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## RESILIENCE AND RESISTANCE: HOW THE INLAND EMPIRE TRANSGENDER COMMUNITY THRIVES

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EMPIRE TRANSGENDER COMMUNITY THRIVES

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Raul Angel Maldonado

June 2018

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## ABSTRACT

Society's current focus on the transgender community is complicated, and further heightened by the lack of protections for the transgender community. Current studies only assess the hardships transgender individuals face and the impact they have on their well-being. This study sought to explore what effects the lack of resources and support have on the transgender community in the Inland Empire. This study utilized a qualitative approach incorporating semi-structured interviews of participants. The author also sought to explore how the transgender community in this area are able to mitigate any negative experiences. The qualitative data provided rich grounding in understanding the process by which these two factors are linked. Such that, the lack of resources or access to available resources contributed to distress and delayed transgender identification and transitioning. The contribution of the study is important because of the stigmas associated with being a member of the transgender community. The author contends that this research contributes to providing a better understanding of why these stigmas exist and how social services can alleviate and provide equitable and competent resources for the transgender community in the Inland Empire. The major themes derived from the data were separated by access to resources, finding community, in-group discrimination, lack of competence, risking vulnerability, sense of self, social support, and visibility. Sub-themes included: asserting gender, dysphoria, machismo, and socio-economic climate.

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I would also like to acknowledge Dr. David V. Chavez of the Psychology department at California State University, San Bernardino. He showed me the value of community collaborative research and I am gratefully indebted to him for providing me with that skill to not only engage with the community, but also on a deeper level, be able to provide them with the tools for empowerment and allyship required to get the work done.

Finally, I must express my very profound gratitude and appreciation to my mother for providing me with the much needed emotional support and continuous encouragement throughout my journey in academia and through the process of researching and writing this research project. She is the rock that has held me down when it got rough but never budged and kept me firm. This accomplishment would not have been possible without her. Thank you mom for showing me that determination and hard work pay off.

## DEDICATION

To all of my queer, transgender, and gender non-conforming siblings, especially those of color. Thank you for existing. Thank you for fighting back. Please remember that our very existence is the most powerful form of resistance.

“We have to be visible. We should not be ashamed of who we are. We have to show the world that we’re numerous. There are many of us out there.”

- Sylvia Rivera

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## CHAPTER ONE

### INTRODUCTION

#### Problem Formulation

The lesbian, gay, bisexual, transgender, and queer+ (LGBTQ+) community has seen an increase in visibility and advocacy in the past year and a half. However, there is a lot of work left to be done in terms of equality. The LGBTQ+ civil rights movement was one born of resistance and led by transgender women of color, Marsha P. Johnston, Sylvia Rivera, and Miss Major Griffin-Gacy. The battle continues on almost five decades later to secure equity for the LGBTQ+ community. In so many ways, this country has progressed in terms of granting some protections to the LGBTQ+ community but it has also overlooked the need for complete federal legal protections to ensure the safety of LGBTQ+ individuals as well as access to inclusive social services. Mason, Williams, and Elliot (2016) report that since 2013, 20 of 254 introduced anti-LGBTQ+ legislative bills became law. Mason et al. (2016) also saw 87 bills being introduced in the first six months of 2016 alone. A Gallup survey of 120,000 U.S. adults found that at least 3.4% identify as LGBT (Gates & Newport, 2012). Furthermore, Americans ages 18 to 29 years old are more than three times as likely as seniors aged 65 and older to identify as LGBT and among those aged 30 to 64, LGBT identity declines with age (Gates & Newport, 2012). What could this possibly mean? Are LGBTQ+ individuals not living long enough to be

“counted”? Are they less likely to “out” themselves on demographic paperwork? And if so, what are the reasons for not disclosing their LGBTQ+ identity to their service providers? All of these questions should be considering in an attempt to understanding why there needs to be an increase in research, public policy and cultural competency trainings and resources for aging LGBTQ+ individuals.

According to the National LGBTQ Taskforce Nondiscrimination Laws map (2014), 29 states do not have any employment protections related to sexual orientation or gender identity. This means that anyone can have their employment terminated for no justifiable reason other than identifying as LGBTQ+. It almost seems unfathomable that you can be fired for your sexual orientation or gender identity, something that is essentially immutable.

With society’s increasing acceptance and positive portrayals of the LGBTQ+ community, negative stereotypes, more often than not, still persist. This is further highlighted in the transgender community. From the lack of portrayals in the media to unlawful and discriminatory legislation being enacted, the transgender community is still finding ways to continue fighting for equity and winning. It is becoming more apparent that some transgender people manage to cope with adversity, thrive and develop an increased belief in ones ability to succeed in stressful situations. In Meyer’s (2015) review of resilience in studies of minority stress and health of gender and sexual minorities, they found that most research is solely based on individual resiliency which can be harmful when studying marginalized communities. Meyer (2015) suggest taking the time to see

community resiliency alongside individual resiliency to help address the gap in literature. This focus changes the narrative of individual distress to how the marginalized community in a study helps navigate and prepare members.

### Purpose of the Study

The purpose of this study was to explore how the transgender community in the Inland Empire thrives with very few to no services but also how this community remains resilient when experiencing distress.

This study explored what the current literature says about the transgender community. It will attempt to answer who makes up the transgender community, what are their specific needs and the barriers they face, how current public policy has advanced in regards to this particular community's needs and where its shortcomings are and determining if current cultural competency trainings specific to this population are effective in providing positive and affirmative social services for the transgender community in the Inland Empire.

Through the use of qualitative methods, this study gauged resiliency through a thematic analysis of interviews based on the experience the transgender community. This study involved interviewing members of the transgender community to capture a more in depth, intimate and collaborative look at the needs of the transgender community in the Inland Empire. This last component was important because rather than making an over-generalized assumption of why the transgender community is resilient in the face of adversity

and what their needs are, the readers will get a more intimate perspective via the participants who live in the Inland Empire.

### Significance of the Project for Social Work

The social services field should be extremely concerned with the rise of anti-transgender policies and violence. This field is committed to promoting empowerment and interdependence if a disenfranchised community. When a marginalized community is facing barriers to thrive it is the duty of public sector servants to assist them in recovering and providing access to basic needs and services. For public sector officials, social work values should guide social workers to help the transgender community.

The National Association of Social Workers (NASW) Code of Ethics (2018) was established to guide social workers in their everyday professional conduct. One of the core values in the NASW Code of Ethics (2018) is the value of service. The ethical principle to be followed is that the primary goal of all social workers is that “they should help those in need and address social problems.” The transgender community is a marginalized community that is constantly under political and violent harm. The duty of social workers is to put service to the transgender community over their own self-interest. Social work as a whole is about addressing social problems. The plight of the transgender community is one of those social problems and should therefore be part of the focus of social worker’s goals to uplift society.

Another NASW core value is that of social justice. The NASW Code of Ethics (2018) states that “social workers challenge social injustice.” The injustice in this case would be transphobia. Social workers must work with and on behalf of the transgender community to pursue social change. Social change focused on discrimination, poverty, and unemployment that may affect the transgender community. Social workers must strive to ensure access to information, services, and resources for the transgender community.

This is why this study is significant to social work. To better enhance and be more competent when working with the LGBTQ+ community but also understanding that each sub-community has their own unique and specific needs. Gaining more knowledge, especially from a study that works in collaboration with the communities it is attempting to research, is extremely vital to provide quality and equitable care to all marginalized groups.

This study seeks to answer the following questions about the transgender community in the Inland Empire: 1) What resources and support does the transgender community lack? 2) Does the lack of resources and support impact the ability of the transgender community to thrive? 3) What resources and support do transgender individuals believe they contribute to their resilience?



## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

This chapter consists of an examination of the research relevant to the topic of policy and legislation that affect the transgender needs and resiliency. The subsections will include, public sector relationships, social services, competency and scope of practice, and accessibility and support. The final subsection will examine Social Exchange Theory and Feminist Theory, which are relevant in explaining why there is a lack of concern for this population.

#### Policy and Legislation

In trying to understand why policy and legislation is slow or ineffective to ensure protections for the LGBTQ+ community, one must look at the institutional structures in which these policies and legislation must go through. Richardson and Monro (2013) utilized a participatory research approach to study implementation policies of equity related to sexual orientation in local government from users of services and government employees to denote whether change or resistance is due to individualization or privatization. Essentially, legislation or policy regarding LGBTQ+ equity can either be hindered or assisted based on whether efforts are focused on one official to come through for them or relying on services being provided elsewhere and not by local agencies (Richardson &

Monro, 2013). Relying on one individual to advocate for change is difficult; it is also time and emotionally consuming. Mainly, because continuing to address these issues to one person can seem futile if change is not occurring. Accessing services locally instead of having to travel outside of the community also makes it difficult for LGBTQ+ individuals to thrive. This becomes more troublesome when attempting to seek transgender inclusive and specific services. So, a community collaborative approach is necessary to hold officials to their word and actively push for necessary change for the LGBTQ+ community. A community collaborative approach can also hold government agencies accountable for providing services that acknowledges and assists with the needs of LGBTQ+ folks. Transgender individuals are part of the larger community and therefore hearing from them about their needs should be taken into account when attempting to provide services for the community.

Another finding in Richardson and Monro's (2013) study is that generalizing needs of each sub-community into an overall need is problematic and minimizes the specific problems and needs of each sub-community with the LGBTQ+ community. As previously mentioned, accessing transgender-specific needs and services is extremely difficult. This can be due to grant requirements and restrictions but should be advocated for nonetheless. This lack of inclusion further perpetuates the violent cycle transgender individuals already face on a daily basis. This highlights another important factor for utilizing a collaborative approach because of the intersections of identities individuals have it's important

to advocate for change that is beneficial to all and not just some. Single issue advocacy can't exist because there is no one community that has single issue lives.

### Public Sector Relationships

The relationship between public sector officials and community members is important in collaborative work. The role of public sector servants is a significant one in partnerships with the community. Denato, Shelley, and Smith (2010) present a tactical growth and progress of the formation of an LGBTQ+ community-based partnership due to a collaborative effort from the LGBTQ+ community and social workers. The authors highlight social work values such as pursuing social change with and on behalf disenfranchised groups; as well as ensuring access to necessary information or services to focus on the importance of social workers in community collaborative efforts (Denato, Shelley, & Smith, 2010). Denato, Shelley, and Smith state that the social worker would mediate the process of establishing or addressing problems with other partnering organizations. This highlights that there is a difference in power between disenfranchised groups and agencies that are providing services thus requiring a need to establish equal ground. Having a social worker work collaboratively with government agencies to ensure that the needs of the LGBTQ+ community are heard and furthermore alleviated if at all possible is more than enough reason why social workers should advocate for the LGBTQ+ community. It was important to take the necessary time to both build trust and establish a concrete

plan for implementation (Denato, Shelley, & Smith, 2010). This is not abnormal as collaborative processes concern issues of power so trust needs to be earned and that is only achieved when working closely together. The only downfall to reminding social workers of the values they should have, can be contradictory to their personal beliefs. Social work makes the effort to remain secular but personal beliefs rooted in spirituality, a social institution, can be a factor in determining getting into the social work field.

Gardner and Curlee (2017) conducted a needs assessment of the transgender community in the Inland Empire in 2015. In it, they estimate that there are roughly 27,000 transgender individuals living within the Riverside and San Bernardino counties (Gardner & Curlee, 2017). One of their findings includes that 81.1% of transgender residents have a strong perception that the community around them fears or dislikes them due to their transgender identity (Gardner & Curlee, 2017). A trusting, collaborative relationship with a public sector employee, especially a social worker, can mitigate this negative perception.

### Social Services

Some organizations, like any other, that are meant to be LGBTQ+ specific or have programs for the LGBTQ+ often fail to meet the needs of the population they are meant to serve. This can be for a variety of reasons such as the lack of competency, lack of insight into the community or lack of relevant information that best captures what will best benefit the LGBTQ+ community. Public sector officials will often assume they know what is best without consulting the LGBTQ+

on their needs. Keuroghlian, Shtasel, and Bassuk (2014) state that while coping skills and educational workshops are important, LGBTQ+ youth, especially transgender youth, face homelessness at a much higher rate than their heterosexual counterparts. If more needs assessments could be done, these organizations could meet the true needs of the LGBTQ+ community (Keuroghlian, Shtasel, & Bassuk, 2014). Rather than providing generalized services that really do nothing to assist homeless LGBTQ+ youth, a collaborative effort with current and former homeless youth is necessary to understand the gap in service.

Gardner and Curlee's (2017) study ranked the needs of the transgender community in the Inland Empire. The transgender community reported the following needs: 1) Mental health services, 2) Health services, 3) Transportation support, 4) Employment placement assistance, 5) Housing, 6) Social events, 7) Legal support/helpline, 8) Support groups, 9) LGBTQI senior housing, and 10) Job fairs. Providing a platform by which the transgender community can dictate what their own needs are is necessary to creating the change necessary to empower the transgender community of the Inland Empire.

### Competency and Scope of Practice

Competency is huge issue when providing services and working with disenfranchised communities. In regards healthcare services for the transgender community, Dewey's (2013) study of medical and mental health providers examined the difficulties they've encountered when seeing transgender clients.

There are several things that impede treatment for transgender clients: lack of education on the part of the doctor about being transgender, lack of institutional support, inconsistent standardized treatment plans for transgender clients (Dewey, 2013). The fact that medical and mental health professionals receive little to no education about the needs of the transgender community speaks to their scope of practice. Gardner and Curlee's (2017) reported that over half of their respondents agreed that health care providers are not effectively trained to care for people who identify as transgender. It's likely to add to the reasons why two-thirds of the respondents choose not to disclose this information to their healthcare providers (Gardner & Curlee, 2017). While most providers are well-intentioned, they could also perpetuate the violent cycles transgender individuals experience continuously. Cultural competency trainings facilitated collaboratively by transgender individuals and more experienced providers could help reduce any disastrous outcomes that may occur as a result of being uneducated in transgender issues. In regards to lack of institutional support, if members of the transgender community worked with providers to establish a working model that reduces malpractice and encourages safer methods of acquiring hormones and any other gender identity related care could increase support from medical institutions. This same model would establish a generalized method by which providers can assist transgender people instead of utilizing a guessing game and possibly risk losing their license. Collaborative decision making in regards to

accessing and proving health care is but one step in assisting the LGBTQ+ community.

Scope of practice and competency should not begin when one becomes a professional. It should begin when providers are paraprofessionals in school. Education regarding LGBTQ+, even more specifically transgender issues, are important to the development of undergraduate and graduate students to prepare them for interactions with the community in their professional careers. In a 2011 study, Johnson found that undergraduate and graduate students in the public affairs program, very few people knew a transgender person and much less were informed of transgender related issues. Education is a major component in reducing disparities among any marginalized or disenfranchised group. There is of course a cost that comes with education. Most folks would not pay for sensitivity trainings and the laborers of this work, LGBTQ+ people, are underappreciated, reliving trauma and enduring new forms of trauma, and often go underpaid, if they get paid at all.

If local governments can appoint an office of LGBTQ+ education or allocate additional funds for a member of the LGBTQ+ community to discuss these diverse issues with other agencies, organizations, and government entities. Again, collaborating with the LGBTQ+ community to assist in educating students before they begin their professions could be key to ensuring support for LGBTQ+ inclusive legislation or policies and opposition for those that discriminate the community.

## Accessibility and Support

Lack of accessibility of services is a huge area in which collaborative work can be applied. Gardner and Curlee's (2017) study reported that the population of the Inland Empire is roughly around 4,500,000. For a large population, one would think that there would be a relatively accessible services to the communities which reside in it. However, well over a third of transgender respondents report that it was "not easy at all" to find competent medical and mental health service providers with experience working with transgender individuals (Gardner & Curlee, 2017).

Acevedo-Polakovich, Bell, Gamache, and Christian (2013) found that access to services by LGBTQ+ youth is influenced by connected stages: social, provider, age, and assets. A main strategy for being able to provide support to LGBTQ+ youth is by utilizing the school system as point of access (Acevedo-Polakovich et al., 2013). This would definitely allow for the youth to attain necessary services like mental health and support groups that they may not be able to acquire elsewhere. If LGBTQ+ adults and professionals worked collaboratively with the schools, such services could be made available. This would help reduce homelessness, suicide, and other behaviors that LGBTQ+ youth are at high risk for. The only limitation is that of the school's willingness and parents of non-LGBTQ+ youth to both allow for access into the school system and maintain its development and growth. If the school board and local



parents oppose initiatives that provide contact to services for LGBTQ+ youth, the accessibility to necessary decreases or becomes delayed.

The lack of support and services to the transgender community is not just a national issue. Globally, the transgender community faces unique challenges that mirror those in the United States. Reisner, Keatley, and Baral (2016) provide the reader with personal narratives from transgender individuals from all over the world to discuss the specific needs and ways in which necessary change needs to occur to enhance the ability of transgender people to thrive. While it's important to note that generalization should not be applied to these narrative, there are some issues across the world that the global transgender community faces. Such as violence, discrimination, lack of inclusive healthcare services and healthcare coverage for gender-related services (Reisner, Keatley, & Baral, 2016). Though the legislative and political contexts may differ, it is necessary for transgender individuals to be able to share their perspectives about their needs and what needs to occur in order for equity to be achieved.

### Theory Guiding Conceptualization

#### Social Exchange Theory

Hooyman and Kiyak (2011) define social exchange theory as one's status being defined by the balance of one's contributions to society and the cost of supporting them. With regards to the transgender community, it is likely that due to loss of opportunity and competition for resources that transgender individuals

lose their ability to shape discourse is decreased. This is instrumental in understanding why there aren't many conversations surrounding the negative experiences of transgender people because they've either been erased from the dialogue or forcibly placed at the far -end of the table where their needs can't be heard.

This isn't to say that transgender people can't seek to maintain their roles as active agents of change. In fact, most members have built up their resources and maintained those networking connections that have beneficial to their other sub-cohorts within the LGBTQ+ community to accomplish their goals. Mutually beneficial goals are what all LGBTQ+ cohorts should be working towards. What can both achieve with their collective resources that will alleviate their issues at hand? What will it take to get there is yet another unanswered question. Perhaps if there was a means in which this discourse can occur without anyone feeling like their voice is not represented, silenced, or being heard we could move towards this framework.

### Feminist Theory

Hooyman and Kiyak (2011) define feminist theory as understanding that the views and experiences of women are ignored when attempting to understand the human condition. Feminist theory is very much interested in the intersecting inequalities of age, gender, race, ability, sexual orientation, and social class (Hooyman & Kiyak, 2011). This perspective is crucial to utilize when comparing cohorts between the LGBTQ+ community and their heterosexual counterparts.

There are specific needs from each individual cohort within the LGBTQ+ community and across age, race, social class and ability that can't be generalized nor can they all be alleviated by policy that doesn't attempt to tackle multiple issues.

This particular perspective should not be utilized to pit cohorts against one another but rather to view the distinct difficulties each face and how shaping policy and research that accounts for total inclusivity is beneficial to everyone and brings society to a more equitable state of being. The intersectional perspective further proves that single issue politics don't do much to accomplish goals. Our policies and advocacy must be inclusive of all issues because race, poverty, disability, and transgender issues are human issues all together that more often than not intersect when dealing with social problems.

### Summary

This study explored the challenges the transgender community faces in the Inland Empire and how they have mitigated distress to be resilient in the face of adversity. It sought to provide an understanding of why inclusive and specific pro-transgender policies and legislation is required to ensure the betterment of the transgender community. Social Exchange Theory and Feminist Theory can help researchers and professionals better understand why there is a unique experience that transgender individuals face that affect their ability to thrive. This

study adds to the body of social work knowledge and a foundation for specific solutions to increase services and resources for the transgender community.

## CHAPTER THREE

### METHODS

#### Introduction

This chapter will detail how this study explored what resources and support the transgender community sees as lacking in the Inland Empire and how they have remained resilient in the face of adversity. This chapter contains the following sections: study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

#### Study Design

This study utilized an exploratory research approach because of the lack of research regarding coping with adversity in the transgender community, specifically what is it that the transgender community views as factors contributing to distress as well what they have employed to prevail over them. While some research attempts to gauge resiliency and what factors attribute to resiliency, very few research studies have attempted to let transgender participants discuss what factors they attribute to their resiliency. Therefore, this study applied a qualitative approach. This study utilized one-on-one semi-structured open-ended interview questions.

The importance of the qualitative approach of this study allows for a more in-depth, personal perspective from the transgender community that is often

ignored, especially in research studies. In doing so, it allowed members of the transgender community to engage in discussion about factors that they attribute for their ability to overcome adversity. This isn't something research typically tries to employ without making assumptions about resilient factors while entirely missing ones employed. The one-on-one interviews provided an intimate setting in which participants felt comfortable to disclose what hardships they've encountered and what they credit to their ability overcome the challenges they face.

A limitation to using the qualitative approach is that the author does not identify with the transgender community. This made establishing a trusting relationship extremely vital as participants might withhold intimate information that may be uncomfortable for them to discuss. Also, it must be noted that qualitative data can't be used in establishing causality. Thus, the findings of this study can't be intended to define a causative relationship between the factors revealed and the resiliency of members in the transgender community.

This study seeks to answer the following questions about the transgender community in the Inland Empire: 1) What resources and support does the transgender community lack? 2) Does the lack of resources and support impact the ability of the transgender community to thrive? 3) What resources and support do transgender individuals believe they contribute to their resilience?

## Sampling

This study used a convenience sample of members of the transgender community in the San Bernardino County and Riverside County area. Due to the lack of availability of participants due to fear of being outed or facing violence, a convenience sample was the most logical. There was a total of six participants, each one was interviewed one-on-one.

## Data Collection

Qualitative data was collected via audio-recorded interviews taking place June 2017. Each interview began with an introduction, what the study would entail, and why the study was being conducted. Demographic information was collected prior to the focus groups during the one on one interviews (See Appendix C). The information being collected from the demographic information includes: age, gender, ethnicity, race, and achieved education level.

The researcher conducted each interview procedures as outlined in the interview guideline sheet in Appendix B. The guideline contained open ended questions meant evoke common themes of shared struggles amongst participants.

## Procedures

Participants were chosen via a convenience sample and via snowball sampling. One-on-one interviews were conducted at a location of the

participant's choosing to ensure their comfort and trust. It is during this time that participants were randomly assigned names. The participant name was then logged on the sign-in sheet. Participants were then given the demographic and informed consent forms to read and fill out. The study began as soon as informed consent forms were filled out and consent was given to record. The audio recording device was then turned on and the interview began. Interviews lasted approximately 20 to 40 minutes.

#### Protection of Human Subjects

The identity of the study participants was kept completely confidential from individuals outside of the study. Participants were informed that their confidentiality and anonymity will be insured during the one on one interviews. Each participant read and signed an informed consent form (Appendix X) prior to participating in the interview, as well as consent to be audio recorded. Participants were given a debriefing statement (Appendix X) at the conclusion of each interview. The audio recordings were stored on a password protected USB drive and kept in a locked desk. All printed and filled out materials and sign-in sheets and the name-key are kept in a locked desk. One year after completion of the study, the audio recordings, printed materials, sign-in sheets, and name keys will be deleted from the USB drive.



## Data Analysis

Data collected in the one-on-one interviews was analyzed with qualitative techniques. First, the audio data collected was transcribed into written form. The major themes derived from the data were separated by access to resources, finding community, in-group discrimination, lack of competence, risking vulnerability, sense of self, social support, and visibility. Sub-themes included: asserting gender, dysphoria, machismo, and socio-economic climate. Major themes and subthemes were recorded and coded utilizing the qualitative analysis software, Atlas.ti. A master list of the codes and the themes they interconnected with was generated.

## Summary

The interviews highlighted the importance of active collaboration when studying factors that mitigate distress. This study explored the adequacy of resources and support for the transgender community within the Inland Empire; as well as the factors that allow them to remain resilient.

## CHAPTER FOUR

### RESULTS

#### Introduction

The results of the study will be discussed in this chapter. The presentation of the author's findings will be reviewed. This will include a description of the study sample and results from the data.

#### Presentation of the Findings

##### Sample Description

The study sample consisted of six participants, half of which identified as White and the other half as Latina/o. Each participant was allowed to fill in how they identify according to gender and reported the following: one participant identified as male and trans, one participant identified as female-to-male (FTM), one participant identified as female, one participant identified as a transwoman, one participant identified as a transman, and the last participant identified as a woman. All six of the participants were single. The yearly gross income between the participants ranged from less than \$10,000 to \$30,000. The education level of the participants also varied. One of the participants had a Bachelor of Arts, one of the participants had a Master's degree, and four participants had completed some college.

Table 1. Participant Demographics

Demographics	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5	Participant 6
Age	30	22	25	22	28	25
Gender	Male/Trans	FTM	Transfemale	Female	Transman	Woman
Sexual Orientation	Bisexual	Straight	Straight	Straight	Queer	Bisexual
Marital Status	Single	Single	Single	Single	Single	Single
Annual Income	<\$10,000	\$10,000- \$30,000	\$10,000- \$30,000	<\$10,000	\$10,000- \$30,000	<\$10,000
Race/Ethnicity	White	White	Latina	Latina	Latino	White
County of Residence	San Bernardino	San Bernardino	San Bernardino	San Bernardino	San Bernardino	San Bernardino

### Qualitative Analysis

Utilizing a key-words-in-context technique, the author identified key words and then systematically searched the body of transcribed texts to find all instances of the word or phrase. Each time a word or phrase was found, the author coded it on Atlas.ti, a qualitative analysis software. Themes were then identified by physically sorting the examples into groups of similar meaning. The major qualitative themes derived from the data include: access to resources, finding community, in-group discrimination, lack of competence, risking vulnerability, sense of self, social support, and visibility. Sub-themes included: asserting gender, dysphoria, machismo, and socio-economic climate.

### Access to Resources

One of the major themes that emerged was access to resources. Lack of knowledge, gatekeeping, and insurance coverage were factors that impaired the ability to access resources related to transition-related services. All participants

expressed “the lack of basic knowledge to point me in the right direction” (Participant 1) when questioning their gender and seeking transition related services. Gatekeeping was identified as a barrier to accessing services. Gatekeeping by governmental agencies occurs far too often with the transgender community. One participant inquires “who determines what ‘far enough along’ is?, like there's no like in a ladder you can hand every trans person for them to climb and reach you know milestones you know my ladder is going to be different than someone else” (Participant 2). In a similar vein, challenges with insurance access was also a common experience for all participants. One participant’s frustration with their parent’s insurance and lack of coverage of transition related care states “there's no like clear-cut solution for that if I, you know, could snap my fingers and like overnight have it paid for and arrange have Top surgery” (Participant 2).

### Finding Community

Another major theme that emerged from the interviews was finding community. Online spaces, visible physical spaces, and shared experiences all shaped how participants found community as transgender individuals. Participants expressed that there are no visible physical spaces that are exclusive to them, “the trans community, don’t have venues for just us. We don’t have trans clubs. So to be like forced out of these spaces or told they aren’t for me simply for being me...” (Participant 1). Participants also discussed using the internet to find community because “there’s a bigger presence of LGBT people

online” (Participant 6) and “it’s a sort of openness on the internet that I wanted to be a part of the community” (Participant 2). All participants have described a unique shared experience in that creates a bond based on facing similar challenges. One participant states that they are “bonded by our struggle and our ability to thrive” (Participant 1). Overall, the participants had a shared a sense of resilience. Highlighted best by Participant 5, they state “we go through some shit and like for a lot of us still struggling it’s just amazing to continue to power through” (Participant 5).

### In-Group Discrimination

Another unique major theme that emerged was in-group discrimination. Racial differences, LGB transphobia, and misgendering all encompass the ways in which participants reported either acknowledging or experiencing in-group discrimination. The participants who identified racially as White discussed racial differences in their marginalization. One participant states “I am a white man so I have a lot of privilege that comes with that. Not only in terms of my race but in terms of even in the trans community” (Participant 2) while another states “I’m not really further marginalized like a person of color or being a woman” (Participant 1).

Three participants expressed a more unique in-group experience as it related to their Latina/o identity and their transgender or queer identity. One participant expressed, “Now when I enter other Latino spaces, especially those that aren’t queer-inclusive, I’ve been threatened before” (Participant 5). Similarly,

another participant states “I think that’s the only problem is that being Hispanic and my family really being about God and their catholic passion” (Participant 4).

LGB individuals who perpetuated transphobic actions was another common experience expressed by all participants. One participant states “Cisgender bi and gay men won’t continue talking to me after I disclose and I get told I don’t belong in a lot of ‘gay’ spaces which is ironic because cisgender gay men think every gay space is just for them” (Participant 1). Likewise, another participant reported, “obviously like you know drop the ‘T’ arguments and different things like that (Participant 6).

Being purposely misgendered by cisgender LGB individuals was another common experience shared by all participants. One participant states that “It’s interesting because having to assert that I’m a gay or queer transman in a lot of spaces makes me feel vulnerable and I get looks of disgust from other gay men simply because I don’t look a certain way” (Participant 5). Another participant expresses, “Like meeting awful cisgender queer people who will misgender me and then just tell me I’m really just a straight butch woman and I need to stop pretending to be a man” (Participant 1,).

### Lack of Competence

Another major theme found was the lack of competence by medical and behavioral professionals to provide quality service and care to transgender clients and patients. One participant expressed, “Some organizations that were even LGBT inclusive didn’t really know how to help me...Like you have some

basic knowledge for cisgender people but why is having basic knowledge for trans people so out of reach” (Participant 1). Another participant stated, “When I was looking for a therapist, my insurance didn’t know where to send me. They had no one listed who was educated on people like me” (Participant 4). Another participant described their experience with a doctor, saying, “...issues of me being trans has come up like I started testosterone right around the same time the tumor in my back was identified and I had a doctor asked me if I injected T into my neck. Like not only is that like idiotic to do but I had really liked that doctor beforehand so when she asked me that it showed me how little you know” (Participant 2).

### Risking Vulnerability

Risking vulnerability was another major theme that was identified from the interviews. Physical safety and violence were highlighted as reasons for risking vulnerability. One participant stated, “To put ourselves out there for the world to see and accept the ‘consequences’ that come with that. All the violence and discrimination seems worth it to be able to be true to myself” (Participant 1, February 2018). Another participant expresses, “...having my queerness and my transness just so exposed and threatened was scary” (Participant 5). Another client describes this as, “I think it was just fear. Fear of being discriminated. Fear of being killed. I find that a lot of transwomen have it more harsh then transmen” (Participant 4).

### Sense of Self

Sense of self was another major reoccurring theme in the interviews. Acceptance, happiness, and comfort were all highlighted by participants as they discussed finding their sense of self in their transition. One participant expressed the value of having a sense of self as follows: “you know we accept ourselves and sometimes it's hard to come to that conclusion” (Participant 3). Another participant explains, “Now I’m realizing, this is what being myself and being happy looks like and I can’t believe I spent so much time not in this place” (Participant 2). Similarly, Participant 4 stated, “Being trans changed my life, gave me opportunities, made me feel that comfortability of what I wanted to be in life” (Participant 4). Another participant described their sense of self as, “Living our most authentic life is so enriching ya know? To go through all that bad shit to finally be us, that’s magic. No one can take that from me. From us.” (Participant 5).

### Social Support

Another major theme found was that of social support. Participants spoke about having complicated familial support, full familial support, and supportive families of choice. One participant expressed, “She’s [mother] good about getting my gender right in public but when we get back to the house she reverts back...and its difficult for me. I know she’s doing the best she can” (Participant 2). Other participants highlighted that is only their immediate family that provides support. One participant stated “I didn’t have that bad stigma um I had that love



and supporting mom, my father, my family...I guess it was more my intimate family” (Participant 4). Another participant explained “my immediate family is fairly supportive like they're okay but anyone past that is pretty...I tend to avoid them in general” (Participant 6). For some participants, familial support wasn't there at all. They managed to navigate this with families of choice. One participant explains, “I came out when I was leaving home for school and there's just no relationship with my biological family. I've attempted but they don't want one.” (Participant 1). Participants all describe having supportive friends, both trans and LGB alike that were there for them. One participant expressed, “I started getting friends that were LGBT in high school they really welcomed me saying you are part of us and that's when I start feeling like ‘oh I was a part of this’ and I realized that I was I was LGBT and from then on like I just wanted to be around you know my people, you know, I feel accepted and it has been a beautiful experience” (Participant 3).

### Visibility

Being visible was highlighted as having an impact on how and when participants decided to transition. One participant expressed, “it's really important to me to be a trans man on social media because that's where I saw resources when I first started transitioning, so I don't think it's fair for me to be stealth online when like others people like openness with their gender identity is like what helped me come out” (Participant 2). Another participant describes why they waited to start seeking resources; they state, “I was always afraid to ask about

LGBT stuff cause I wasn't sure what reaction I'd get and I depended on those clinics for regular healthcare stuff. There wasn't anything in those offices that let me feel safe enough to ask those questions" (Participant 5). Another participant considers that there is more to being visible, stating "I feel like that just has a lot to do with access to those resources to be visible anyway so I guess I'm not sure if the problem is really with the community" (Participant 1).

### Asserting Gender

A subtheme that was found was participants having to assert their gender. Whether this was done in familial spaces or LGBTQ+ places. One participant states

"Especially as I navigate male-dominated spaces, I have to really amp it up to portray the male/man that I am to everyone else, the way I talk, the way I walk, hand gestures, body positioning, my mannerisms. It's like I'm constantly having to prove to everyone else what I already know and often times it just feels like a performance" (Participant 5).

Another participant expresses, "I see myself as a female and I'm going to portray a female, and tell society I am a female and that's who I am and people can argue with me but at the end of the day it's what I want and who I want to be" (Participant 4).

### Dysphoria and Passing

Dysphoria and being able to pass as a cisgender person was another central subtheme that was found to be experienced by all participants. This

dysphoria shaped the way participants interacted not only with themselves but those around them. Two participants described their dysphoria as debilitating.

“A challenge was before hormones it was really hard for me to step out of the house; my hair was still really short and I was always going through that awkward phase of transitioning and it was so hard to get out of bed and go to class and go to work you know. it was hard even though I wanted to look feminine but people wouldn't understand it yet they don't understand what I was going through” (Participant 3).

Another participant expressed their dysphoria as varying, stating

“It honestly depends on the day. Some days it's really hard to get out of bed and think about putting clothes on that don't fit right and aren't gonna feel right. and other days I can like get up and put a shirt on and feel really good about myself.” (Participant 2).

### Machismo

Another subtheme found among the Latina and Latino participants was the concept of machismo. The participants experienced forms of machismo through their interactions with where they lived, with their family, and in Latinx spaces. One participant states, “I come from a small town in Texas, near El Paso, it's not that big, and it's really a machismo kind of city and so a lot of that aspects come from machismo and a lot of my extended family still live up to that expectation about a man and woman, a man being a man and woman being a woman...” (Participant 4).

Another participant described their brother's reaction to coming out, stating, "so far it's been working out really well if anything it's probably just my brother that I've had issues with because he was always the stereotypical masculine Macho Hispanic man so he's barely come to terms with it." (Participant 3).

Another participant stated that "(I've been) called a marimacha, which is a Spanish slur for butch lesbian. That was rough...It's not something I go out of my way to experience either so I don't do too many cultural events unless its put on by other queer and trans Latinos" (Participant 5).

### Socio-Economic Climate

Another unique subtheme experienced by all participants was the unique way the socio-economic climate of the area did or did not impact their ability to find community and transition. One participant expressed why finding community is difficult, they stated,

"As far as being away from home, that's would I assume it was like when I first left. But the socio-economic climate is different from where I went to school. It was really, really liberal. I wouldn't say the school here isn't but it's definitely more in the middle" (Participant 2).

Another participant described how YouTube was a way for them to relate to other transgender people however they noticed that wealth and privilege divided their experiences, stating,

“I didn't really know how to go about it because I was like I grew up poor I didn't know if I was going to be able to realize or fulfill my [...] my dream of being the woman I was. This is how I identify, how am I going to make it work you know if I don't come from that social class.” (Participant 3).

Another participant describes the ways in which communities around them divide and discriminate them by class, expressing “I find that a lot of people in the LGBT community, especially those who are higher or middle class...you find yourself being discriminated by them thinking they're better than you or that you don't pass.” (Participant 4).

### Summary

The major qualitative themes derived from the data were access to resources, finding community, in-group discrimination, lack of competence, risking vulnerability, sense of self, social support, and visibility. Sub-themes included: asserting gender, dysphoria, machismo, and socio-economic climate.

The results indicated that the participants had similar shared experiences. The participants identified a strong sense of identity and the importance of having that identity acknowledged and validated in all the spaces they occupy. The lack of competence from healthcare professionals was not only an area of frustration for the participants but also hindered their transition.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

This chapter will cover the interpretation of the results in chapter 4 and why the findings are important. The major qualitative themes derived from the data were access to resources, finding community, in-group discrimination, lack of competence, risking vulnerability, sense of self, social support, and visibility. Sub-themes included: asserting gender, dysphoria, machismo, and socio-economic climate. Limitations of the study design and methodology will be discussed. Recommendations for social work practice, policy, and research will be suggested based on the findings from this study.

#### Discussion

The research question for this project was answered in-depth via one-on-one interviews. The transgender participants provided insight into a perceived lack of resources and support as well as the factors that allowed them to mitigate that distress that are consistent with transgender culture. The primary finding of this study was the lack of access to resources and competency surrounding transgender care and wellness in social services.

There were many shared themes and subthemes that emerged from the participants. As such, there were many similarities in the respondents' responses

from different themes and sub-themes. There was a consensus among participants that having acknowledgement of their gender identity was extremely important. This finding is congruent with other studies that have similarly found the importance of having one's gender identity validated and/or asserting one's gender identity (Gardner & Curlee, 2017). This acknowledgement meant that people in general, but especially people working in social services, knew who the participants were. This was due to the fact that their gender identities are integral to them and their daily lives. Not only being seen as their gender but having it validated is important for the overall well-being of the transgender individual. We must comprehend that as long as transgender identities are conceptualized through a "illness" framework, the transgender community will suffer from unnecessary abuse and violent discrimination from both inside and outside the medical profession. Categorizing gender variance as a mental condition perpetuates the invalidation of transgender identities by assertions that they are "mentally ill," and therefore not able to speak tangibly about their own identities and lived experiences. This continued pathologizing of transgender identities has even been used to justify violence and discrimination against transgender people, such as in child custody cases, discrimination in employment practices, or utilizing a transgender panic defense when a transgender person is murdered by a heterosexual cisgender perpetrator.

There was a common theme of frustration with the lack of competence that social service professionals, including medical and behavioral staff,

displayed with gender identity. This finding is consistent with those found in other studies detailing the impact of incompetent care (Dewey, 2013; Gardner & Curlee, 2017). There was a common misconception that gender identity is associated with current sexual orientation, which is not the case. It occurs within the LGBTQ+ community as well. More importantly, this lack of competence, albeit decreasing due to board regulations, provides a large misconception about perceived care. Thus, making it less likely for transgender individuals to seek out medical care or services that aren't related to their transgender identity. Members of the transgender community face many barriers when attempting to access health care. Many medical providers are still not required to learn about transgender people during their education and such are not equipped to meet the needs of this population. This also consistent with the findings found in Dewey's (2013) study regarding healthcare professional's competency with treating the transgender community. This lack of knowledge and competence can result in black market transactions of hormones, botox, and/or other treatments where the contents are unknown or unsafe and puts the health of transgender people at huge risk. A larger need for policy and legislation change is necessary to help regulate not only competency but decrease gatekeeping practices that lead transgender people to engage in black-market transactions.

For a lot of transgender individuals, access to resources can be extremely difficult to attain. Whether it be due to the lack of funding for transgender programs and services or due to the inaccessibility based on geographic



location. A large part that played a role in this was the lack of knowledge in how to begin the journey of transitioning. Gatekeeping was seen a form of restricting access to services. For a lot of transgender people, and one of the participants, they must live for a year as the gender they identify with while also seeing a clinical therapist. Rather than believing at face value when a transgender client identifies as transgender and beginning their transition, they have to prove that they are willing to do anything to receive the vital services and care necessary to achieve that. For participants who had insurance, their companies had no idea where to send them to receive services or worse, be pointed in the direction of providers that don't have experience with transgender clients. Some insurance companies would cover hormones but not provide any transition related surgeries. This coincides with other studies in which almost all respondents had health insurance, however, they may not use it due to lack of coverage or knowledge by insurance companies (Gardner & Curlee, 2017). For transgender individuals seeking to surgeries, this can be detrimental in their transition. It is both a form of gatekeeping and restricting access to services by insurance companies.

Knowledge of what doctors to see was provided by other transgender people met via social media or the internet. This method is heavily employed by younger transgender people and seems to not only connect them to reliable resources but also to community for those are not out or those with no local community. Social media also allows transgender people who aren't out or are

questioning to receive information and be connected to the transgender community more stealthily. This allowed them to mitigate the distress of not knowing where to go, how to begin, or how to sidestep their insurance companies to receive services at low or no cost. This was especially important for transgender individuals who were beginning to question their gender. Though the transgender community is gaining more spotlight in the last five years alone, the investment is not in gaining a better understanding but to criticize and demean them as spectacles and not people. Consequently, it makes providing the right information to the those who need it more difficult due to uncertainty and mistrust.

Finding community in person also alleviated the stress of not having knowledge or the ability to express oneself. This is especially true for transgender individuals who have no relationship with their biological families whether it was voluntary or not. When you identify as LGBTQ+, friendships become an essential part of your life. It is very common for many people to grow up with a group of people who were "like family" but not biologically related. To alleviate the loss of their biological families, the LGBTQ+ community created families of choice, developing intimate and enduring groups of support with close friends. Supportive and compassionate friends are not only critical to physical well-being, but to emotional health as well. There's a link between having a robust social support and increased health protection: healthy relationships ward off illness.

Having a strong group of friends improves your emotional health by increasing self-confidence and self-esteem. Likewise, healthy friendships provide a sense of belonging. The LGBTQ+ community has a history of being ostracized and marginalized. Thus, the negative experiences make it even more imperative for LGBTQ+ people to surround themselves with people who not only accept them but support them in all facets of their lives. Having a healthy and supportive community increases feelings of self-worth, which in turn increased self-care; increasing healthier behaviors like exercising and eating well. Healthy relationships can also decrease risky behaviors like over-consumption of alcohol and other dangerous substances, both of which members of the LGBTQ+ community are at an extremely high risk for.

### Limitations

Limitations of the study included sample size, education, sexual orientation, and ethnicity and race of the participants. Due to the small sample size, the author was not able to get the identify the ways in which race/ethnicity impacts perceived access to resources. All the participants were in the process of receiving college degrees, with the exception of one participant who already had their post-baccalaureate degree. Thus, the participants hold a modicum of privilege over other transgender people with no higher education experience. Lastly, the sample came from one geographic region in Southern California.

## Recommendations for Social Work Policy, Practice, and Research

There are several recommendations for social work policy, practice, and research. For social work policy, it is the ethical obligation of social workers to advance the equity of marginalized communities. Though three years have passed since the legalization of same-gender marriage nationwide and the benefits it provided cisgender gay, lesbian, and bisexual people, it did not resolve any of the issues faced by the transgender community. This is evident in the rise of bathroom bills that specifically discriminate against the transgender community. There is policy work that needs to continue to ensure the protection of the rights of the transgender community. Who better to lead than those in the social services who are on the frontline when transgender individuals seek out services.

Recommendations for social work practice are guided by the NASW Code of Ethics which states that social workers should become educated about cultural issues when working with clients from various backgrounds. Some simple but effective tools include using language that doesn't reinforce the gender binary, asking for and using correct pronouns and name, creation of spaces that are visibly inclusive members of the transgender community, collaborating with transgender community members, and acknowledging cisgender privilege.

Recommendations for social work research include reviewing best practices for effectiveness when working with the transgender community. This will do two things: 1) it will identify which practices produce harm to transgender

clients and 2) it will provide inclusive evidence-based practices that will assist social workers in their work with the transgender community.

### Conclusion

In conclusion, this study identified not only areas of concern but resiliency factors that mitigated distress. The transgender participants in the sample had similar experiences and therefore common themes and subthemes were analyzed accordingly. The identified areas of distress were similar to other findings found in other studies of the transgender community. The successful navigation of these areas was due to finding community and receiving social support from friends and/or family.

Understanding the needs of the transgender community is important for a variety of reasons. One being that while focus on the transgender community within the social services sector has been studied, much less has been done to enact change that ensures their safety and inclusive treatment. Understanding the ways in which the social service sector still requires change is vital to providing equitable care to all. A social worker's role in this change is more than just providing service, it is to advocate for transgender people and give them the tools to become empowered.

APPENDIX A  
INFORMED CONSENT

**INFORMED CONSENT**

The study in which you are asked to participate is designed to examine the lack of resources for the transgender community in the Inland Empire region and the resiliency factors the transgender community utilizes. The study is being conducted by Raul Maldonado, a graduate student, under the supervision of Dr. Erica Lizano, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board Social Work Sub-committee at CSUSB.

**PURPOSE:** The purpose of the study is to examine how the lack of resources impact the transgender community within the Inland Empire region and the resiliency factors that mitigate the distress.

**DESCRIPTION:** Participants will be asked of a few questions about their experience as a transgender individual in the Inland Empire and what see as factors that facilitate resource inequity but also resiliency, and some demographics.

**PARTICIPATION:** Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

**CONFIDENTIALITY OR ANONYMITY:** Your responses will remain anonymous and data will be reported in group form only.

**DURATION:** It will take 1 hour to complete the interview and if you choose to participate in the focus group it would take another hour to complete that as well.

**RISKS:** Mild risk, if you should experience distress any please contact the San Bernardino Department of Behavioral Health at (909) 386-8256 or Riverside University Health System – Behavioral Health at (951) 509- 2499 or the crisis hotline at (951) 686-4357

**BENEFITS:** There will not be any direct benefits to the participants.

**CONTACT:** If you have any questions about this study, please feel free to contact Dr. Lizano at (909) 537-5584.

**RESULTS:** Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2018.

I agree to having this interview/focus group audio recorded  Yes  No

This is to certify that I read the above and I am 18 years or older.

Place an X mark here

Date

909.537.5501

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

APPENDIX B  
INTERVIEW QUESTIONS



## Interview Questions

1. How do you identify?
2. What is it like to be LGBTQ+? More specifically, what it is like being transgender?
3. Do you feel that your gender identity is an important part of your life?
4. Do you feel that your sexual orientation is an important part of your life?
5. As a transgender person, how much do you feel supported by your family?
6. Do you feel connected to the LGBTQ+ community? If so, in what way? If not, why?
7. Describe the community you are a part of.
8. What are some things you like about the transgender community and/or the LGBTQ+ community?
9. What are some things you dislike about the transgender community and/or the LGBTQ+ community?
10. What particular challenges have you faced specifically as a transgender person?
11. Have you ever faced any problems in your other intersecting communities in regards to you being transgender?
12. Have you ever faced any problems in the LGBTQ+ community in regards to your transgender identity?
13. Have you ever faced any problems in regards to access to social services?
14. Have any of these challenges been resolved? If yes, how? If no, what is preventing you from resolving those that have not been resolved?

(Developed by researcher)

APPENDIX C  
DEMOGRAPHICS SURVEY

## Demographic Information Form

**Instructions:** Please do not write your name on this form. It will be stored separately from any other information that you complete during this study and will not be linked with your responses in any way. The following information will allow us to provide an accurate description of the same.

Please provide a response for each of the following questions that is most descriptive of you. You may fill in the blank as appropriate.

1. **What is your age?** \_\_\_\_\_

2. **What is your gender?** \_\_\_\_\_

3. **What is your sexual orientation?**

- Asexual     Bisexual     Gay     Lesbian     Pansexual     Straight  
 Please specify if not listed: \_\_\_\_\_

4. **What is your marital status?**

- Single     Married     Separated     Divorced     Widowed

5. **What is your annual income (or combined annual income if you have a spouse)?**

- Less than \$10,000     \$10,001 to \$30,000     Greater than \$30,000

6. **With which racial or ethnic category do you identify with? (Choose all that apply)**

- African American     Asian     Pacific Islander     Caucasian/White  
 Latina/o/x  
 Indigenous/Native     If none of the above, please specify: \_\_\_\_\_

7. **What is your current educational level?**

- High School Diploma or GED     Some College     Bachelors  
 Post-baccalaureate (Masters)     Doctorate

8. **What county do you reside in?**

- San Bernardino     Riverside     Please specify if not listed: \_\_\_\_\_

APPENDIX D  
INSTITUTIONAL REVIEW BOARD APPROVAL

**CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO**  
**SCHOOL OF SOCIAL WORK**  
**Institutional Review Board Sub-Committee**

Researcher(s) Raul A. Hernandez

Proposal Title Resilience and Coping: How the LGBTQ+ Community Thrives  
# SSW141

Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

-----  
Proposal is:

- approved
- to be resubmitted with revisions listed below
- to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

- faculty signature missing
- missing informed consent  debriefing statement
- revisions needed in informed consent  debriefing
- data collection instruments missing
- agency approval letter missing
- CITI missing
- revisions in design needed (specified below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Committee Chair Signature [Signature] Date 5/22/2017

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student

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