cisgender individual (*I hide being transgender from my friends, I hide being transgender from my biological family, I hide being transgender from my significant other (s), I hide being transgender from my*

coworkers, Everyone in my life knows I'm transgender, I've told none of the above, Prefer Not to Respond, Not Applicable) (see Appendix A).

Multidimensional Scale of Perceived Social Support

As mentioned earlier there exists a cyclic relationship between lack of social support and social inequalities which exist in the transgender community. As mentioned by Wills (1991) social support can have various forms. I chose to look at three specific forms of social support including family, friends and significant others. The MSPSS (Zimet, Dahlem, Zimet, & Farley, 1988) is a 12-item, 7-point likert scale (1 = *Very Strongly Disagree*, 7 = *Very Strongly Agree*). The higher the rating, the more strongly the participants rate their amount of social support. The measure has three 4-item subscales: Significant Other (SO; e.g., “I have a special person who is a real source of comfort to me”), Family (F; e.g., “I get the emotional help and support I need from my family”), and Friends (FR; e.g., “My friends really try to help me”). Acceptable Cronbach’s alpha for the subscales were found in this study as follows: .96 for Significant Other, .94 for Family, and .92 for Friends. This measure was previously found to possess good internal and test-retest reliability and moderate construct validity by Zimet et al. (1988). Those authors found that the Significant Other and Friend subscales are moderately correlated, while the Family subscale is weakly correlated with the other two. This pattern of correlation was confirmed by Dahlem, Zimet, and Walker (1991).

Procedure

The instruments were posted online through surveymonkey.com. The survey took approximately 15 minutes to complete. The data were collected over a 2-month period and when the announcement went out I informed potential participants of when the survey would close. All procedures were reviewed and approved by the Institutional Review Board at MTSU (see Appendix B.) The website specifications prevented anyone from taking the survey more than once from the same IP address. All participants were provided with an informed consent page and had to confirm being at least 18 years of age. They also had the opportunity to ask any questions or voice concerns via phone or email.

CHAPTER III
Results

Descriptive Statistics

Participants. The identified ethnicities included the following: Nearly four percent of respondents identified as American Indian or Alaska Native (n = 26), almost two percent of respondents identified as Asian or Pacific Islander (n = 13), a little over three percent identified as Black or African American (n = 23), a little over 3 percent identified as Hispanic or Latino (n = 23), ninety percent identified as White or Caucasian (n = 631), and a little more than two percent preferred not to respond (n = 17). The ages of participants ranged from 18 to 70 (M = 37.95, SD = 11.53).

The identified gender identities included the following: thirty percent identified as men (n = 209), forty percent identified as women, (n = 301), a little over eight percent identified as trans men (n = 57), almost nine percent identified as trans women (n = 61), less than one percent identified as bigender (n = 4), nearly four percent identified as gender fluid (n = 27), almost four percent identified as gender queer (n = 25), less than one percent identified as agender or no gender (n = 4), less than one percent preferred not to respond (n = 1). The identified sexual orientations included the following: almost thirty four percent identified as straight or heterosexual (n = 232), four and a half percent identified as lesbian or homosexual (n = 31), nearly ten percent identified as gay or homosexual (n = 66), exactly one percent identified as asexual (n = 7), nearly twenty four

percent identified as bisexual (n = 165), almost ten percent identified as queer (n = 68), sixteen percent identified as pansexual (n = 112), just over one percent preferred not to respond (n = 8).

Respondents came from a variety of locations, with people living in 33 of the 50 American states and 11 people reporting living outside of the U.S. The majority of American respondents predominantly reported living in the Southeastern region of the U.S. Respondents reported themselves as adhering to the following religions or spiritualities: almost thirty one percent reported themselves as being Christians (n =212), just over two percent reported themselves as Buddhists (n = 17), nearly ten percent reported themselves as being Atheists (n = 66), almost ten percent reported themselves as being Agnostics (n = 64), just over two percent reported themselves to be Hebrews (n = 16), less than one percent reported themselves as being Muslim (n = 1), fourteen percent reported themselves as being Pagan or Wiccan (n = 103), less than one percent reported themselves as being Hindus (n = 2), less than one percent reported being Taoists (n = 4), twenty five percent reported having none of the listed religious or spiritual affiliations (n = 172), and nearly five percent preferred not to respond (n = 32).

Respondents also reported their educational level as follows: less than one percent had less than a high school degree (n = 4), nearly eleven percent had a high school degree or an equivalent (n = 72), almost thirty percent had some college but no degree (n = 202), just over fourteen percent reported having an Associate's Degree (n = 98), nearly thirty percent reported having a Bachelor's Degree (n = 197), almost thirteen percent reported

having a Graduate Degree (n = 86), and just over three percent reported having a Doctorate (n = 24). The majority of respondents labeled themselves as being cisgender or not being transgender or transsexual at a rate of almost eighty percent (n = 524), almost twenty four percent of respondents labeled themselves as transgender or transsexual (n = 163). Less than one percent of respondents preferred not to answer that question (n = 2).

Analysis

All analyses were conducted utilizing Statistical Package for the Social Sciences (SPSS) 22.0. Each hypothesis was analyzed by both looking at overall perceived support by obtaining the mean of all item scores on the scale, as well as across subscales scores calculated similarly by taking the mean of each subscale's items. Overall scores were compared using *t*-tests or analysis of variance (ANOVA) as appropriate. Subscales, however, were examined using mixed-model ANOVAs, with the subscales as a within-subject ("repeated") factor and group as a between-subject factor. This was necessary because of the aforementioned correlations among the subscales and the fact that the analysis types used for the overall scores do not adjust for those correlations, nor do they detect possible interactions. A familywise alpha of .05 was used for all tests.

To examine the differences between cisgender and transgender respondents regarding social support (see descriptive statistics in Table 1), initially a Welch *t*-test was conducted with overall MSPSS scores. This analysis indicated that transgender respondents perceived significantly less social support than cisgender respondents, $t(225.3) = -4.048$, $p < .001$. This supported the first hypothesis. A two-way, mixed-model ANOVA was then used to analyze the subscales of the MSPSS instead of the overall

score. The between-subjects factor was the grouping (cisgender, transgender), and the within-subjects factor was the subscale score (friend support, family support, significant other support). Cell sizes can be found in Table 1. While both main effects (one for subscale score, one for grouping) were significant, the interaction of subscale score and grouping was also significant, *Wilk's* $F(2, 662) = 10.22$, $p < .001$, $\eta^2 = .03$. Because of the significant interaction, the main effects could not be properly interpreted, and the interaction's simple effects were instead examined.

Table 1

Descriptive Statistics for Transgender/Transsexual Individuals and Cisgender Individuals across MSPSS Subscales

			95% CI	
Subscale	*M*	*SD*	Lower	Upper
Transgender/Transsexual				
Friends	5.41	1.30	5.21	5.62
Family	3.66	1.91	3.36	3.97
Significant Other	5.50	1.66	5.23	5.76
Overall	4.86	1.27	4.65	5.06
Cisgender				
Friends	5.55	1.20	5.44	5.56
Family	4.55	1.67	4.41	4.69
Significant Other	5.85	1.48	5.72	5.97
Overall	5.31	1.09	5.22	5.41

Note: *n* = 511 Cisgender group; *n* = 154 for TG/TS group

Three Welch one-way ANOVAs were run to inspect the simple effects of grouping for each individual subscale. The alpha was appropriately divided for each test (friends $\alpha = .0167$, family $\alpha = .0167$, significant other $\alpha = .0167$). For the friends support

subscale, scores did not differ between cisgender and transgender respondents, $F(1, 238.7) = 1.40$, $p = .238$. Because of the adjusted alpha level, perceived support from significant others did not differ between the groups, $F(1, 230.7) = 5.49$, $p = .020$. Without that adjustment, cisgender respondent scores for significant other support were higher than those of transgender respondents. Perceived family support was significantly higher for cisgender participants than for those who identified as transgender, $F(1, 227.5) = 27.03$, $p < .001$.

Simple effect one-way repeated measures ANOVAs were conducted with adjusted alpha levels to compare across subscales for each group (cisgender $\alpha = .025$, transgender $\alpha = .025$). For the transgender group, perceived support scores differed across the subscales, *Wilk's* $F(2, 152) = 72.56$, $p < .001$, $\eta^2 = .49$. Sidak pairwise comparisons showed that support from significant others and friends were similar, with family support being significantly lower than support levels from both friends and significant others. Pairwise comparisons can be found in Table 2. The scores across subscales also differed for those identifying as cisgender, *Wilk's* $F(2, 509) = 122.95$, $p < .001$, $\eta^2 = .33$. The Sidak pairwise comparisons indicated that support from significant others was highest for the cisgender group, followed by support from friends, and with support from family the lowest. These comparisons can also be found in Table 2.

The first hypothesis was partially supported. While perceived support levels from friends were similar for cisgender and transgender respondents, support from family was significantly higher for cisgender individuals. It could be argued that support from significant others was marginally higher, as well. The patterns of sources of support

revealed by the simple effect repeated measure ANOVAS were slightly different between cisgender and transgender respondents, with the difference between significant other support and support from friends being insignificant for those identifying as transgender.

Table 2
Sidak Comparisons on Social Support Subscales for Cisgender and Transgender Respondents

			95% CI	
(I)	(J)	Mean Difference (I-J)	Lower	Upper
Transgender				
Friends	Family	1.75*	1.34	2.16
Significant Other	Friends	0.08	-0.22	0.38
	Family	1.83*	1.40	2.27
Cisgender				
Friends	Family	1.00*	0.79	1.21
Significant Other	Friends	0.30*	0.14	0.45
	Family	1.30*	1.08	1.52

*. Significant based on a familywise $\alpha = .05$

A Welch *t*-test was conducted to see if overall support differed between trans men and trans women. The test indicated that social support in fact did not differ, $t(107.6) = -.48$, $p = .633$. A two-way, mixed-model ANOVA was then used to see if there was any interaction between trans man/woman status and subscale scores, which would indicate there was some difference on at least one of the subscales. Descriptive statistics can be found in Table 3. The status/subscale interaction was also not significant, *Wilk's F*(2, 108) = 1.74, $p = .181$, $\eta^2 = .03$. Thus, the data do not support the second hypothesis that trans men would have higher perceived social support than trans women.

Table 3
Descriptive Statistics for Trans Men and Trans Women across MSPSS Subscales

Subscale	*M*	*SD*	95% CI	
			Lower	Upper
Trans Men				
Friends	5.70	0.17	5.37	6.03
Family	3.56	0.26	3.04	4.08
Significant Other	5.61	0.22	5.17	6.05
Overall	4.96	0.99	4.68	5.23
Trans Women				
Friends	5.29	0.16	4.98	5.60
Family	3.84	0.25	3.35	4.32
Significant Other	5.41	0.21	5.00	5.82
Overall	4.85	1.33	4.51	5.19

Note: n = 52 for trans men; n = 59 for trans women

Comparing overall perceived support among the three transition stages (early, middle, late) was conducted using a Welch one-way ANOVA, and it was found that there were no significant differences, $F(2, 10.5) = 1.23$, $p = .331$. A two-way, mixed-model ANOVA was again used to examine possible relationships among the stages and subscales. There was no interaction found, *Wilk's* $F(4, 296) = .75$, $p = .558$, $\eta^2 = .01$.

Table 4
Descriptive Statistics for Medical Transition Stage across MSPSS Subscales

Subscale	*M*	*SD*	95% CI	
			Lower	Upper
Early				
Friends	5.15	0.58	4.01	6.29
Family	4.05	0.85	2.37	5.73
Significant Other	5.70	0.74	4.23	7.17
Overall	4.97	2.01	2.47	7.47

Middle				
Friends	5.49	0.13	5.22	5.75
Family	3.77	0.20	3.38	4.16
Significant Other	5.69	0.17	5.35	6.04
Overall	4.98	1.20	4.73	5.23
Late				
Friends	5.31	0.17	4.97	5.65
Family	3.44	0.26	2.94	3.95
Significant Other	5.17	0.22	4.73	5.61
Overall	4.64	1.28	4.29	4.98

Note: n = 5 for early stage; n = 92 for middle stage; n = 55 for late stage

CHAPTER IV
Discussion

The transgender community has high rates of mental illness, suicide attempts, abandonment, joblessness, poverty, trauma, and abuse. This litany of inequalities can be associated with rejection by social support networks. I initiated this study to look at perceived social support differences between transgender and cisgender individuals to study systematic inequalities and suggest ways to change the negative trends. From a social justice perspective, researching this vulnerable population is critical to implementing change and improving quality of life. I looked at amounts of perceived social support through three avenues: friends, significant others, and family.

Isolating the drop in social support from specific sources allowed me to ascertain which relationship structures were most at risk, and additionally, propose how to buffer or potentially prevent the drastic changes in social support. I hypothesized that the transgender respondents would have lower perceived social support than cisgender respondents. Secondly, I proposed that trans men would have higher amounts of perceived social support than trans women. Finally, I proposed that perceived social support would be at the lowest point for those in the early stage of medical transition, with moderate amounts of social support in middle stage transition, and the highest amount of social support would be found in the late stage of transition.

The results confirmed previous findings that the transgender population has lower perceived social support than cisgender populations, over all. This confirmed my first hypothesis, and it was the only finding to be statistically significant. The cisgender

sample reported receiving the most support from significant others, followed by friends, and reported receiving the least support from family. The results showed that transgender identified individuals were significantly less likely to have family support than cisgender respondents. Transgender people rated themselves as having more support from friends than cisgender respondents. This finding could reflect the necessity of transgender people to build up friend support because of the experienced deficit of family support when compared to cisgender respondents. The analysis I conducted between trans men and trans women followed trend I found in my previous analysis of the comparison of cisgender and transgender populations, that transgender people (regardless of gender) in general reported getting higher amounts of support from friends and significant others more than family.

The medical transition timeline analysis yielded non-significant results. There appeared to be no significant differences in amount of social support between the early, middle, and late stage groups. It does appear however that reported family support declines as people moved through the stages of transition. This was not found to be statistically significant, however if this were replicated with a larger sample it might provide insight about the transition process and familial reactions during the entire progression. If in fact transgender people were found in another study to continually lose family support rather than gain it over time then it could be a reflection of either the families' lack of ability to adapt to the transgender family member or that the friendship groups and communities created during the transition process supersede the necessity for familial interactions.

If this had been a longitudinal study, I think that significant results would have been found with overall social support increasing over time. I think that the process of a transsexual person medically transitioning over time inevitably results in eventual social integration whether by eventual acceptance by originally existing support groups or social groups created during transition. It is interesting that there was no significant difference in amount of perceived social support on any subscales or overall between trans men and trans women. It could be that patriarchal benefits trans men sometimes experience are irrelevant during external attempts at transitioning. It could also be that the transgender community experiences the same loss of social support as a whole regardless of gender identity because transphobia and cissexual privilege are so insidious and ingrained into society.

The significantly lower level of family support found points out the vulnerability of transgender identified individuals. Stigmatizing of transgender individuals strongly affects their ability to be supported by others. It is interesting to find that friends are the strongest place of support for transgender identified individuals. This finding could indicate the initial rejection transgender identified individuals' experience, followed by a rebuilding of a community of people who support them during their transitional periods. It makes sense to me that over time new, more accepting friends would be found or open-minded pre-transition friends would offer the most social support to transgender individuals who undergo transition. If you lose all your social groups, new peer groups must be obtained to avoid isolation. Throughout transition, after the initial rejection from those who will not be accepting of ones' new identity, you either create new social

groups, or the friends will remain who have the capacity to outlast fluctuating gender. Friend groups can be re-created; however another biological family cannot be chosen.

The amount of social support from significant other for transgender identified individuals was almost (.0167 compared to .020) significantly different from cisgender individuals. Had the number of transgender respondents been greater I think that this comparison might have reached statistical significance. This finding if replicated with a larger sample and found to be significant could reify the previously found trend that social support plummets during the transition process. It would be another avenue to understanding the high amounts of social rejection that the transgender community experiences. It would also answer a gap in the research about which types of social support are most likely to dissipate during the transition process.

Limitations of this Study

One limit of this study is that people could have potentially answered the online questions about their identities incorrectly perhaps out of a sense of embarrassment, not understanding the questions, or an internalized perception that they "should" answer the questions a certain way. There could be potential biases when answering the questions, and potentially accidental misinterpretations of the questions. The transgender community respondents gathered via online social networking sites already had access to some social networking, which meant that these respondents were predisposed to having existing social support. This access to online or virtual support could explain why there was not a significant difference in the amount of perceived social support between trans

men and trans women, as they have access to the internet to answer the survey. It is a limitation that my study did not indicate whether the respondent's supports are located online or physically near them. Including a measure specifically looking at online social support could be useful in understanding how virtual support impacts perceptions of social supports. Based on the results found it could indicate that people not living with or near family but living geographically near friends could impact the higher ratings of perceived friendship support.

There was a racial disparity with the majority of respondents being white. There was a Southeastern regional influence with the majority of respondents (73.8%) being in the Southeastern region of the U.S. There was also a religious influence with most respondents being Christian. This could be a reflection of higher rates of religiosity in the Southeast U.S., since the majority of respondents were located in that region. It is possible that the conservative nature of both the Southeastern U. S. and many Christian identified people living there could have added to the extremely high family rejection results for transgender respondents. I was unable to ascertain exact socio-economic status for respondents because there was an error with the income question when it was posted online.

Another limitation was the age of my respondents. The average age of the respondents was 30 years. This age could have potentially influenced the results as all of these respondents are adults, and unlikely to still be housing living with their biological family, which could have attributed to the self-reported perception of lack of family support. Another limitation is the wording on the scale of social support. The individuals

answering the survey may not have known whether I was talking about biological family, or chosen family. This could have impacted the results significantly, depending on whether the respondent thought it was a family they created or the family they grew up with.

Implications for Future Research

I would like to do a more in-depth longitudinal and qualitative research in the future with transgender respondents. Specifically, I would like to study their amount of social support, and how it fluctuates over medical transitional timelines. I would like to interview transgender individuals and do more qualitative research asking them about specific experiences. I could interview them during the early, middle, and late stages of transition. This would give me a better understanding of how transgender individuals adapt over time, which social supports are strongest, pinpoint ways to mitigate social rejection and social inequalities. I think this kind of research would be useful for people who hope to overturn some of the social justice issues by learning about social support techniques from specific individuals. Additionally, I have data collected from this survey including the Life Satisfaction and Perceived Stress scales that I intend to publish in another paper looking at how these two measures were comparable to gender identity and amount of social support. In this additional paper, I would also look at how perceived social support in this study was impacted by religion, age, geography, sexual orientation, income group and those with gender queer, agender, bigender, or gender fluid identities.

I found results that echo what has been found in previous literature. Transgender identified individuals experience far less social support than their cisgender counterparts.

Although my other hypotheses were not confirmed I think what I did not find is just as interesting and contributes to current literature. Finding ways to bolster social support is critical for transgender populations. Finding a significant difference in perceived family support is particularly troubling to me. Theoretically, family is supposed to be a structure which nurtures, loves, and accepts. Perhaps, families are only as strong or accepting as they have the means, access to education, and exposure to diversity to be. In my opinion, education is paramount to successful integration of transgender individuals with their families to prevent inequality. Perhaps more stream-lined, organized, and accessible educational opportunities through the media (radio, television or internet) for families with transgender members can be pursued to help change this disturbing trend.

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APPENDICES

APPENDIX A: SURVEY

Section A: Participant Consent Form

Principal Investigator: Quinn R. Johnson
Study Title: TRANSGENDER COMMUNITIY INEQUALITIES AND THE IMPORTANCE OF PERCEIVED SOCIAL SUPPORT
Institution: Middle Tennessee State University
The data collected will be completely anonymous with no personally identifying information.
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, a copy of this consent form can be given to you upon request. Your participation in this research study is voluntary. You are also free to withdraw from this study at any time. In the event new information becomes available that may affect the risks or benefits associated with this research study or your willingness to participate in it, you will be notified so that you can make an informed decision whether or not to continue your participation in this study.
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) 4948918.
1. Purpose of the study: You are being asked to participate in a research study because there is a gap in the existing literature about the nature of perceived social support when comparing nontransgender (cisgender) and transgender identified people. We are interested in differences in perceived social support between the two populations based on demographic information and a series of three surveys: the multidimensional scale of perceived social support, satisfaction with life scale, and perceived stress scale. In addition to sex differences, we are interested in gender differences between trans men and trans women, and differences in transitional timelines of transsexual individuals.
2. Description of procedures to be followed and approximate duration of the study: First there is an informed consent section of the survey. If you do not consent then you will be sent to the end of the survey and will not see any questions. If you consent to continue and answer the survey questions, there will be 3 sections of questions. Transgender identified participants will answer all three sections including a standardized measure of demographics, a perceived social support measure and transitional timeline questions; non transgender participants will answer two sections including a perceived social support measure and a standardized measure of demographics. Approximate duration of the study is 15 minutes.
3. Expected costs: Free
4. Description of the discomforts, inconveniences, and/or risks that can be reasonably expected as a result of participation in this study: Discomforts may include emotional discomfort from lack of social support. The discomfort could arise from the subject matter including answering questions about being transgender and the transitioning process (if applicable).
5. Compensation in case of study related injury: NA

6. Anticipated benefits from this study:
a) The potential benefits to science and humankind that may result from this study are looking at the comparative experiences of social support networks for transgender individuals, identifying potential social vulnerabilities in transgender populations, and providing better support systems.
b) The potential benefits to you from this study: Making contributions to further research about perceived social support to point out the gaps in social support between transgender and traditionally gendered populations.
7. Alternative treatments available: NA
8. Compensation for participation: None
9. Circumstances under which the Principal Investigator may withdraw you from study participation: NA
10. You can stop participating in this study at any time.
11. Contact Information.
If you have any questions or concerns about this study please contact:
Dr. Tom Brinthaupt
(615) 615-494-7676
Tom.brinthaupt@mtsu.edu
or
Quinn R. Johnson
(615-810-7771
tjj2n@mtmail.mtsu.edu
If you should have any concerns about feeling distressed please contact:
National Suicide Prevention Hotline: 18002738255
(All Ages)
GLBT National Help Center: 18888434564
(All Ages)
The Trevor Project: 18664887386
(Ages 24 and under)
GLBT National Youth Talkline: 18002467743
(Ages 25 and under)
12. Confidentiality. All efforts, within reason, will be made to keep the personal information in your research record private but total privacy cannot be promised. Your information may be shared with MTSU or the government, such as the Middle Tennessee State University Institutional Review Board or Federal Government Office for Human Research Protections, if you or someone else is in danger or if we are required to do so by law.
13. STATEMENT BY PERSON AGREEING TO PARTICIPATE IN THIS STUDY
I have read this informed consent document. I understand each part of the document, all my questions have been answered through the phone conversation using the numbers provided or through email using the email addresses provided, and I freely and voluntarily choose to participate in this study.
1. Age: *You must be at least 18 years of age to participate in this study*

2. Do you consent to proceed with this survey?

I consent to proceed with this survey.
I do not consent to proceed with this survey.

Section B: Demographic Information

Instructions: We are interested in gathering more information about you. Please read each question carefully and choose an option. Items 3-10

3. What is your ethnicity?
American Indian or Alaskan Native
Asian or Pacific Islander
Black or African American
Hispanic or Latino
White / Caucasian
Prefer not to answer
Other (please specify)

4. What is your approximate average yearly income?
$10,000 or less a year
$20,000-30,000 a year
$40,000-50,000 a year
$60,000-70,000 a year
$80,000-90,000 a year
$100,000 or more a year
I'm currently unemployed
I'm currently on disability
Prefer Not to Respond
Other (please specify)

5. What is your gender?
Man
Woman
Trans man
Trans woman
Bigender
Genderfluid
Genderqueer
Agender or no gender
Prefer Not to Respond
Other (please specify)

6. What is your sexual orientation?
Straight or Heterosexual

Lesbian or Homosexual
Gay or Homosexual
Asexual
Bisexual
Queer
Pansexual
Prefer Not to Respond
Other (please specify)

7. In what state or U.S. territory do you live?
Outside of the U.S. (please specify)

8. Do you label yourself as a member of any of the following religions or spiritualties?
Christianity
Buddhism
Atheism
Agnosticism
Judaism
Islam
Pagan/Wiccan
Hinduism
Taoism
None
Prefer Not Respond
Other (please specify)

9. What is the highest level of school you have completed or the highest degree you have received?
Less than high school degree
High school degree or equivalent (e.g., GED)
Some college but no degree
Associate degree
Bachelor degree
Graduate degree (e.g., MA or MS)
Doctorate or Doctoral degree (e.g., M.D., J.D., or Ph.D.)
Prefer Not to Respond
Other (please specify)

10. Do you consider yourself transgender and/or transsexual?
Yes
No
Prefer Not to Respond

Section C: Transition Timeline Information

We are interested in collecting information on your transition as a transgender or transsexual identified person. Items 11-21

11. Have you have been diagnosed by any medical professional (e.g., a therapist, counselor, psychologist, medical doctor, psychiatrist etc.) as having “gender dysphoria” or “gender identity disorder”?
Yes
No
Prefer Not to Respond
Not Applicable

12. Are you actively seeking a counselor, therapist or psychiatrist for gender identity issues?
Yes
No
Prefer Not to Respond
Not Applicable

13. Are you currently seeing a counselor, therapist or psychiatrist for gender identity issues?
Yes
No
Prefer Not to Respond
Not Applicable

14. Who have you told that you are transgender? Please check all that apply.
I’ve told my friends.
I've told my biological family.
I've told my significant other (s).
I've told my coworkers.
I've told none of the above.
Prefer Not to Respond
Not Applicable

15. Who have you told that you are transsexual? Please check all that apply.
I've told my friends.
I've told my biological family.
I've told my significant other (s).
I've told my coworkers.
I've told none of the above.
Prefer Not to Respond
Not Applicable

16. Who have you told that you are medically transitioning? Please check all that apply.
I've told my friends.
I've told my biological family.
I've told my significant other (s).
I've told my coworkers.
I've told none of the above.
Prefer Not to Respond
Not Applicable

17. Are you pursuing hormone replacement therapy? (e.g., Estrogen, testosterone blockers, or testosterone)
Yes, I'm currently pursuing testosterone blockers.
Yes, I'm currently pursuing estrogen.
Yes, I'm currently pursuing testosterone.
No
Prefer Not to Respond
Not Applicable

18. Are you currently undergoing hormone replacement therapy? (e.g., Estrogen, testosterone blockers, or testosterone?
Yes, I'm currently taking testosterone blockers.
Yes, I'm currently taking estrogen.
Yes, I'm currently taking testosterone.
No
Prefer Not to Respond
Not Applicable

19. Are you pursuing gender confirming surgery? Please check all that apply.
Yes, I'm pursuing surgery to change my vocal cords.
Yes, I'm pursuing surgery to undergo chest reconstruction or breast augmentation.
Yes, I'm pursuing surgery to alter my genitals (vaginectomy, metoidioplasty, phalloplasty, vaginoplasty etc.)
Yes, I am pursuing surgery to alter my sterility (orchiectomy, oophorectomy, hysterectomy, etc.)
Prefer Not to Respond
Not Applicable

20. Have you had gender confirming surgery? Please check all that apply.
Yes, I've had surgery to change my vocal cords.
Yes, I've had surgery for chest reconstruction or breast augmentation.
Yes, I've had surgery to alter my genitals (vaginectomy, metoidioplasty, phalloplasty, vaginoplasty etc.)
Yes, I've had surgery to alter my sterility (orchiectomy, oophorectomy, hysterectomy, etc.)

Prefer Not to Respond
Not Applicable

21. Are you far enough along in transition that you hide being transgender because you are perceived by others to be cisgender? Please check all that apply.
I hide being transgender from my friends.
I hide being transgender from my biological family.
I hide being transgender from my significant other (s).
I hide being transgender from my coworkers.
Everyone in my life knows I'm transgender.
I've told none of the above.
Prefer Not to Respond
Not Applicable.

Section D: Perceived Support from Others
Multidimensional Scale of Perceived Social Support Items 22-33

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Section E: Perceived Stress Scale Items 34-43

Instructions: We are interested in how you have been feeling and thinking during the last month. Read each question carefully. Indicate how you feel about each question.

Section F: The Satisfaction with Life Scale Items 44-48

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Section G: Participant Debriefing Form

Thank you for participating as a research participant in the present study concerning perceived social support. The purpose of this study was to ascertain gaps in existing perceived social support between traditionally gendered and transgender populations. Again, we thank you for your participation in this study. If you know of any friends or acquaintances who are eligible to participate in this study, we request that you not discuss it with them until after they have had the opportunity to participate. Prior knowledge of the questions on the survey can invalidate the results. Thank you for your cooperation.

APPENDIX B: IRB APPROVAL

7/16/2014

Investigator(s): Quinn R. Johnson, Tom Brinthaupt
Department: Psychology
Investigator(s) Email: tjj2n@mtmail.mtsu.edu, tom.brinthaupt@mtsu.edu

Protocol Title: "TRANSGENDER COMMUNITY CONFLICTS AND THE IMPORTANCE OF PERCEIVED SOCIAL SUPPORT "

Protocol Number: 15-005

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 700 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 **7/16/2015**.

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