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Exploration of Human and Social Service Needs of the Transgender Community: Guidelines for Social Workers

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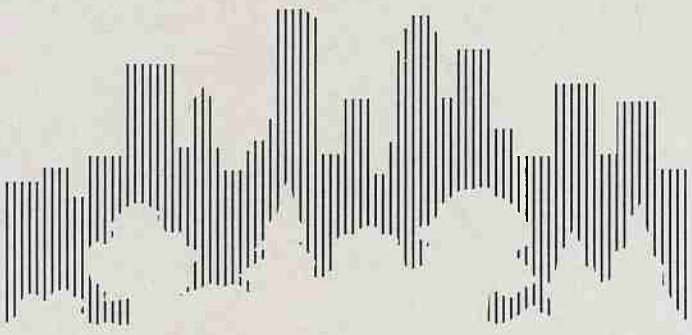

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MASTER OF ARTS IN SOCIAL WORK THESIS

Lori A. Stark

Exploration of Human and Social Service Needs of the Transgender Community: Guidelines for Social Workers

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EXPLORATION OF HUMAN AND SOCIAL SERVICE NEEDS OF THE TRANSGENDER COMMUNITY: GUIDELINES FOR SOCIAL WORKERS

A THESIS
SUBMITTED TO THE FACULTY OF THE GRADUATE SCHOOL
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LORI A. STARK

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ABSRTRACT OF THESIS

PROGRAM DEVELOPMENT

EXPLORATION OF HUMAN AND SOCIAL SERVICE NEEDS OF THE TRANSGENDER COMMUNITY : GUIDELINES FOR SOCIAL WORKERS

LORI A. STARK

21 APRIL, 1994

DEDICATION

I would like to dedicate this thesis
to all of the transgendered individuals
who are struggling for self acceptance

It is a risk to attempt new beginnings.
Yet the greater risk is for you to risk nothing.
For there will be no further possibilities
of learning and changing,
of traveling upon the journey of life.
You were strong to hold on.
You will be stronger to go forward to new beginnings.

Earl Grollman, **Time Remembered**

APPENDICES :

I. INTRODUCTION

The purpose of this research is to assist the author in developing guidelines for social workers who work with the transgender community, or may come in contact with a transgender client at some point. Although upon completion, this thesis will not be in guideline form, the thesis, as well as the guidelines to follow, will contain definitions and explanations of different areas of the transgendered community, and a list of resource and referral sources that may be useful when working with a transgendered client. The following research questions will be explored in this study : 1) What are all of the different types of transgender individuals, and how are they differentiated from each other by the transgender community and others ?, 2) What kind of experiences have transgendered individuals had with social workers?, and 3) What types of attitudes and values, as well as concrete services are social workers providing/doing well - and not providing/doing well?

A COMMON VOCABULARY

Transgendered individuals belong to a heterogeneous community, and for the purposes of this study include transsexuals and crossdressers. Crossdressing is common to a number of behavior patterns, each encompassing their own motivation and levels of satisfaction. Inclusive to the category of crossdressing in this study are: drag queens and female impersonators, fetishists, transvestites, crossdressers and bi-gendered crossdressers. An extensive vocabulary, developed by the transgendered community, exists to identify people who are transsexual, and who crossdress for different reasons or to different degrees. Woodhouse writes that dressing is not a single, unitary process and therefore cannot be easily categorized and identified, resulting in confusion in the use of terminology (1989). Terms whose meaning have found an appreciable degree of consensus among the professional and non professional literature are as follows:

gender (Talamini,1982). A Crossdresser can be operationalized as having no desire to change one's biological sex, but enjoys creating the illusion of the opposite gender, whether this be privately in a person's own home, part time, or successfully living in the opposite gender role full time (Talamini,1982). Crossdressers may have recollections of wondering what it may be like as well as the desire to wear clothing from and present oneself as the opposite gender as far back as early childhood, or they may first experience these feelings later on in life (Buhrich,1978). Like transsexuals, crossdressers may experience isolation and an increasing awareness of "social estrangement" both pre-puberty, puberty and post-puberty (Abel, Barlow and Blanchard,1979). Crossdressers may also experiment with homosexual, bisexual and heterosexual relationships in an attempt to explain and understand their feelings and desires (Abel, Barlow and Blanchard,1979).

DRAG QUEEN - A gay or bisexual man who dresses in feminine attire to attract other men. A subset of these are drag prostitutes, who crossdress as part of their business ("The Transgendered Community",1993).

FEMALE IMPERSONATOR - A male entertainer who wears feminine clothing as part of their act to make a living. They do not seriously identify themselves as having a bi or dual gendered personality (both male and female), because their female or male character is only a stage personality ("The Transgendered Community",1993).

FETISHISTS - People, usually male, for whom clothing articles associated with members of the opposite sex have a strong arousal value. This is sometimes to the point where a male fetishist cannot become aroused or maintain an erection without feminine clothing or fabric ("The Transgendered Community",1993).

TRANSVESTITE - Originally from the Greek "trans" (to change) and vestus (clothing), meaning to cross-dress. This term has taken on a negative connotation as observed by the transgendered community, although it is still used in scientific literature. A transvestite is often not distinguished in literature from a fetishist ("The Transgendered Community",1993). The DSM-III-R lists transvestic fetishism as a "disorder of heterosexual males (or females) in which they have recurrent and intense sexual urges and fantasies involving crossdressing" (1987).

advocate, and case manager (Stuart,1991). Social work intervention with transgendered clients can be conceptualized as a social worker's concern with the interaction between the transgendered client and their social environment which affects the person's ability to accomplish their life goal of meeting their physical, emotional, financial and social needs (Levine,1972). Social work intervention can be operationalized as successfully assisting the client with obtaining financial resources, knowledge of the disorder, linking them with the appropriate medical system and providing information about the services available to help them attain their personal goals (Wicks,1977).

GENDER DYSPHORIA - Gender dysphoria (although sometimes referred to as gender disorder) is defined as "a person's experienced discomfort with their anatomical sex and gender assigned at birth" (Blanchard,1989). Gender dysphoria is conceptualized as a person's discomfort with their anatomical sex and gender assigned at birth related to a history of abuse, compulsive sexual behavior, sexual orientation, conflict, family of origin issues or a reflection of core cross gender identity (Jacobs and Cromwell,1992). A gender dysphoria can be operationalized as a client's discovery of the most effective way to manage their sexual identity through integrating cross-gender feelings in the gender role congruent with one's anatomical sex, living part or full time in the role of the other sex, and hormonal and/or surgical sex reassignment (Jacobs and Cromwell,1992).

GENDER AND SEXUALITY

Biological sex is among the most salient of human characteristics in Contemporary Western Society (Bullough, 1988). Upon meeting a new individual, one nearly always identifies the others' sex, among other demographics like age and race, and when one's sex is not immediately obvious we are struck with curiosity. Citizens who are transgendered are often the object of discrimination and social stigma (Stuart,1991). The transgender community is different from all other minority communities in that transgendered individuals are often associated with sexual orientation. Unlike the gay, lesbian and bisexual community, whose identities are directly related to sexual orientation, the transgender community is most often concerned with gender orientation. Gender

RELEVANT STATISTICS

The Harry Benjamin International Gender Dysphoria Association Standards of Care (1990) states "in the beginning of 1979, an undocumentable estimate of the number of adult Americans who considered themselves to be transsexuals ranged from 3,000 to 6,000. Also undocumented is the estimate that between 30,000 and 60,000 U.S. citizens consider themselves to be valid candidates for sex reassignment surgery" (pg.1). Although the author was unable to find sources containing statistics on estimated numbers of crossdressers, the City of Lakes Crossdressers Couples Handbook (1993), estimates that one to five percent of the American population are crossdressers, or have the desire to crossdress.

The general feeling expressed by most transgendered individuals prior to and during their "coming out" stage is one of overwhelming loneliness, of not belonging, or being different, or of fearful hiding and rejection (Levine,1978). Also according to Levine;

> Physicians and psychiatrists direct their efforts toward the end result, which is either a mind and/or body change. Many times they are not particularly concerned with the means necessary to achieve the solution. The role of the social worker as facilitator, enabler, or broker is particularly appropriate since other professionals dealing with transgendered individuals do not usually address the areas of financial resources, knowledge of their disorder, and information about the services available to help them attain their personal goals. The expertise of social workers entails providing the necessary linkages between clients and their individual goals. Treatment for transgendered clients is basically physical, whether it be surgery or dressing as the opposite sex. Therefore, transgendered individuals primarily reject a psychiatric approach to their problems, leaving them particularly vulnerable and therefore in critical need of the kind of approach social work can provide (Levine, 1978).

"Social work is concerned with the interactions between people and their social environment which affect the ability of people to accomplish their life tasks, alleviate distress and realize their aspirations" (Wicks,1977,pg.183).

II. REVIEW OF THE LITERATURE

HISTORICAL CONCEPT OF ROLE REVERSAL

The concept of role reversal dates back to early classic literature from Herodotrus to Shakespeare (Bullough,1988). Crossdressing was practiced extensively in Ancient Greek and Roman cultures. "The Romans even had a Goddess that was supposed to respond with sympathy and understanding to earthlings with feminine souls and male bodies" ("A History of the Phenomena of Crossdressing",1992). In Shakespearean England, all the female stage roles were played by young men. Crossdressers were common on the streets of London and France as well ("A History of the Phenomena of Crossdressing",1992). Just how many of these variations in gender identity are culturally influenced is not always clear. "Even though the bible (Deuteronomy 22:5) forbids men to wear that which belongs to women and women that which belongs to men, we know that in the medieval Christian church, a number of women who had lived as men and whose true sex was only uncovered on their deaths were made saints"(Bullough, 1988). Men who lived as women, however, have not been made saints, and if their conduct was known or even suspected, they were subject to punishment (Bullough,1974).

The first mention of gender identity disorders from a clinical perspective dates back to the German Literature (Braunthal, final manuscript). The most significant figure in the movement to be more precise about gender identity and to give greater legal and diagnostic precision was Richard von Krafft - Ebing (1802-1849), who invited, expanded and popularized such terms as "homosexual", "sadism" and "masochism" as well as many others to differentiate one variation of sexual activity from another, and to differentiate between sexual identity and gender identity (Bullough,1988). In 1910, Magnus Hirshfeld invented the term "transvestism", which is interpreted as crossdressing, although for a time, the term "eonism", invented by Havelock Ellis (1936) was a popular term to explain the same phenomenon (Bullough,1988). Of interest is the fact that Freud, the

> The essential feature of the disorders included in this subclass is an incongruence between assigned sex (i.e., the sex that is recorded on the birth certificate) and gender identity. Gender identity is the sense of knowing to which sex one belongs, that is , the awareness that "I am male", or "I am female". Gender identity is the private experience of gender role, and gender role is the public expression of gender identity. Gender role can be defined as everything that one says and does to indicate to others or to oneself the degree to which one is male or female. Some forms of gender identity disturbance are on a continuum, whereas others may be discrete. When gender identity disturbance is male, the person is aware that he is a male or that she is a female, but discomfort and a sense of inappropriateness about the assigned sex are experienced. When severe, as in transsexualism, the person not only is uncomfortable with the assigned sex but has the sense of belonging to the opposite sex. Disturbances in gender identity are rare, and should not be confused with the far more common phenomena of feelings of inadequacy in fulfilling the expectations associated with one's gender role. An example would be a person who perceives himself or herself as being sexually unattractive yet experiences himself or herself unambiguously as a man or a woman in accordance with his or her assigned sex. Although people who first present clinically with gender identity problems may be of any age, in the vast majority of cases the onset of the disorder can be traced back to childhood. In rare cases, however, an adult will present clinically for the first time with a gender identity problem and report that the first signs of the disturbance were in adult life.
>
> (DSM-III-R,1987,pg.71).

The workgroups currently planning the Diagnostic and Statistical Manual, fourth edition (DSM-IV) are working on a complete and inclusive section for gender identity disorders. Although as a whole, these disorders are rare, they are now becoming known to medical and psychiatric professions. Due to its rarity, psychologists, unless they are specialized in the field of gender dysphoria, may only encounter three to five clients representative of the transgender community in their professional career (Brown,R.,G.,1990).

related to the mind), science has not been able to establish its origin (Abel, Barlow and Blanchard,1979). Due to these theoretical discrepancies, social workers and other professionals who work with the transgendered population tend to accept and practice the theory that best corresponds with their own belief or background (Brown,1990). This has resulted in an inconsistency of intervention and inappropriate referrals for transgendered clients. This literature review produces three recurrent themes, resulting in three different approaches to social work intervention, which are supported by these five theoretical frameworks: The psychoanalytic framework addresses diagnostic considerations, both role theory and behavioral theory support demographics of the transgendered community, and organic and endocrine theory support evaluation and counseling services. The author does not espouse any one theory, and as will be noted in the findings and summary sections of this study, prefers a multiple causation approach when working with the transgender population.

DIAGNOSTIC CONSIDERATIONS

A considerable amount of literature has appeared which defines transsexualism and crossdressing and distinguishes each category from the other. The classification of homosexuality is often confused with these two categories and it is a common misconception that if a person is a crossdresser or a transsexual, they are homosexual (Friedman, Green and Spitzer,1976). The initial assessment of a transsexual should rule out homosexuality, yet the two are often confused. The transsexual has a "basically heterosexual goal which is blocked by the "wrong" physical appearance" (Levine,1978,pg.170). The homosexual is "content with, and often proud of his physical being but is not interested in the socially acceptable goal, he is interested in choosing a partner of the same gender" (Levine, 1978,pg.170). Crossdressers are content with their gender identity, but requires crossdressing to enhance a co-personality of the opposite sex (Levine,1978). The crossdresser does not request much from the medical profession, whereas the transsexual "puts all their faith into the hands of the doctor, particularly the surgeon" (Braunthal, final manuscript,pg.4).

Buhrich and McConghy (1977) found crossdressers, unlike transsexuals, derive satisfaction from their biological sex and have no desire to change their

How can a therapist obtain assurance that the person's request for sex reassignment is genuine and that surgery may assist in leading a happy life? This is difficult, as the literature has revealed that transsexuals vary in background, personality, physical, mental and emotional states. Whatever their background, however, they all have one thing in common, "they are all convinced that they were born in the wrong body", and that this request for sex reassignment is not a choice (Braunthal, final manuscript,pg.5).

Transsexualism, code number 302.50, as now defined in the Diagnostic and Statistical Manual, third edition revised, has the following diagnostic criteria:

1. Persistent discomfort and sense of inappropriateness about one's assigned sex (feeling trapped in the wrong body).

2. Persistent preoccupation for at least two years with getting rid of one's primary and secondary sex characteristics, and acquiring the sex characteristics of the other sex (a request for hormone treatment and/or sex reassignment surgery).

3. The person has reached puberty (otherwise, the diagnosis of gender identity disorder of children would be made).

(DSM-III-R,1987,pg.76).

DEMOGRAPHICS OF TRANSGENDERED INDIVIDUALS

The transsexual desires to change his or her anatomical sex, or his or her gender, but according to role theory, does not want to change who they are as a person. This is observed in the type of clothing and lifestyles they lead before and after surgery (Brown,Burns and Farrel,1990). As transgendered people strive toward a new identity, they are sometimes faced with uncertainty over their true gender role. Wicks states that social workers and therapists often support role theory while working with transgendered clients, as many transgendered individuals overemphasize their gender choice in an attempt to identify with the role of that sex (1977). Some feel transgenderism stems from early life experiences which, according to behavioral theory, state gender is developed and expressed through interests, hobbies and behaviors (Masri, Vamik and Volkan,1989). Another common theme among transsexuals, supporting behavior theory, is that they have been pre-occupied with dressing as the opposite sex since

status. The long term results of sex reassignment surgery to date also conclude sex reassignment surgery to be the treatment of choice for the true transsexual, however, there is some suggestion of recurrent therapeutic needs to deal with adjustment disorders in a small number of cases (Melman,Stein and Tiefer,1990). Melman, Stein and Tiefer feel that a person should be living successfully in a well established gender role long before surgery. Surgery is therefore not the most important step for a true transsexual but rather a natural process in their role development, and a validation of everything they have resolved and become. On rare occasions people may have sex reassignment surgery, for which they are not an appropriate candidate. It is quite common for severe adjustment disorder issues to occur for these individuals (1990).

The more effective the surgery, the more likely the patient to carry on with life free of pathology afterwards. Only five to ten percent of those identifying as transsexual, complete sex reassignment surgery (Docter,1988). Docter (1988), also puts the number of post-operative transsexuals in the United States in 1988 as 6,000 to 10,000, and believes that only after sex reassignment surgery can a person feel whole. Mere crossdressing is not enough, and transsexuals are not concerned with presentation, since they feel they were already born with the persona opposite of their genetic sex (Chong,1990). Crossdressers, however, sees themselves as having the best of both worlds, for in many ways, they get to experience something of each (Bentler and Prince,1972).

Blanchard and Sheridan found some demographic differences between non-homosexual crossdressers and homosexual transsexuals, indicating homosexual transsexual people are more likely to have been unhappier children than non-homosexual crossdressers (1992). Docter, challenging behavior theory, found no research supporting the hypothesis that crossdressers or transsexuals come from father absent families (1988). Male and female transsexuals can, however, differ from each other in some aspects of family. Arrindell and Cohen - Kettenis (1990), have noted female to male transsexuals to have both parents more rejecting and less emotionally warm. Male to female transsexuals were found to have emotionally warm mothers, and rejecting fathers. Both male and female transsexuals had equivalent parental divorce rates which also matched parental divorce rates of non-transgendered individuals (Tsoi,1992). Interestingly enough, there seemed to be no correlation to sibling order (Tsoi,1992). Raboch and Sipova note that crossdressers are likely to be high achievers, have above average intelligence and be attracted to high pressure jobs (1974). Stuart notes that 70%

surgery, and who are not sincere or truthful in their protestations of cross-gender identification" (Pauly,1990,pg.3).

Following the endocrine theory, scientists have theorized that transgender tendencies originate in males from insufficient androgenization of the brain, which is a lower than normal level of biological male sex hormones, and is called androgen insensitivity syndrome (AIS). Cohen - Kettenis and Gooren completed a study with 46XY male subjects with an incomplete form of androgen insensitivity syndrome (AIS). At birth there was confusion as to the sex of each subject. The subjects were later all assigned to the male sex, but when revisited at age thirty, all showed feminine tendencies and behaviors, and slightly over half had applied for sex reassignment surgery (1991). Other scientists support organic theory and hope to one day "solve" its origin by studying irregularities in brain development which might eventually lead to an understanding of similar anomalies in brains of transgendered individuals (Amparo, Colleir and Eugnio,1991).

When professionals diagnose sex reassignment surgery as medically necessary, what they are looking for as a diagnosis is what they refer to as Classic Transsexualism of Benjamin, which defined by Pauly, is a lifelong history of the desire to be a member of the gender opposite his or her biological sex (1990). The Harry Benjamin International Gender Dysphoria Association Standard of Care Procedure is nation wide, and is the evaluation procedure used most often by professionals when a request for sex reassignment surgery is made. (See Appendix A).

For crossdressers, their challenge does not include a nationally determined set of criteria like the Harry Benjamin Standard of Care Model used with transsexuals and other individuals requesting sex reassignment surgery. Crossdressers do, however, go through an exploration of interpersonal situations while coming to terms and finally reaching a level of acceptance with their crossdressing. (See Appendix B).

III. METHODOLOGY

PARTICIPANT SELECTION

The research conducted to gatherer this knowledge consisted of two focus groups with six individuals each. One focus group represented crossdressers, all of whom were male, ranging in age from twenty four to sixty. The other focus group represented transsexuals, two which were female to male and four male to female, ranging in age from thirty four to sixty two. To gather interested participants for each focus group, the author began by meeting with the Director of the Gender Dysphoria Unit at the University of Minnesota. The Director of the Gender Dysphoria Unit referred the author to two Minnesota organizations representative of both focus groups; City of Lakes Crossdressers Community (CLCC), and New Men and Women of Minnesota, which is an organization primarily consisting of transsexuals. After contacting each group, the author met with the Vice President of CLCC and attended a board meeting at New Men and Women of Minnesota to explain the research objectives. Agreeing with and in support of the author's research, leaders from each organization made members of their group aware of the study, and the need for six voluntary participants from each group. Participants representing each organization were voluntary and self selecting (See Appendix D).

The focus groups encompassed one evening, both separate from each other. One focus group lasted two and a half hours and the other three hours. Initially the focus groups were both to be held in a conference room at the Program in Human Sexuality at the University of Minnesota. Due to most participants involvement with this program, the author concluded this would not be a neutral setting and both focus groups were therefore held in a seminar room at Augsburg College, which all participants agreed to.

other"?), the first focus group discussion question was developed. This question addressed definitions and was asked as follows: "There are many groups that fall under the transgender category. Tell me all the different types of transgendered individuals you are aware of, and how they are defined and differentiated from each other"? Two probes were also developed for the researcher to ask in order to assist the group in answering this question.

Social work intervention and gender dysphoria were defined in chapter one. These definitions and the second research question (i.e., "What kind of experiences have transgendered individuals had with social workers"?), provided a baseline for the development of the second focus group question. This question addressed experiences and was asked as follows: "In the questionnaire you were asked if you have had contact with social workers. If you have, tell me about your experiences with them - both positive and negative". Three probes were developed for the researcher to ask to assist the participants in answering this question.

The last focus group question addressed the purpose of this whole study, which is to develop guidelines to aid in the continuity of care in social worker - transgendered client relationships. As stated earlier, the author had learned of five different theoretical frameworks commonly used by social workers and other health care professionals working with the transgendered community (i.e., endocrine, organic, psychoanalytic, role and behavioral theory). At present, there is no known etiology for transgenderism and therefore social workers and other health care professionals use the framework they feel works best for them, resulting in different social work - client interventions and relationships which was discussed in the literature review (see diagnostic considerations, demographics and evaluation and counseling services). A common complaint brought to the authors attention in preliminary discussions, was that social workers are inconsistent in how they respond to the questions and concerns of their transgendered clients. In order to address this complaint, the third research question was developed (i.e., "What types of attitudes and values as well as concrete services are social workers providing/doing well - or not providing/doing well "?). The last focus group discussion question was based on available resources and was asked as follows: "What can social workers ideally provide and how can they assist transgendered individuals"? Two probes were developed for the researcher to ask to assist the group in answering this question. (See Focus Group Discussion Questions, Appendix I).

IV. FINDINGS AND DISCUSSION

All eleven participants have completed high school, and nine of the eleven have had schooling and/or hold degrees post high school. Degrees and training included various areas such as two participants who hold an associate of arts degree, one participant has had training in electronics and another holds various other vocational - technical educational experiences. One participant is currently working on an associate of arts degree in computer programming. Another participant has both a Bachelors of Science and a Masters of Science degree. One participant has three and a half years of business school, as well as training at a computer academy. Lastly, another participant has completed seven years of college and is currently working on a doctor of dental surgery degree. Of these nine participants, one was a post - operative male to female transsexual, three were pre - operative male to female transsexuals, one a bi-gendered crossdresser, one transgendered individual and three crossdressers. Eight of the participants are currently employed. Of the three unemployed participants, one is retired and another retired with disabilities. Although the third unemployed participant did not feel their unemployment was related to their transgendered identity, one employed pre - operative male to female transsexual has stated that in the past, unemployment has been related to their transgender identity during their transition "into mainstream life - which is what most of us want".

Four of the eleven participants currently live in Hennepin County, two in urban settings and two in suburbs. Three participants live in Ramsey County, all in urban settings. Two participants live in Dakota County, one in an urban setting and one in a suburb. One participant lives in a rural setting in Scott County and one participant lives in a rural setting in Mille Lacs County.

Eleven participants are members in at least one of the following organizations; seven participants are members of City of Lakes Crossdressers Community (CLCC). Two participants belong to the International Foundation of Gender Education (IFGE). One participant is involved with the Lambda Justice Center. Four participants belong to the Minnesota Federation for Gender Expression (MFGE) and seven belong to New Men and Women of Minnesota. Other organizations and resources participants feel are helpful for transgendered individuals are the Tri-Ess society, and Tapestry - a magazine from the International Foundation of Gender Expression (IFGE). Participants stated there are "various books" available, a few select professionals in private practice, and often most beneficial to them are other members of the general transgendered community itself. (See Appendix K).

labeled as transvestites." "Transvestite and drag queen became pretty much synonymous and they are not. To bring things into a different light, the word crossdresser came about." "A lot of individuals prefer to be called crossdresser although they truly are pretty much identical."

CROSSDRESSER - *"A crossdresser had no desire to change their biological sex but does live part or full time as a member of the other sex. That could be male or female." "We don't know how many women are crossdressers, because of the freedom they have to wear whatever they want." "The male crossdresser has a great love of women and wants to impersonate a woman, not necessarily for romantic reasons." "Crossdressing is doing the best I can with what I have." "A bi or dual gendered crossdresser is someone who is comfortable expressing themselves in both gender roles. Some crossdressers are only comfortable living publicly in one role or another."*

DRAG QUEEN - *"A drag queen is someone that dresses to attract men and is gay." "The drag queen trend is sort of dying to some respect, and the female impersonator is becoming more dominant."*

FEMALE IMPERSONATOR - *'The female impersonator has a tendency to be gay, and is a professional." "The impersonators make a lot of money but one reason is that they have to go through a lot of trouble to go through those impersonator circles and communities. It's not something any crossdresser can just walk into. These are considered an elite group because they're gorgeous. Most, however, do not get into it for the money, there really has to be some kind of desire."*

DRAG PROSTITUTE - *"A drag prostitute is sometimes called a street hustler, and are usually looking for men and hustle - they are usually gay."*

FETISHISTS - *"A fetishist is a person who crossdresses, and requires one or two articles of clothing to provide a sexual fantasy or turn - on."*

TRANSGENDEROUS - *"This is usually someone that lives full time in the opposite gender role but does not consider themselves a transsexual."*

being transsexual. So there's an infinite variety of how these things can combine."

- Common stereotypes and misunderstandings of the different types of transgendered individuals.

"Anyone who sees one of us dressed automatically thinks we're gay." "I think the one that is probably the biggest problem is media sensationalism and so forth. We're labeled immediately as the drag queen or female impersonator - anyone who is a crossdresser or is transsexual." "You've got all the preconceived things that come off the talk shows which we don't get very adequate representation on sometimes."

B. EXPERIENCES

The following summarizes contact and experiences with social workers - both positive and negative:

Although six of the eleven focus group participants had some experience with a social worker, focus group participants in general did not feel they had enough experience to speak exclusively of social workers, and therefore spoke of experiences with health care professionals in general.

"The psychological and medical community know so little, they'll go out of their way to say 'we'll discuss this later.' They don't know."

DOCTORS AND DENTISTS - *"I saw my doctor for twenty five years, and he immediately wanted me to have an AIDS test."*

"The first time my doctor saw me dressed, I had a complete physical and he automatically included an AIDS test in that. The thing of it is that I had seen my dentist that morning before the physical, dressed, and the first thing he brought up was AIDS. It's still an automatic association, as a transsexual, that you're gay."

PSYCHOLOGISTS - *"I went to a psychologist and his reaction was 'I will cure you, I will change your mind' and he would have done it by intensive personality change. Generally speaking, it would not have been successful. The only way he could do it would be to change the whole person - if you could do it. That's the*

the major centers in the U.S.." "The bad thing that happens when you're away from the major centers such as the Twin Cities, where there are educated people that know how to deal with this - if you're out in a small town and you're trying to find help - they have no training and what starts to happen is that you begin to train them and you could be in for more problems because all of a sudden this person talking to you may decide to take you down an avenue that is completely wrong for you."

- Additional comments about experiences with health care professionals.

"Why is it that people always have to try to find something wrong when nothing is wrong, this is the way we are. Everybody tries to read more into it than there is."

"A lot of the support we get is from within our own community and organizations - I think the best therapist we could possibly have would be transgendered."

- Ways being transgendered has changed the participants lives.

"The easiest one is self esteem."

"What it did for me was make me a more accepting and open person to others needs."

"For the first time in my life, I like me. My whole perspective on life has changed."

"Once I accepted this whole new part of me, it opened up a whole new world for me. Freedom to express things that I was never able to express before as a "male." It was like an awakening, the whole world looks different."

C. AVAILABLE RESOURCES

The following summarizes what participants feel social workers can ideally provide and how they can assist transgendered individuals:

"I think the one key thing would be awareness. So when a patient shows up they can be given proper direction."

transsexuals and 78% of male to female transsexuals have advanced degrees. All but two of the eleven focus group participants had an advanced degree, and other than the three unemployed participants, all reported to have careers.

Another common misconception brought to the authors' attention in many discussions is that most transgendered individuals can be found in the city because of the opportunities for "night life". Only five of the eleven participants live in urban settings, and both focus groups were representative of at least five different counties. The fact that all of the participants live in Hennepin county or counties near by reinforces the focus groups consensus that it is beneficial to live near a major center like the Program in Human Sexuality which is in the city of Minneapolis. These findings therefore do not suggest that participants live in urban settings due to the "night life". This is also reinforced by the focus group participants discussion of media misrepresentation and assumptions that because they are crossdressed, they are gay. Focus group participants were very clear about which categories in their community were homosexual, and the five participants living in urban settings did not distinguish themselves as members of any of the homosexual categories.

Information provided on the questionnaires indicate that some very supportive and informative organizations do in fact exist in the Twin Cities area for transgendered individuals. Both focus group participants listed and belonged to many of the same organizations, supporting earlier findings that both the crossdressing and the transsexual community open their organizations to the other community (Brown,1990). The knowledge of these resources would seem to support Raboch and Sipova's (1974) findings of high intelligence, for participants feel many social workers are unaware of the existence of any of these resources. It would therefore seem that the transgender community must become self taught in order to meet their needs and achieve their goals. Their knowledge of resource and referral sources would also support their reports of having to teach social workers and other health care professionals about their community. A common theme noted during discussion of experiences, was the fear of being lead "down the wrong path" during therapeutic interventions. Although participants feel that once they are inside of their community, accessibility to knowledgeable trained professionals is available due to the Program in Human Sexuality, participants are concerned for transgendered individuals who have not yet found transgendered community resources. This is when the possibility of having to

gender identity and the use of gender orientation unnecessarily in treatment supports the two biological theories ; endocrine , in that transgenderism is a result of a persons' assigned anatomical sex not always matching their perceived gender identity, (Cohen - Kettenis, and Gooren,1991), and organic theory, which suggests a malfunction in the temporal lobe of the brain, resulting in a crossing of gender orientation and gender identity (Ampare, Collier and Eugenio,1991).

The common theme supported by these two biological theories (organic and endocrine) as noted in the literature review, is evaluation and counseling services. It is important for all health care professionals, not just social workers to know of the different types of individuals in the transgendered community, and how they are differentiated because, as stated earlier by Pauly (1990), professionals need to rule out common possibilities when faced with the request for sex reassignment surgery, such as transvestitism, effeminate homosexuality, and psychosis. What is not noted in the literature review, however, is that the ruling out of effeminate homosexuality is supported by psychoanalytic theory, (an attempt to overcome a fear of castration) and the ruling out of psychosis is supported by role theory (Whether or not observable behaviors coincide with gender identity). The unspecified reference made to these additional two theories in the review of the literature pertaining to psychoanalytic theory's approach to intervention, is similar to the inconsistencies in experiences reported by focus group participants. This again reinforces the fact that professionals are using the theory that works best for them, even within a specified approach or framework (Brown,1990).

Although endocrine and organic theory correlate with the focus group's discussion of gray areas in gender dysphoria and the "crossings" of identities, focus group participants did not specifically report their gender dysphoria to be a result of chromosomal abnormalities or a dysfunction in the temporal lobe of their brain. All did, however, report that they felt they were either born with it (biological theories), or it occurred so early on in life, that it is almost as if they were born with it, which correlates with behavioral theory (a theory believed to be psychogenic in origin).

Focus group participants stated their reported definitions of the transgendered community paralleled with definitions found in literature. Participants found most stereotypes and misconceptions to center on homosexuality, which they felt for the most part is a result of misrepresentation in the media. The only indication of homosexuality mentioned in the evaluation and counseling approach, however, was Pauly's (1990) caution to rule out effeminate homosexuality when a request

extent, as reported by focus group participants, as they mentioned a common mistake is to automatically associate a transvestite as a fetishist, which is what the DSM-III-R does.

Transgendered individuals, as reported by focus group participants, commonly feel that health care professionals try to find something wrong, rather than accepting them for who they are. This correlates with Docter's (1988) statement that crossdressers are often misperceived as being schizophrenic, which they in no way are similar to, as a true crossdresser is aware at all times of his or her crossdressing. In this respect, the DSM-III-R works in favor of the transgendered individual, as psychosis must be ruled out to be considered transsexual. Psychoanalytic theory can also be a useful framework for transsexual, for as mentioned earlier, there are small percentages of people who are inaccurately diagnosed and approved for sex reassignment surgery.

Like the evaluation and counseling approach, the diagnostic considerations approach, supported by psychoanalytic theory, integrated additional theoretical frameworks into its approach. Aside from using psychoanalytic theory to rule out homosexuality and AIDS, the DSM-III-R uses behavioral theory and both of the biological theories (organic and endocrine), in an attempt to rule out homosexuality and mental health disorders, such as schizophrenia, when a request for sex reassignment surgery is made. The DSM-III-R also integrated role theory into an assessment of true transsexualism in that an individual must have a preoccupation with ridding oneself of one's primary and secondary sex characteristics for at least two years, as well as persistent discomfort and a sense of inappropriateness about one's assigned sex. This persistent discomfort could be theorized as a behavioral etiology (early life experience), or an endocrine or organic etiology (chromosomal or temporal lobe abnormalities), depending on the professionals background. This again reinforces the transgendered communities fear of being led down the wrong path by a health care professional. Again, a theme is becoming apparent in that other theoretical frameworks, although not specified in the literature review findings, have been integrated into the psychoanalytic approach to diagnostic considerations, emphasizing the need for an eclectic theoretical framework.

Two important points are noted in the correlation of definitions, experiences and available resources to theoretical frameworks. First, the three approaches found in the review of the literature (diagnostic considerations, evaluation and counseling and demographics), only reinforce the discrepancy among professionals as to which type of therapeutic interaction is most effective and productive when working with the transgendered population. Each approach, however, without a clear acknowledgment, integrated almost all of the five noted theoretical frameworks. Since the definitions of these five theories (biological and psychogenic) correlate with the research finding, it would seem most effective to disregard the title over the three approaches, and combine them along with the five theoretical frameworks to form an eclectic framework. This would provide transgendered individuals with consistency, as all familiar professional approaches would be integrated. This lack of integration may account for the gray areas that gender dysphoria focus group participants feel are being overlooked by health care professionals.

Secondly, throughout the review of the literature, interviews and focus group discussions, the author was provided limited data and information regarding social work - client involvement in the transgendered community. The author therefore was unable to find any correlations with the definition in chapter one of social work intervention. It may be, however, that because individuals can "cross" from one identity to another, as well as encompass gray areas of gender dysphoria, there may be no set social work intervention, since each clients' needs will be different. In addition, it may be that transgendered individuals are not aware of the many different roles a social worker is able to perform in order to assist their clients in getting what they need and meeting their goals. Perhaps social workers are not clearly making their abilities known to this population of clientele, again reinforcing the inconsistent approach from social workers experienced by focus group participants. Lastly, because social workers are able to perform many different roles with their clients (i.e., intake worker, resource developer, counselor, advocate, case manager), the author believes an eclectic framework would seem most valuable to social workers. Due to the current lack of an eclectic framework, the necessity to provide social workers with guidelines for use with their transgendered clients, which is the purpose of this study, is additionally reinforced.

different types of crossdressers (i.e., drag queen, drag prostitute, transvestite, etc.), was not given. Much of this may be due to the fact that the crossdressers themselves do not know how many female crossdressers there are due to fashion acceptability. Other limitations of the focus groups were in terms of ethnicity, in that all participants were Caucasian, which again may have skewed the discussion on experiences and available resources. The author did not find any specific research or statistics which addressed the population of transgendered individuals who are from a different minority or ethnic group. Therefore specific needs of minority or ethnic transgendered cultures for the purpose of this research are pure speculation. These participants were self selecting, which may account for the lack of representation of other crossdressing identities, as well as ethnic identities. Most participants also appeared to currently be dealing quite well with their transgenderism, which may account for the lack of client - social work experience. Those individuals in CLCC and New Men and Women of Minnesota who are currently working with a social worker, may not have volunteered to participate in the focus group, because they may not have felt as emotionally prepared to voluntarily discuss their experiences in a group. The reader must also keep in mind that the authors' findings are representative of only eleven transgendered individuals in the State of Minnesota. Each focus group was also only held for one evening, not allowing respondents any expressions of after thoughts from their focus group discussion.

There are noted values to the study despite the limitations. Since the focus groups were self selecting, and as mentioned earlier, gave the author the impressions of currently being at a level of acceptance with their transgendered identities, the focus groups were both informative and productive. Participants were also knowledgeable about their community, available resources and for the most part, had been dealing with their transgendered identity long enough to share professional - client experiences with the author. Although many of these experiences were not with social workers, participants had enough negative and positive experiences with health care professionals in general to assist the author in making recommendations to social workers which will promote consistency and positive social work - client interaction. These guidelines will be developed specifically for social workers, due to the many roles within the social work profession. Having learned of participants' negative experiences with other health care professionals, however, these guidelines may be a beneficial tool for other health care professionals to use with transgendered clients as well.

V. SUMMARY AND RECOMMENDATIONS

SUMMARY

There are both differences and similarities in this study's definitions of key variables and concepts with those used in previous research. It is clear from the review of the literature that there is a definite discrepancy among professionals as to the nature of effective and appropriate client - professional therapeutic intervention. This is evident by the many practiced theoretical frameworks; biological theories (endocrine and organic) and those believed to be psychogenic in origin (psychoanalytic, role and behavioral). There are key components in each variable or definition that are necessary to maintain due to the already accepted definitions of these variables among professionals actively involved with this client population already, however, it seems necessary to combine these frameworks and their supported approaches (diagnostic considerations, evaluation and counseling and demographics) to aid in the development of continuity of care in social worker - transgendered client interaction and relationships.

Despite the different theoretical frameworks, this literature review did produce some recurrent themes. First, gender identity is clearly formed between the ages of three and six, "coinciding with the successful resolution of the Oedipal conflict"(Feinbloom, Fleming,1984,pg.730). Second, transsexualism usually manifests before puberty and "once the pattern is established, is resistant to change"(Wicks,1977,pg.183). Third, adult transgender clients apparently "do not respond to psychotherapy, rejecting this mode of treatment because they see their problem as physical and the solution as either dressing or surgery, not psychiatric"(Wicks,1977,pg.183). Lastly, although treatment of the transgendered client is basically physical, the transgender population is very vulnerable and is therefore in critical need of the kind of approach social work can provide.

Transgendered individuals comprise a minority client group for most professionals, that with the help of increasingly sophisticated medical procedures and more socially permissive climate, have begun to emerge in increasing numbers (Stuart,1991). They come from all socioeconomic backgrounds and are distinguished by their intense need to resolve an identity crisis - that of gender

theory's idea of an individual's cognitive dysfunction while downplaying the significance of social factors (1989). She does not specify whether the "social factors" referred to are those which cause transvestism or those which might cause transvestic people to be miserable. Other research attempts to conceptualize transvestitism but only succeeds in putting forth simplistic modes. Jacobs and Cromwell (1992), promote behavioral theory by suggesting lines of development from child to adult, taking into account various possible gender and sexual orientations, such as the girl - mother - grandmother - archetype, and the female - boy - tomboyish - female transvestite line, which suggests a developmental sequence in becoming transvestic. While this is conceptually interesting, it seems to suggest that tomboyish girls naturally become transvestites, or that transvestites naturally have histories of acting throughout childhood as a member of the opposite sex.

The most common gap in the literature is that professionals, including scientists, cannot agree on whether or not the transgender individual has developed this gender identity crisis due to organic factors or early life experiences. "To further complicate the matter, there are no standardized criteria for determining transgenderism", or "no tests that may be used as definitive diagnostic tools"(Wicks,1977,pg.182). At this point, each gender identity committee establishes it's own specific policies and criteria outside of the Harry Benjamin International Gender Dysphoria Association Standards of Care Model. If there was knowledge of the actual nature of the diagnosis, this would clarify what is meaningful and important to all individual categories of the transgender community. This would assist in identifying premature decisions for additional cosmetic procedures for transsexuals, as well as keeping in touch with new developments in the medical and legal fields post-operatively. There was a cultural gap found as well, as although the categories of "man" and "woman" are universal, the behavioral content of these two categories vary from culture to culture. All cultures use gender as one of their criteria for role assignment, and these cultural differences are not mentioned in the Harry Benjamin International Gender Dysphoria Standard of Care Model, which is used nationally.

Researchers are careful, however, to distinguish transsexuals from transvestites. In addition, research reports on transsexuals are more useful in learning what it means to have a positive transsexual identity than are journal articles addressing Transvestism (Buhrich,McConaghy,1977). Buhrich and McConaghy also indicate that a natural camaraderie exists between crossdressers

This question was then removed, assuming that this is a basic component most transgendered individuals would already be aware of. Additional research may want to clarify the transgendered communities knowledge of social work roles and abilities and whether or not they would find these roles to be helpful in meeting their specific needs as a transgendered individual. In addition, research might explore geographical location, and the need to educate rural Minnesota social workers in the area of transgenderism as well as whether or not transgendered individuals living in rural Minnesota are aware of the different types of assistance a social worker can provide, and whether or not they would find this type of intervention useful. Transgendered individuals deserve the best efforts of those in the social work profession, working as clinicians, researchers, and social planners, to give them a better chance to live normal, happy, and productive lives.

Persons working with human sexuality issues in the State of Minnesota have specific supervised clinical training in human sexuality and according to Bockting should also have the training and experience required for certification as a sex therapist or sex counselor by the American Association of Sex Education (1993).

When a diagnosis of Classic Transsexualism of Benjamin is made, using the Harry Benjamin International Gender Dysphoria Association Standard of Care Procedures, surgery is determined to be medically necessary ("The Harry Benjamin International Gender Dysphoria Standard of Care",1990). This standard of care procedure is a lengthy process, which takes years to complete. To begin, a person must have reached the age of eighteen ("The Harry Benjamin International Gender Dysphoria Standard of Care",1990). A chemical dependency evaluation must be completed if a person has had problems with substance abuse. Following this evaluation, if chemical dependency treatment is recommended, treatment needs to be completed after one year of sobriety. The person must have established and maintained a therapeutic relationship with a health care professional specialized in the treatment of gender dysphoria for a minimum of six months. It is estimated that it will take at least twenty sessions in this sex month period to prepare for sex reassignment ("The Harry Benjamin International Gender dysphoria Standard of Care",1990). Before the standard of care procedures can move any further, any psychological or physical problems discovered in this six month therapy session must be managed. A treatment contract must be developed and completed pertaining to these identified issues.

After any developed contracts are completed a person must begin active psychotherapy once a month for a minimum of three months ("The Harry Benjamin International Gender Dysphoria Standard of Care",1990). During this time, refills for hormones are provided based on a persons participation in therapy. After the first six months, regular psychotherapy is optional.

There must be documentation of a two year history of gender dysphoria by another health care professional in a persons medical record ("The Harry Benjamin International Gender Dysphoria Standard of Care",1990). Although this is the preferred course of action, some people may have had no other involvement with health care professionals in regard to their gender identity. In this case, relatives or friends are accepted. In either instance, there must also be documentation of family awareness of the persons' gender dysphoria as well. In fact, family (i.e., partner, children, sibling, parents, etc.) are encouraged to attend family therapy. If this is not feasible, it is requested that a persons' family is

Standard of Care",1990). Should the person prove to be mentally stable, and able to handle sex reassignment surgery, surgery is recommended. Mental stability is tested through "the MMPI-2, the Tennessee Self Concept Scale (TSCS), or Derogates Sexual Functioning Inventory (DSFI)" (Bockting,1993,pg.4). Although a person must be proven mentally stable to qualify for surgery, there are also cases supported by the endocrine theory where "a person must be proven mentally unstable should the surgery be denied", and in this situation surgery would also be determined medically necessary as well (Green and Flemming,1990,pg.163).

Since the majority of crossdressers appear to be heterosexual and married, the reactions of their spouse is one of the most important interpersonal situations a dresser must face ("City of Lakes Crossdressers Couples Handbook",1993). Initially at least, it is common for spouses/partners, significant others and fiance's to question the implications of crossdressing in the relationship. A common worry is that their spouse or significant other will want to change their sex (Buhrich,1978). Davis notes that there is some tension in the bigendered community between transsexual people and the spouses of crossdressers, because transsexuals tend to discuss sex reassignment surgery and hormonal treatment, procedures which threaten wives who hope to keep their men, or husbands who hope to keep their wives (1994). Understanding that dressing does not indicate homosexuality or a desire to change sex helps relieve this anxiety, by reassuring the spouse that he or she will not lose their companion. Talamini (1982) writes that a spouses reactions to the knowledge that their husband or wife crossdresses range from complete acceptance to tolerance to insecurity, and that most of these couples do not tell the children about dad or mom's crossdressing.

The manner in which a spouse is told their partner crossdresses, and timing in which they are told, is critical and will definitely affect how they accept their spouses' situation (Kelly, final manuscript). "The observable stages that spouses pass through, from first discovering or being told that their spouse dresses in women's or men's clothing, to the point that some form of resolution takes place, are as predictable as those steps described by Kubler-Ross in her work on death and dying (denial, anger, bargaining, depression, and acceptance)" (Kelly, final manuscript,pg.1). If the relationship is healthy, has some positive things about it, and if both partners or even if either partner can find enough reasons to stay together, the first step in the spouses' process of resolution may begin to appear. Kelley notes there are six interchangeable stages that occur when a crossdresser and his or her spouse are working toward resolution. Kelley stresses the importance of a full exploration of all six issues before a relationship be dissolved or abandoned. To divorce solely over the issue of crossdressing is too easy, frequently premature, and often times a real mistake. These six stages are as follows:

APPENDIX C

delivery" and by "designating an appropriate Government to structure" these requests (Chambers,1993,pg.44). Congress created the Professional Standard Review Organization (PSRO) in 1973. PSRO "encourages and assists physicians in looking at community norms and standards before recommending sex reassignment surgery due to medical necessity" (Gordon,1991,pg.64). In 1982, however, the PSRO was replaced by the Utilization and Quality Control Peer Review Organization (PRO) Program, much to the transgendered communities dismay. The PRO program was developed to "consider cost containment before medical necessity"(Gordon,1991,pg.64). Medical necessity, therefore continues to be challenged when there is a request for sex reassignment surgery funding in the State of Minnesota, and the majority of persons making the requests end up paying for the surgery privately, or foregoing the surgery due to lack of financial resources.

C.L.C.C. • City of Lakes Crossgender Community • P.O. Box 16265 • Minneapolis, MN 55416 • (612) 229-3613

February 12, 1994

Institutional Review Board
Augsburg College
731 21st Avenue South
Minneapolis, MN 55454

To whom it may concern,

This letter is in support of the joint effort between Lori Stark and the City of Lakes Crossgender Community (CLCC). I met with Ms. Stark on February 1, 1994. At this time the goals & objectives of her study were discussed in great detail. Because of this discussion, I believe the form of her study and method of confidentiality are in keeping with the sensitivity & privacy required by those in our organization. I have authorized her study and will facilitate putting her in touch with members of our organization who would voluntarily be interested in participating in her focus group.

I feel that the outcome of this research could be of great benefit and value to the "helping professional" field. Few professionals know how to effectively work with and help transgendered people. This document could be an excellent reference and source of material about our transgendered community. It could also serve as a compendium for those who need a brief abstract of what to expect in different situations and how to work with the various & diverse gender differences we possess.

I am the Vice President of CLCC and also its Educational Outreach Director. As a *bigendered crossdresser* (being comfortable expressing and presenting myself in both gender roles) I feel that this kind of study, and the information it will present, is long overdue.

In summary, I whole heartedly support this study and am willing to lend my assistance in any way I can.

Sincerely,

Debbie Davis, Vice President
City of Lakes Crossgender Community

APPENDIX E

REQUEST FOR APPROVAL FOR THE USE OF HUMAN SUBJECTS IN RESEARCH

Social and Behavioral Sciences

1. Project Title: (Use same title as grant application, if applicable)

Exploration of the Human and Social Service Needs of the Transgender Community: Development of basic guidelines for social workers

2. Principal Investigator Lori A. Stark LSW, MSW Candidate
(first mi last degree)

Telephone number (H) (612)377-0388, (W)343-8742

College department name Social Work (MSW)

Investigator's address 264 Washburn Avenue North
Minneapolis, Minnesota 55405

(For IRB Use Only)

Approval #: 94-31-3

3. Check one:

____ Faculty / staff research
____ Fellow / post doctoral
__x__ Student Research
____ Undergraduate
__x__ Graduate

4. If principal investigator is a student:

Advisor's Name: Ed Skarmulis Ph.D., Associate Professor
Address: Augsburg College, Department of Social Work
731 21st Avenue South
Minneapolis, Minnesota 55454
Telephone (612)330-1750

5. Applications for approval to use human subjects in research require the following assurances and signatures to certify:

- The information provided in this application form is correct.
- The Principal Investigator will seek and obtain prior written approval from the IRB for any substantive modification in the proposal, including, but not limited to changes in cooperating investigators, agencies as well as changes in procedures.
- Unexpected or otherwise significant adverse events in the course of this study will be promptly reported.
- Any significant new findings which develop during the course of this study which may affect the risks and benefits to participation will be reported in writing to the IRB and to the subjects.
- The research may not be initiated until final written approval is granted.

This research, once approved, is subject to continuing review and approval by the IRB. The PI will maintain records of this research according to IRB guidelines.

If these conditions are not met, approval of this research could be suspended.

Signature of Principal Investigator Lori A Stark Date 2/14/94

Student Research: As academic advisor to the student investigator, I assume responsibility for insuring that the student complies with College and federal regulations regarding the use of human subjects in research:

Signature of Academic Advisor Ed R. Skarmulis Date 2/15/94

Faculty/Staff Research: As department chair, or designed, I acknowledge that this research is in keeping with the standards set by our department and assure that the principal investigator has met all departmental requirements for review and approval of this research.

Signature of Department Chair _____ Date _____

Signature of IRB Chair Nancy Stabby Date 3-4-94

GROUND RULES

1. Before we begin, I will discuss the purpose to the focus group and the procedures.

2. A reminder that what is said in this room is confidential. Please remember to respect each other by not repeating what is shared in the room today with non-participants of the focus group after we have finished.

3. A break will be taken half way through the focus group, but participants may get up at any time to use the bathroom, get coffee, etc. as needed.

4. If at any time an areas of discussion becomes uncomfortable for anyone, they may feel free to leave the room, and/or not continue on with the focus group. If at any time you choose not to continue, it will not affect your relationship with New Men and Women of Minnesota/City of Lakes Crossdressers Community, or any relationship you may have with Augsburg College.

5. By signing the consent form, you are giving full cooperation to participate in this focus group and to fill out the eleven item questionnaire. Due to the sensitivity of some of the questions, however, you are free to choose not to fill out certain parts of the questionnaire or to not respond to certain focus group questions if you so choose. If you choose not to complete any of the items on the questionnaire, or no to respond to any of the focus group discussion questions, this will not affect your relationship with New Men and Women of Minnesota/City of Lakes Crossdressers Community, or any relationship you may have with Augsburg College.

6. Please remember to be respectful of each other and remind each other to speak one at a time in order to give everyone a chance to express their opinion and be heard.

7. I want people to feel safe and comfortable sharing their thoughts and experiences. Therefore, I would like to set a norm that if at any time something is said that makes someone uncomfortable or is offensive to them, I encourage them to re-state the comment or issue in more comfortable terms in order to educate those of us in the group.

8. In order to assure confidentiality, only first names will be used in the focus group.

9. At this time, please feel free to ask any unanswered questions about the questionnaire, the focus group or the procedures before we begin.

TO: Members of City of The Lakes Crossdressers Community/New Men and Women of Minnesota

FROM: Lori Stark,LSW, Augsburg College

RE: Invitation and consent to participate in a research study concerning transgendered individuals

DATE:

You are invited to participate in a study about transgendered individuals. This need is in partial fulfillment of my requirement for a graduate degree and in order to develop guidelines for use by social workers in their work with the transgender community.

If you decide to participate, you will be asked to complete an eleven item questionnaire and to participate in a focus group of six transgendered individuals, including yourself. The focus group will last approximately two to three hours. Areas covered in the focus group include definitions and differentiation's of transgendered individuals, misconceptions and stereotypes, experiences with social workers, as well as helpful and available resources for transgendered individuals. The purpose of the questionnaire is to assist me in exploring what are perceived as common stereotypes and misconceptions about the transgendered community (e.g., lifestyle and relationship status, employment status, etc.). Should you choose not to participate, this will not affect your relationship with City of The Lakes Crossdressers Community/New Men and Women of Minnesota, or any relationship you may have with Augsburg college.

Please read the attached consent form which will be discussed before the questionnaire is completed and the focus group begins. If you have questions at any time, please ask Lori Stark at 348-8742.

interview or not answer certain items on the questionnaire, this will not affect your relationship with City of The Lakes Crossdressers Community/New Men and Women of Minnesota, or any relationship you may have with Augsburg College.

RISKS AND BENEFITS IN THE STUDY

There are no physical risks of participating in this study. Some material, however, may be sensitive and you therefore may be emotionally at risk. The focus group involves face to face interaction of possible sensitive material. I will be including in my thesis excerpts from our discussion to illustrate your experiences. This thesis will be logged as a resource within the Augsburg campus library. Precautions will be taken to insure confidentiality in the reporting of information gathered and to eliminate identifiable cues in my final report.

Through your participation, I will receive valuable information that will inform social workers about your needs as a transgendered individual. This holds implications for the larger transgender community, as your contribution will assist in the development of guidelines for social workers who work with transgendered individuals and their community.

CONFIDENTIALITY

The records of this study will be kept private. In the event my report reaches publication, I will not include any information that will make it possible to identify you. Research records will be kept in a locked file. The interviews will be tape recorded; myself, my thesis advisor and a professional transcriber will have access to the tapes. No one else will have access to this data. These tapes will only be used as a tool to accurately record your information and will be destroyed on completion of my thesis. On completion of my thesis, I will be glad to share my findings with any interested participants.

VOLUNTARY NATURE OF THE STUDY

Your decision whether or not to participate is completely voluntary and will not affect your current or future relations with City of The Lakes Crossdressers Community/New Men and Women of Minnesota, or any relationship you may have with Augsburg College. If you participate, you are free to withdraw at any time without affecting this relationship.

APPENDIX H

6. Do you have any children? _____ YES _____ NO
If yes, how many _____

7. Did you graduate from high school _____ YES _____ NO
If no, last grade completed _____
If yes, please specify any schooling post high school and any degrees held _____

8. Are you currently employed? _____ YES _____ NO
If no, do you believe your unemployment is related to your transgender identity? _____ YES _____ NO
If yes, how is your unemployment related to your transgender identity?
_____
_____
_____

9. What county do you live in? _____

10. What area do you live in? _____ Urban _____ Rural _____ Suburb

11. What is your status as a transgender individual?

_____ Crossdresser
_____ Bi-Gendered Crossdresser
_____ Transvestite
_____ Transsexual (please specify);

_____ pre - operative
_____ post - operative
_____ male to female
_____ female to male

_____ Other
(please specify) _____
_____

FOCUS GROUP DISCUSSION QUESTIONS

I. DEFINITIONS

1. There are many groups that fall under the transgender category. Tell me all the different types of transgender individuals you are aware of, and how they are defined and differentiated from each other.

   probe - How does this differ from the available literature and information given to you by social workers?

   probe - What are some common stereotypes and misunderstandings of the different types of transgender individuals?

II. EXPERIENCES

1. In the questionnaire you were asked if you have had contact with social workers. If you have, tell me about your experiences with them - both positive and negative.

   probe - In medical settings, family counselors, therapists, case managers, financial workers, etc.

   probe - What kind of social workers were they (therapists, case managers,etc.), agency in which they worked (county, hospital, private organization, etc.), and how were you treated?

   probe - Based on the definition you gave me of transgendered individuals (question #1), tell me one or two ways being a transgendered individual has changed your life.

APPENDIX J

APPENDIX K

GENDER DYSPHORIA PROGRAM RESOURCE LIST, CONTINUED

LOCAL

City of Lakes Crossgender Community
(CLCC)
P.O. Box 16265
Minneapolis, MN 55416
Phone: (612) 229-3613 voicemail

Minnesota Freedom of Gender Expression
(MFGE)
P.O.Box 17945
St.Paul, MN 55117

The New Men and Women of Minnesota
A support organization for transsexual people
P.O. box 6432
Minneapolis MN 55406-0432
Phone: (612) 220-1920

Tri-ess Sorority
P.O. Box 8591
Minneapolis, MN 55408

Support group for gay, lesbian and bisexual persons
Gay & Lesbian community Action Council (GLCAC)
310 East 38th St.
Minneapolis, MN 55409-1364

Lambda Justice Center
332 Minnesota Street, Suite E1324
St. Paul, Mn 55101-1314

LITERATURE , CONTINUED

The Spirit And The Flesh

A study of the American Indian Berdache documents. How tribal cultures venerated these special people, bringing together a wealth of information on the status of gender-variant males in a wide variety of Native American societies.

Walter L. Williams

Tapestry Journal

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