

©Copyright 2022
Vern Harner

Examining Trans Qualities of Life and Knowledge

Vern Harner

A dissertation
submitted in partial fulfillment of the
requirements for the degree of

Doctor of Philosophy

University of Washington

2022

Reading Committee:
Valli Kalei Kanuha, Chair
Clara Berridge
Jama Shelton

Program Authorized to Offer Degree:
School of Social Work

University of Washington

Abstract

Examining Trans Qualities of Life and Knowledge

Vern Harner

Chair of the Supervisory Committee:

Valli Kalei Kanuha

School of Social Work

As the social and policy landscape in the United States continues to shift, more and more trans individuals are gaining access to institutional spaces (such as healthcare systems and academia) as not only service users (i.e., patients, students) but also providers, instructors, and researchers. While trans health and health care experiences continue to be understudied, there is a heightened focus on issues of social justice and health equity. It is within this shifting context that I have been conducting my dissertation scholarship, entitled “Examining Trans Qualities of Life & Knowledge.” As an alternative to the standard single dissertation study, I will be completing this dissertation as three substantive papers. Ultimately, the goal of this dissertation is to distill and make clear those sentiments within trans communities about the additional considerations and understandings that trans researchers conducting trans work can offer. The first paper suggests that scholars conducting trans-specific work who are trans themselves are uniquely situated as epistemic peers to one another and community members. The impact of trans-led research and epistemic peerhood is illustrated and applied in the second and third papers. The second is a study (N=27) of in-depth interviews examining trans patient preferences regarding collection of gender-related information in healthcare spaces and during medical procedures. The third paper is a survey (N=449) exploring experiences and quality-of-life of

trans adults during the COVID-19 pandemic. By leveraging trans epistemological insights throughout the research process, study results and implications can be culturally attuned and affirming. Findings across the three papers are synthesized and implications related to knowledge making, the importance of multiple trans standpoints, and cautions against performativity are discussed alongside recommendations for practice and research.

TABLE OF CONTENTS

	Page
List of Tables	ii
Glossary	iv
Introduction.....	1
References.....	10
Paper One: Epistemic Peerhood in Trans Social Work Research.....	13
References.....	33
Paper Two: “This is the Easy Stuff:” Trans Patient Preferences When Discussing Gender-Related Information in Healthcare Settings.....	40
References.....	63
Appendices.....	68
Paper Three: Trans Adults Amidst the COVID-19 Pandemic: Quality of Life, Pandemic Impact, and Vaccine Preferences.....	73
References.....	94
Appendix.....	98
Conclusion	101
Bibliography	105

LIST OF TABLES

Table Number	Page
1.1. Participant characteristics (N=27).	49
2.1. Respondent racial identity.....	87
2.2. QOL descriptive statistics.	87
2.3. Predicting COVID-19 impact by demographics.	88
2.4. Predicting QOL by demographics.	89
2.5. Predicting COVID-19 impact by QOL and biosocial factors.	90
2.6. Correlating gender identity and gender expression.	90
2.7. Predicting odds ratios for subgroups.....	91
2.8. Predicting QOL impact by intersectional identities.....	92
2.9. Predicting COVID-19 impact by intersectional identities.....	93
2.10. Vaccine preferences by demographics.....	95

ACKNOWLEDGMENTS

This work would not have been possible without my committee (Kalei Kanuha, Clara Berridge, Jama Shelton, Cleo Wölfle Hazard), Megan Moore, Amaranta Lopez Olivares, Jess Chrivoli, Boi Cassilas, my family (including my partner Ascher Munion who taught me multiple imputation remotely during a pandemic), HIPRC/iHeal, Em Loerzel, Ian Johnson, Natasha Mendoza, Danae Dotolo, Wendy Wolfersteig, UAW 4121 (especially Sam Sumpter & Levin Kim), and the support of my students.

GLOSSARY

Informed by: TransLanguagePrimer.com

Assigned Gender/Sex at Birth (AGAB or ASAB)

Used to describe the gender and/or sex someone was assigned at birth by their parents and doctors. The acronyms AMAB and AFAB (assigned male/female at birth) are often used.

Bioessentialism

Also referred to as Biological Essentialism or Gender Essentialism; The outdated and scientifically unsound concept that men and women have inherent and unique physical attributes that qualify them as oppositional in nature and in basic biology; it erases intersex and nonbinary individuals, and negates the experiences trans individuals have of their genders.

Cisgender

Adjective designating a person whose sense of personal identity and gender corresponds to their assigned gender at birth.

Culturally-Specific Identity

Some gender identities are specific to certain cultures and may only be used by individuals from those cultures. While these identities may be conceptualized as under the broad umbrella of being transgender, individuals with culturally specific identities may or may identify as trans and/or nonbinary.

Fa'afafine

A cultural gender identity native to Samoa translated as “in the manner of a woman.”

(source: www.utopiawa.org/about)

Genderfluid

A gender identity label often conceptualized as under the broader nonbinary umbrella; may be used to describe an experience of gender that shifts in a pattern, intensity, or other experience.

Genderqueer

A gender identity label often conceptualized as under the broader nonbinary umbrella; may be used to describe an experience of gender that is neither man nor woman, a mix of genders, and/or fluid.

Gender Modality

How a person's gender identity stands in relation to their gender assigned at birth (Ashley, 2022)

Gender-Related Information

For the purposes of this dissertation, this term is used to refer to any information related to one's gendered experience, including identity labels, expression/presentation, aesthetic, roles/norms, and gender modality.

Identity-First Language

As some communities, including trans and disabled communities, largely prefer identity-first (as opposed to person-first language), this dissertation follows that style of writing; however, when individuals prefer person-first language, then that language should be used for them (e.g., person with a disability, person of trans experience).

Interpretivism

The assertion that knowledge is deeply tied to sociocultural contexts and that there are multiple equally valid realities as opposed to a single objective reality. This methodological approach requires researchers to be reflexive & value-driven.

Māhū

In Native Hawaiian & Tahitian cultures, a third gender with traditional spiritual and social roles, similar to Tongan fakaleiti and Samoan fa'afafine.

Nonbinary

An umbrella term for people who identify as a gender other than wo/man and/or who are not wo/men exclusively; may also be used as a standalone gender identity.

Phenomenology

The study of experience; a phenomenological approach offers an in-depth exploration of how individuals make sense of a shared experience.

Pronouns

The words by which one is referred to in third person, whether “he,” “she,” “they,” “it,” “ze,” “ey,” or another; avoid phrasing such as “preferred pronouns” or “gender pronouns.”

Transfem

Also written as transfeminine or trans fem, this term is used (often but not always by AMAB trans people) to express a relationship to femininity or womanhood, but who may not completely identify as a woman; the term is sometimes used to describe all AMAB trans people, but not all AMAB trans people identify as feminine and not all transfem people were AMAB, so this should be avoided.

Transgender

A broad umbrella term for individuals to self-identify as transgender, nonbinary, with a history of transitioning their gender, or whose experiences of gender otherwise do not align with binary, Eurocentric genders, regardless of medical or legal transition status.

Transmasc

Also written as transmasculine or trans masc, this term is used (often but not always by AFAB trans people) to express a relationship to masculinity or manhood, but who may not completely identify as a man; the term is sometimes used to describe all AFAB trans people, but this should be avoided.

Two-Spirit

A modern term used by some Indigenous North Americans to describe the fluidity of their sexual identities and dynamism of gender in Native cultures. The term has origins in the Ojibwe word for a person embodying both feminine & masculine spirit and has become popular to use within many different tribal communities. (source: Reclaiming Two-Spirits: Sexuality, Spiritual Renewal & Sovereignty in Native America, Gregory D. Smithers)

INTRODUCTION

Statement of the Problem

The social problem addressed by this dissertation is twofold: The first is how to further improve social work research regarding trans issues – not only for trans community members, but inclusive of researchers who are trans themselves. There is currently a heightened focus on social justice and health equity in the United States, including for trans individuals and communities. Though social work research already largely utilizes methodologies that prioritize community values and ethics, many of these methodologies were created before there were any out trans researchers in the field. Therefore, there may be the underlying assumption that the researchers conducting the work are not trans themselves. By recognizing the unique epistemological standpoint occupied by trans researchers and making adjustments (from the individual to systems level), social work scholarship regarding trans issues can be further improved and make more nuanced, culturally attuned conclusions.

Second, trans health and healthcare experiences continue to be understudied. We know that trans individuals experience certain health disparities (e.g., mental illness, substance use disorders, disability) but also report high rates of negative experiences (e.g., discrimination, harassment, incompetent care) in healthcare spaces (Alpert et al., 2022; Hostetter et al., 2022; James et al., 2016; Kachen & Pharr, 2020; Kattari et al., 2021; Pulice-Farrow, Gonzalez, & Lindley, 2021; Romanelli, Lu, & Lindsey, 2018; Ruppert, Kattari, & Sussman, 2021; Progovac et al., 2018). Having legal documents that do not match one's name/gender and being treated less respectfully by healthcare providers has also been found to be associated with psychological distress, depression, and suicidality among trans adults (Kattari et al., 2020; Scheim, Perez-Brumer, & Bauer, 2020). Many trans individuals don't share with all their healthcare providers

that they are trans; conversely, many providers do not know how to respectfully and competently ask about gender-related information (James et al., 2016; Newsom, Carter, & Hillie, 2022).

While there is some literature regarding trans individuals' perspectives on how to ask about gender in a research context (Pucket et al., 2020), it is still not known how trans individuals want to share and discuss gender related information with health and social care providers.

This lack of knowledge regarding trans communities extends to our experiences in the current pandemic (COVID-19), as well. Many population-based studies either do not allow respondents to indicate whether they are trans and/or nonbinary, or do not report findings of this subsample. However, during a crisis like COVID-19, social support, coping, and resilience play an integral role in buffering the extreme levels of stress and anxiety (Goldbach, Knutson, & Milton, 2020; Szkody, Stearns, Stanhope, & McKinney, 2021). Trans individuals may be experiencing a heightened impact of the pandemic as compared to cisgender LGB individuals and the general population (Gonzales et al., 2020; Pacey et al., 2021; Valdes, 2021). To discern within-group differences within trans communities and to honor the different experiences faced by trans individuals and cisgender LBG people, researchers must examine these issues through a trans-specific lens (Wang et al., 2020; Gibbs et al., 2020).

Rationale

Taken together, my three dissertation papers provide useful scholarship for academia, healthcare, and community. First, I provide an overview of epistemic peerhood and standpoint theory focused on the application of these frameworks to trans-led trans social work research. The introduction of a new organizing framework for considering the impacts of a trans epistemological standpoint is presented alongside two empirical papers. Some of the strengths

and recommendations stemming from the unique offerings of a trans epistemic peerhood are illustrated and applied in the second and third papers.

Social Work Implications

This dissertation implicates social work policy, practice, and scholarship. Social welfare policy must protect trans individuals from discrimination, including in regards to receiving healthcare and health insurance. In congruence with our Code of Ethics, policies must be implemented to hold social workers accountable if a client is discriminated against based on “sex, sexual orientation, gender identity or expression” (NASW, 2021).

As trans individuals come from every community and culture, social work practitioners must be trained to provide referrals and services to this community. Integral to this education and training is the awareness that trans individuals are not a homogenous group (James, et al, 2016). Training should be tailored based on region to reflect local culturally specific identities and policies. Social workers should be transparent with trans clients regarding who will have access to their gender-related information. Additionally, by being transparent with trans clients about the relevancy of certain information to their care and about the options available to them, social workers can empower autonomy in their trans clients.

Research implications include insights regarding how trans social work research is conducted, as well as future areas of inquiry. Whenever possible, social work research regarding trans issues should be led by a trans researcher and/or informed by the community in other manners (e.g., community advisory board, trans research assistants). Lines of inquiry should become more specific, regarding population (i.e., trans individuals vs BIPOC trans individuals vs Black trans individuals) and/or setting (i.e., moving from healthcare spaces overall to specific settings such as emergency departments). As recommendations from this research may impact

care providers who are trans themselves differently (e.g., requiring social workers or physicians to ask every client what their pronouns are), future research should provide insights specific to their experiences. Lastly, as a new pandemic—Monkeypox virus (MPV)—looms over us, trans communities must be included in social work research and response to emerging issues (Centers for Disease Control and Prevention, 2022).

Theoretical Framework

It is common for trans research to draw on Minority Stress Theory, which has been adapted to more aptly describe the impact of being minoritized on trans individuals (Hendricks & Testa, 2012; Meyer, 2003). The Health Equity Promotion Model is also often used, as it provides a framework that considers both positive and adverse health-related circumstances LGBT people may experience while reaching for their “full mental and physical health potential” (Fredriksen-Goldsen et al., 2014). While the former, as mentioned, has been adapted for trans individuals, it is of note that neither of these commonly used models was created solely with the experiences of trans individuals in mind. While researchers continue to call for the need for trans-specific scholarship, in conjunction with broader work regarding the experiences of sexual minorities (though not collapsed into or conflated with them) and other minoritized groups, there remains a dearth of trans-specific theory in regards to health.

While there are no widely used theoretical models specific to the role of social support in trans communities, there are more general models regarding the relationship between social support and health/wellbeing. Feeney & Collins (2015) note that, while scholars agree that social support plays an important role in promoting wellbeing, there is a gap in scholarship regarding the specific relationship features and mechanisms that promote such wellbeing. The research literature identifies social networks and group-level coping as important mechanisms for

enhancing the mental health and well-being of LGBTQ individuals (Graham, 2014; Hendricks & Testa, 2012; Reicherzer & Patton, 2012; Meyer, 2003; Testa et al., 2013; Valentine & Shpherd, 2018; Weeks, 1996); however, more in-depth and focused analyses on trans populations is needed. In the shifting landscape of policies and environments for trans individuals, it may be helpful to apply such frameworks to the experiences of trans communities to highlight features of health promoting relationships.

Drawing on work by other trans scholars, Hil Malatino (2020) posits that, while much of contemporary trans activism (e.g., pronoun go-arounds in classrooms, using singular “they” on course materials, implicit bias trainings, ensuring trans individuals can change their names) may be viewed as accommodationist and reformist, this work is necessary because it “cumulatively lay[s] the groundwork that begins to ensure that basic access to public space is possible for trans subjects” (p. 41) and is about “fostering survival” (p. 41). They go on to state that the necessity of such work illuminates the absence of fundamental networks of care for trans people. Finally, he revisits his concept of a “t4t [trans4trans] praxis of love” to sustain work towards trans survival and flourishing (Malatino, 2019; Malatino, 2020). This dissertation proposes to highlight the importance of trans community in growing and sustaining trans-led trans research and scholarship.

Positionality

I approach this work from the perspective of someone who is white and German-American, and often mistaken as cisgender and non-disabled. While some cis researchers lament on the difficulties of reaching a trans sample, I have been overwhelmed (emotionally and, at times, logistically) by the response from my community. I have been honored by trans research respondents remarking, either on a survey or during an interview, that they felt more comfortable

participating because the research was trans-led. Oftentimes, interviewees and I share moments reflecting on the impact of research on our community and how trans-led trans research feels different than cis-led trans research.

This dissertation has also been instrumental in my growth and journey as a doctoral student. The experience of being and doing trans research means that I can offer unique insights and am more closely attuned to certain issues within the community. However, being a member of the community, my research focuses on also comes with difficulties. While I strive to conduct rigorous, value-driven research, there are sometimes roadblocks due to not having answers to some of the most basic questions regarding trans individuals — for example, what is the population of trans persons in the U.S. or internationally? What rights do we have? How many of us have legal and quality access to healthcare? While trans research is not starting fully “from scratch,” so much of trans research conducted by cis individuals has been pathologizing or problematic, if not incredibly harmful and triggering (Lombardi, 2018; Riggs et al., 2019; Schilt & Lagos, 2017). Funders and institutional review boards will also insist that the research is written about a certain way or that certain methods/phrases are used, even if these methods / phrases are harmful. For this reason, I’ve learned to schedule time to cry and decompress when working on literature reviews or funding applications. Lastly, the difficulties in finding mentors and representation can mean an even lonelier and isolating experience in the academy...while also impacting the opportunities I have had to learn and use advanced statistical methods as a trans graduate student conducting trans-focused research. I plan to further extend my current research by examining the experiences of health and social care providers who are trans themselves, the disabling of trans communities (especially as a part of eugenics), as well as extending models of understanding roles of social support in health for trans communities.

Overview of Dissertation

As an alternative to the standard single dissertation study, I will be completing this dissertation as three substantive papers. The first paper suggests emerging best practices about social work research on/with trans issues, especially considering the increasing number of trans-led research projects. In it, I explore whether social work scholars conducting trans-specific work who are trans themselves are uniquely situated as epistemic peers to one another and community members. Case studies are provided in this paper, which are taken from the following two papers.

The second is a study of in-depth interviews examining trans patient preferences regarding collection of gender-related information in healthcare spaces and during medical procedures. A majority trans research team conducted and analyzed 27 interviews of trans adults from thirteen (13) U.S. states. An interpretivist phenomenological approach was used to analyze the verbatim transcriptions. While participants had diverse experiences and insights, they valued cues (both implicit and explicit) indicating the competency of the provider and knowing the relevance of questions being asked, while also acknowledging that additional systems-level changes are needed. As many trans individuals interface with medical social workers or are referred to medical specialists by social workers, best practices around discussing gender-related information must be interdisciplinary.

The third paper explores experiences and quality of life (QOL) of trans adults during the COVID-19 pandemic. Online surveys (N=449) which included measures regarding social support, community connection, access to services, quality of life, the impact of the pandemic on their lives (e.g., socializing, work), and preferences regarding vaccines were administered and collected. The results found that women in the sample reported a higher impact of the pandemic,

while masc(uline), white respondents tended to report lower impacts. Higher income was associated with a higher quality of life and being a disabled white respondent predicted reporting a lower quality of life. The majority (99%) of the sample reported wanting to receive a COVID-19 vaccine should one become available to them. As another potential pandemic (i.e., MPV) is on the rise, it is imperative that general population data regarding public health and social issues includes transgender respondents and their health and social needs.

Statement of Research Questions

Paper 1: Epistemic Peerhood in Trans Social Work Research

- Considering increasing numbers of trans-led research projects, how can current “best practices” and methodologies used in social work research must be reconsidered with standpoint-oriented epistemic peerhood with trans scholar-activists in mind?
- Are trans scholars able to more accurately ascertain certain claims related to trans individuals and communities in social work scholarship?

Paper 2: “This is the easy stuff:” Trans Patient Preferences When Discussing Gender-Related Information in Healthcare Settings

- What influences trans patients’ decision-making regarding sharing gender-related information?
- How do trans patients want to be asked about their gender-related information?
- What impact does provider understanding (or lack thereof) regarding the gender of their patients have on the healthcare experiences of trans patients?

Paper 3: Trans Adults Amidst the COVID-19 Pandemic

- What is the quality of life of trans adults during the COVID-19 pandemic?

- How does the self-reported impact of the pandemic vary across groups within the trans community?
- What preferences do trans adults have regarding receiving a COVID-19 vaccine?

Conclusion

Ultimately, the goal of this dissertation is to distill and make clear those sentiments within trans communities about the additional considerations and understandings that trans researchers conducting trans work can offer. Pairing these culturally attuned insights with rigorous research methods can result in actionable study outcomes and implications that, in turn, can inform social work practice and policy. Putting my own recommendations into action, I also aim to highlight the strengths offered by including multiple trans perspectives and collaborating with a diverse research team, including trans students in the research experience.

References

- Alpert, A. B., Mehringer, J. E., Orta, S. J. et al. (2022). Experiences of Transgender People Reviewing Their Electronic Health Records, a Qualitative Study. *J Gen Intern Med*. <https://doi.org/10.1007/s11606-022-07671-6>
- Centers for Disease Control and Prevention. (2022, July 28). *Technical report: Multi-national monkeypox outbreak, United States, 2022*. Centers for Disease Control and Prevention. Retrieved July 31, 2022, from <https://www.cdc.gov/poxvirus/monkeypox/clinicians/technical-report.html>
- Gibb, J. K., DuBois, L. Z., Williams, S., McKerracher, L., Juster, R. P., & Fields, J. (2020). Sexual and gender minority health vulnerabilities during the COVID-19 health crisis. *American Journal of Human Biology*, 32, e23499.
- Goldbach, C., Knutson, D., Milton, D. C. (2020). LGBTQ+ People and COVID-19: The importance of resilience during a pandemic. *Psychology of Sexual Orientation and Gender Diversity*, 6(3), 347–358. doi:10.1037/sgd0000463
- Gonzales, G., Loret de Mola, E., Gavulic, K. A., McKay, T., Purcell, C. (2020). Mental health needs among lesbian, gay, bisexual, and transgender college students during the COVID-19 pandemic. *The Journal of Adolescent Health*, 67(5), 645–648.
- Hostetter, C. R., Call, J., Gerke, D. R., Holloway, B. T., Walls, N. E., & Greenfield, J. C. (2022). “We are doing the absolute most that we can, and no one is listening”: Barriers and facilitators to health literacy within transgender and nonbinary communities. *International Journal of Environmental Research and Public Health*, 19(3), 1229.
- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.
- Kachen, A., & Pharr, J. R. (2020). Health care access and utilization by transgender populations: A United States transgender survey study. *Transgender Health*, 5(3), 141–148. <https://doi.org/10.1089/trgh.2020.0017>
- Kattari, S. K., Bakko, M., Hecht, H. K., & Kattari, L. (2020). Correlations between healthcare provider interactions and mental health among transgender and nonbinary adults. *SSM - Population Health*, 10, 100525–100525. <https://doi.org/10.1016/j.ssmph.2019.100525>
- Lombardi, E. (2018). Trans issues in sociology: A trans-centered perspective. In D. Compton, T. Meadow, & K. Schilt (Eds.), *Other, please specify: Queer methods in sociology* (pp. 67-79). University of California Press.
- Malatino, H. (2019). Tough breaks: Trans rage and the cultivation of resilience. *Hypatia*, 34(1), 121–140. <https://doi.org/10.1111/hypa.12446>
- Malatino, H. (2020). *Trans care*. University of Minnesota Press.

- Meyer, I. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual Issues and research evidence. *Psychological Bulletin*, 129(5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>
- National Association of Social Workers (NASW). (2021) Social workers' ethical responsibilities as professionals. Retrieved July 19, 2022, from <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English/Social-Workers-Ethical-Responsibilities-as-Professionals>
- Newsom, K. D., Carter, G. A., & Hille, J. J. (2022). Assessing whether medical students consistently ask patients about sexual orientation and gender identity as a function of year in training. *LGBT Health*, 9(2), 142-147.
- Paceley, M. S., Okrey-Anderson, S., Fish, J. N., McInroy, L., & Lin, M. (2021). Beyond a shared experience: Queer and trans youth navigating COVID-19. *Qualitative Social Work*, 20, 97–104, doi:10.1177/1473325020973329
- Progovac, A. M., Cook, B. L., Mullin, B. O., McDowell, A., Sanchez R. M. J., Wang, Y., Creedon, T. B., & Schuster, M. A. (2018). Identifying gender minority patients’ health and health care needs in administrative claims data. *Health Affairs*, 37(3), 413–420. <https://doi.org/10.1377/hlthaff.2017.1295>
- Puckett, J. A., Brown, N. C., Dunn, T., Mustanski, B., & Newcomb, M. E. (2020). Perspectives from transgender and gender diverse people on how to ask about gender. *LGBT Health*, 7(6), 305-311.
- Pulice-Farrow, L., Gonzalez, K. A., & Lindley, L. (2021). ‘None of my providers have the slightest clue what to do with me’: Transmasculine individuals’ experiences with gynecological healthcare providers, *International Journal of Transgender Health*, 22(4), 381-393, DOI:10.1080/26895269.2020.1861574
- Riggs, D. W., Pearce, R., Pfeffer, C. A., Hines, S., White, F., & Ruspini, E. (2019). Transnormativity in the psy disciplines: Constructing pathology in the Diagnostic and Statistical Manual of Mental Disorders and Standards of Care. *American Psychologist*, 74(8), 912–924. doi: 10.1037/amp0000545.
- Romanelli, M., Lu, W., & Lindsey, M. A. (2018). Examining mechanisms and moderators of the relationship between discriminatory health care encounters and attempted suicide among U.S. transgender help-seekers. *Administration and Policy in Mental Health and Mental Health Services Research*, 45(6), 831–849. <https://doi.org/10.1007/s10488-018-0868-8>
- Ruppert, R., Kattari, S. K., & Sussman, S. (2021). Review: Prevalence of Addictions among Transgender and Gender Diverse Subgroups. *International Journal of Environmental Research and Public Health*, 18, 8843. <https://doi.org/10.3390/ijerph18168843>
- Scheim, A. I., Perez-Brumer A. G., & Bauer G. R. (2020). Gender-concordant identity documents and mental health among transgender adults in the USA: A cross-sectional

study. *Lancet Public Health*, 5(4), e196–e203. [https://doi.org/10.1016/S2468-2667\(20\)30032-3](https://doi.org/10.1016/S2468-2667(20)30032-3)

Schilt, K., & Lagos, D. (2017). The development of transgender studies in sociology. *Annual Review of Sociology*, 43, 425-443.

Szkody, E., Stearns, M., Stanhope, L., & McKinney, C. (2021). Stress-buffering role of social support during COVID-19. *Family Process*, 60, 1002–1015. doi:10.1111/famp.12618

Valdes, L. (2021). In the shadow of the health-care city: Historicizing trans latinx immigrant experiences during the coronavirus pandemic. *US Latina & Latino Oral History Journal*, 5(1), 32-65.

Wang, Y., Pan, B., Liu, Y., Wilson, A., Ou, J., & Chen, R. (2020). Health care and mental health challenges for transgender individuals during the COVID-19 pandemic. *The Lancet. Diabetes & Endocrinology*, 8(7), 564-565.

PAPER ONE: EPISTEMIC PEERHOOD IN TRANS SOCIAL WORK RESEARCH

My aim in this paper is to argue that 1) many current “best practices” and methodologies used in social work research may be reconsidered from an epistemic peer standpoint centered on trans scholar-activists and 2) claims related to trans individuals and communities in social work scholarship can be more accurately ascertained by the use of knowledge developed from the specific status locales at which trans individuals live. Epistemic peers are individuals who are equally as good as one another at evaluating a certain claim or set of evidence (Gutting, 1982). Piñeiro (2021) places the concept of epistemic peerhood in conversation with standpoint theory, arguing that there are instances where marginalized individuals are uniquely attuned to the social context surrounding some claim or evidence. Thus, in order to accurately assess evidence, claims, and policies affecting marginalized individuals, it is necessary to treat individuals *from* those specific margins as epistemic superiors to those who do not share the same “peer” status. By placing a trans lens on these theoretical frameworks, social work methodologies can be further interrogated with the ultimate goal of accurate, culturally attuned, and actionable research outcomes. This is a new area of scholarship; therefore, this paper is an exploratory attempt that offers an organizing and theoretical frame regarding the trans experience in relation to scholarly work, research methodology, and the generation of a trans knowledge base specifically relevant to the lived experience of trans individuals and their communities.

Beginning with exploring epistemic peers as a philosophical framework and orientation to the ways trans researchers conduct their work and trans research is produced, this paper will draw on two projects as illustrative case studies. As to my own positionality, I approach this work from the perspective of someone who is white and German-American, and often mistaken as cisgender and non-disabled. As a critical social worker and community organizer for the past

20 years, my goal is not to do research for the sake of curiosity (Campbell & Baikie, 2019); rather, I aim to produce work that provides grassroots organizations with usable data and research findings that contribute to multiple systems-level changes that better the lives of multiply marginalized individuals and communities, with a specific focus on trans communities.

Foundations of Epistemic Peers as Philosophy and Practice

Epistemic peerhood as a way to discern which individuals are equally as good as one another at evaluating a certain claim or set of evidence, and under what conditions, continues to be much discussed (Gutting, 1982). While earlier uses of the term focused on individuals being equal in terms of their “epistemic virtues” (e.g., intellectual rigor, inquisitiveness) (Gelfert, 2011; Gutting, 1982), additional qualifiers are now part of dominant contemporary discussions. While perspectives differ on what conditions must be met for two individuals to be considered epistemic peers, two mostly-agreed upon criteria exist: 1) the individuals must be equally familiar with or have equal access to the evidence under consideration, and 2) the individuals are equal in intelligence, freedom from bias, and similar epistemic virtues (Christensen, 2009, Kelly, 2005). While epistemic peers should exhibit comparable levels of reflexivity, epistemic peerhood is not a binary—it comes in degrees (Gelfert, 2011). That is, when a peer review of a graduate student’s paper is conducted by a tenured professor on a topic they both specialize in, the professor may well be an epistemic superior (Cruz & Smedt, 2013). While such peers will not always come to the exact same conclusion based on the same evidence, it is still important that they agree on what counts as evidence, what is important to “get right” and to be aware of their limitations (Wald, 2010).

In the fields of philosophy, sociology, and social work, there are many issues that even experts do not agree upon. Disagreement does not inherently negate one’s standing as an

epistemic peer to another; it is unavoidable that epistemic peers, when presented with the same evidence, may not always reach the same conclusion. In the face of such disagreement, an individual may react somewhere along the spectrum of conciliation (becoming less confident in one's stance) to steadfastness (maintaining one's confidence) (Christensen, 2009). Disagreement between peers can lead to a generative deeper scrutinization of the evidence and subsequent arguments (Kelly, 2005).

There are many kinds or orders of knowledge and, therefore, many kinds of knowledge about which individuals may be epistemic peers (Freeman, & Stewart, 2018; Martin, 1957). Alongside other professional fields, social work generally recognizes the importance of the role that knowledge from "lived experience" plays in education and practice (Bell et al., 2006; Beresford & Boxall, 2012; Duffy, Das, & Davidson, 2013; Happel et al., 2015; Irvine, Molyneux, & Gillman, 2015). This firsthand experience receiving social services can provide students and practitioners with "unique insights that facilitate professional compassion, expand understanding, challenge negative and stigmatizing attitudes, and facilitate skill development" (Dorozenko, Ridley, Martin, & Mahboub, 2016). Applying this to the context of academic research, this paper will focus specifically on the kinds of knowledge generated in relationship to or grounded in standpoint theory (Piñeiro, 2021).

Knowledge from epistemic peers situated within a particular standpoint is integral to the goals of social work praxis which aims to address and prevent oppression on all levels. Standpoint theory argues that members of marginalized communities can offer unique insight and understanding into the lived experiences of their group members or social identities (Hill Collins, 1986; Harding, 2008). Specifically, feminist standpoint theory argues that knowledge is socially situated and those at the margins are epistemically privileged when it comes to analyzing

and understanding historically structured issues of privilege and power (Feminist Standpoint Theory, n.d.). These positions are not static; rather, one's socio-political standpoint shifts depending on one's contextual relation to the status and power of others, including among their own identity peer group. This standpoint can function as an analytic tool for deeper analysis of not only one's own culture or "standpoint," but also of the oppressor classes and the entire dominant social structure. Individuals in positions of social privilege are more likely to develop "epistemic vices," resulting in gaps of knowledge and understanding regarding the experiences of those not in the same position of privilege (Medina, 2013, pp. 28-39). Conversely, members of oppressed groups may develop epistemic virtues, thereby able to "contribute to a greater social awareness overall" (Medina, 2013, pp. 40-44). Two epistemic peers at the margins of a particular system of power may be understood to be epistemic superiors to those without the insight offered by their unique standpoint (Piñeiro, 2021). However, as Heikes (2022) notes, this is not to be a general assumption; rather, this epistemic superiority is contingent upon the subjects being equally exposed to or familiar with the claim or evidence of focus.

Conducting Social Work Research in Community Partnership

Professional values and ethics guide not only social work practitioners, but also social work research and researchers. The American Academy of Social Work & Social Welfare calls the profession to action by focusing our research, policy, and practice on the Grand Challenges for Social Work (2022). Specifically, achieving equal opportunity and justice calls on social work researchers, practitioners, and policy makers to "address social stigma by conducting research and raising awareness of contributions to inequity, facilitating information, education, and social marketing campaigns that seek to reduce and change the false narratives that exist about stigmatized populations" (Grand Challenges for Social Work, 2022). Social work's Grand

Challenge to Close the Health Gap points to social work's role in "develop[ing] a socially-oriented model of healthcare that breaks down and removes the root causes of health inequity and promotes upstream interventions and primary care prevention that will eradicate the gap that exists for marginalized populations" (*Close the Health Gap*, 2021). Another Grand Challenge, to achieve equal opportunity and justice, directs social workers to work to "change the false narratives that exist about stigmatized populations" and dismantle inequalities (*Achieving Equal Opportunity and Justice*, 2018). The National Association of Social Workers' Code of Ethics stresses both social justice and practice competence, as well as the expectation that social work researchers "report evaluation and research findings accurately" (NASW, 2021).

Social work scholars have attempted to lessen the harm of research by conducting research in more culturally sensitive, respectful, and relevant ways. This has gone beyond obtaining Institutional Review Board (IRB) approval to including positionality statements in manuscripts, integrating social justice values into research curriculum, and adding social justice components to existing methodologies (Matsuzaka, 2021; Mendoza, Mackey, Harner, & Jackson, 2021; Vincent, 2012). In order to align our research practices with our professional ethics, social work researchers also often partner with community members/organizations to ensure we are indeed collecting data and reporting findings that are relevant and of interest to communities first, and not primarily to benefit the interests, agendas, or ambitions of researchers themselves. Engaging community members to not only participate in, but lead, collaborate, define, and write reports about research with their own communities is a key example of community-engaged research. This can be achieved through research project Community Advisory Boards (CAB) through which research teams are accountable to or in close partnership

with their community sites, but also by *implementing* the suggestions of CABs or organization members (Alegria et al., 2017).

Action research, with roots in academia dating to the 1940s, seeks systemic or policy change through simultaneously conducting relevant, community-driven research with action-based outcomes that implement key study results (Neill, 1998). Community-based participatory action research (CBPAR) is one of the most significant and oft-employed methodologies reflecting the commitment of dedicated community-based researchers to engaged, relevant, collaborations in the research endeavor, and a multitude of indigenous approaches (e.g., recognizing community as a unit of identity, facilitating collaboration throughout the research process, utilizing an iterative process, addressing health from an ecological perspective) to seeking out knowledge (Israel et al., 2003; Laveux & Christopher, 2009; Wallerstein & Duran, 2003). While CBPAR has many strengths as a research methodology, there are sometimes ethical concerns about balancing community values/needs with those of academic researchers that implicates power dynamics and differentials between community stakeholders and researchers/research projects (Kwan & Walsh, 2018). Community input garnered via CBPAR (or CABs) may also be ignored or deprioritized, due to the priorities of funders or academia. However, community-researcher partnerships are particularly important in the social work field, as they reflect our ethics of equity and social justice.

Research From and For the Trans Community

While these efforts to conduct more culturally attuned and ethical research within trans communities have had positive impacts resulting in more authentic and nuanced research findings, research including a trans focus still needs attention. Some researchers aim to culturally attune their research by including questions regarding gender modality (i.e., how a person's

gender identity stands in relation to their gender assigned at birth), by using the acronym “LGBTQ,” or by mentioning trans issues, but may fail to include trans-specific results and discussion (Ashley, 2022; Teti et al., 2021; Wanta & Unger, 2017). This may be due to either low sample size overall, a failure to oversample trans participants in larger studies, lack of understanding of how to conduct analysis with more than two genders, or because the questions regarding gender were constructed in a manner that restricted analysis. Others may collect both gender and sex assigned at birth (SAAB), then default to using SAAB in their analysis (and collapsing nonbinary participants into their SAAB) (LGBT Demographic Data Interactive, 2019). With larger surveys that are to be analyzed over time by multiple researchers, all researchers conducting secondary analysis are confined to using outdated or poorly collected gender data (Smith & Koehoorn, 2016).

When seeking out methods to integrate community feedback, researchers may often be advised to use CABs. However, often providing the foundation to methodologies including CABs is the assumption that the researcher is not a member of the community they are researching. While these methods can provide useful insights, they become complicated or troubled when the researcher is, themselves, an embedded member of the trans community (Shelton et al., 2011). As these considerations are often lacking in current education and resources, researchers who are embedded in the communities they are studying are not adequately prepared in these methods.

Moving Beyond a Deficit Focus

To provide a fuller and more accurate view of trans experiences, social work must move beyond churning the water of recycled research questions regarding medical transition procedures, gender dysphoria, psychological disorders, and “high risk” sexual behavior (Kronk

& Dexheimer, 2021; Moradi et al., 2016; Suess Schwend, 2020). As a field, the impact of the lack of research questions regarding successes and community strengths may result skewed perspective of trans lives—trans individuals are represented in the literature as clients, as patients, and as corpses...not role models or everyday people. This is underpinned, as well, by utilizing a “subjectless critique” (Butler, 1994) that positions trans identities as fodder for larger work regarding the social construction of gender and other identities. Especially for research being conducted adhering to post-positivist methodologies and subsequent practice recommendations, this faulty foundation of trans research has shaped the field (Kronk & Dexheimer, 2021; Riggs et al., 2019).

Even when accurate language is used to examine these common areas of focus (e.g., mental health, discrimination, medical transition), the formulation of problematic and pathologizing research questions has had a large impact on the direction of the field of study. While the strong focus on medical transition is not inherently problematic, the manner in which this work has been conducted has reinforced essentialist understandings of gender by providing transnormative narratives of transitioning from one gender (i.e., man) to another (i.e., woman) (Lombardi, 2018; Riggs et al., 2019; Schilt & Lagos, 2017). Paired with a focus on discrimination and mental illness (e.g., depression, anxiety), the research questions at the forefront of trans work have reinforced a problematic narrative of what it means to be trans. While it is certainly important to examine the negative impacts of oppression, including on mental and physical health, it is equally important to consider community strengths and the experiences of trans individuals who are doing well.

A Shifting Landscape of Trans Scholarship

Broadly, intracommunity knowledge and informal research within trans communities has functioned to fill gaps in service provision, provider knowledge, and ethical care (Harner, 2021). In an academic context, resource, knowledge, and support sharing take place through both informal and formal mentorship (AlShebli, Makovi, & Rahwan, 2020; Holloway, 2019; Lorenzetti et al., 2019). While anecdotal information shared within communities may or may not be completely factual or medically accurate, it must also be noted that curriculum and previous research around trans experiences may be driven by inaccuracies or pathology (Nicolazzo, 2021).

Over the past decade, the landscape of trans scholarship has changed drastically. More and more trans individuals are able to gain access to academia as graduate students and researchers. The 2015 U.S. Trans Survey found that 21% of respondents aged 25+ reported having attained a graduate or professional degree, compared to 12% of the general population aged 25+ (James et al., 2016). Of these, 504 (1.8% of the total sample) had earned a doctoral degree and 514 had earned a professional degree (e.g., MD, JD) (1.9% of the total sample) — which is on par with how many adults in the U.S. obtain such degrees (Wilson, 2017). However, social work education and practicum settings are still oftentimes full of experiences of microaggressions, discrimination, and harassment for trans students (Craig et al., 2015; McCarty-Caplan & Shaw, 2022; Holloway et al., 2022). While we are gaining access to these spaces as students, it is still rare that we have representation among faculty (Budge, Dominguez, & Goldberg, 2020; Goldberg, Kunalanka, & dickey, 2019; Goldberg, Matsuno, & Beemyn, 2021).

While contributions towards understanding the identities and experiences of trans individuals in the field of trans theory are laudable, the field continues to grapple with the

implications of prioritizing the Global North and Anglo-European perspectives (Roen, 2001; Haritaworn & Snorton, 2014). Trans theorists borrow extensively from Black feminism, specifically to continue the work of deconstructing gender/sex and sexuality (Ellison et al., 2017). Conversely, Indigenous and Latine people and histories are often completely absent from the formulation of new queer and trans theories (Driskill, 2010; Rizki, 2019). As many trans people, particularly from the Global South, continue to face immense barriers to entering higher education, this exclusion of Indigenous and Latine voices has been slow to change (Andrade 2012; Berkins 2005, 2015; Martínez & Vidal-Ortiz 2018). Just as the use of problematic language or a deficit-focused perspective has resulted in a skewed base of trans social welfare research, so has the glaring lack of Black, Indigenous, and other researchers of color.

The long-needed influx of (community-embedded) trans researchers has meant that prior research interventions making the assumption that the majority of research on trans topics being conducted by “outsiders” to the community must be adjusted. Additionally, trans researchers may be asked to prioritize their roles as researchers (and therefore having a need to publish and conduct research that is “fundable”) over their role as community members. Anecdotally, the input of cis scholars regarding trans research and competency is oftentimes prioritized over that of trans individuals. For accurate, authentic results regarding trans issues to be able to be reported, trans social work researchers need true epistemic peers. How, then, do the issues of epistemic peerhood and standpoint raised by Piñeiro (2021) extend specifically to the context of trans-led trans research?

Case Studies

Two brief case examples will be used to illustrate the role and impact of epistemic peerhood throughout the research process. The first paper was a research study of trans quality of

life during the COVID-19 pandemic and the second, an analysis about constituting and working with a majority trans research team.

Case 1 - Impact on Study Recruitment

In many studies about trans communities, the broader LGBTQ community, or the general population, researchers note challenges in recruiting a trans (sub)sample in their projects (Iribarren et al., 2017; Miner, Bockting, Romine, & Raman, 2012; Guillory, 2018; Miles-Johnson, 2016). As a counter-example, I will use one of my studies exploring trans quality of life during the height of the COVID-19 pandemic to discuss the benefits of being a trans researcher doing trans-based research with the trans community. The verbiage in the study recruitment flier clearly stated that the research project was recruiting trans participants for a trans-issued study, led by a trans researcher. In addition to \$60 in paid ads on Facebook, the recruitment materials were shared in multiple trans-only social media groups (i.e., on Facebook, Instagram) and email listservs. These were groups that I had been a member of for months or even years before launching the survey.

Having the insider knowledge necessary to design a survey recruitment flier was an intentional approach and was based on my own knowledge of my community. The screening tool and demographic questions at the beginning of the survey were also based on my lived experience as a trans person in my local trans community. While the linguistic and other language patterns any community uses to reflect personal and collective identities are constantly shifting, my own embeddedness in my community was reflected from the point of random engagement introducing the study opportunity through the entire project until completion.

The survey, which took most participants between 20-40 minutes to complete, included items about social support, access to resources, community involvement, quality of life, the

impact of the pandemic, and preferences around COVID vaccines (which were not yet publicly available). As the study was part of my dissertation research and funding was limited (i.e., a raffle for several \$25 gift cards for respondents came out of my personal pocket), my goal was to recruit around 150 participants. Twenty-four hours after the survey was opened online, 140 surveys had been completed. The second day brought in an additional 104 responses. At the time of the survey closing, one month later, I had collected 449 responses. While multiple imputation was used to handle missing data, of these 449 responses, 345 completed the survey in full (i.e., while they may have skipped some questions, they clicked the “submit” button at the end).

In the following qualitative study, when asked about what motivated them to participate, many respondents spoke directly to the influence of knowing the study was led by a trans person. Some compared how likely they would be to participate in a study led by cis researchers as compared to a trans-led study: “A lot of [trans research] is done by cis people and a lot of it has done poorly;” “If this had been done by a cis person, I probably would not have participated.”). Others spoke to the study feeling “safe” or having more trust that what they shared would be interpreted correctly; that is, from a trans perspective, based on having a trans researcher in the lead.

Case 2 - Impact on Data Collection & Analysis

Some may easily accept that having trans researchers lead trans research will impact the recruitment process. However, perhaps less clear are the myriad impacts the makeup of the research team can have on rapport building and data collection with participants, as well as the analytical process, including interpretive findings and reports. When conducting research about/with cultures and communities at the social margins, epistemic peers from that community may contribute in subtle and significant ways to the nuance and complexity of any research

project. For example, during the interview process of my study, our research team understood terms such as, “clocking,” “dog ears,” and “neurogender,” and that many trans participants may have strong reactions to phrases/concepts such as “preferred pronouns” or “passing.” That level of knowledge and shared experience allowed for interviewers to be more closely attuned to the experience of participants who shared identities with the researchers and research project, while also reducing the time spent explaining community terminology in the data collection process.

This insider epistemological standing also impacted the analysis process in my study. Consider the following quote from a trans participant in one of my recent studies: “I’m always having strange experiences and am always wondering whether I should, um, even mention my gender or just receive healthcare and get out.” This quotation came at the beginning of the interview transcript, in response to the first question asked by the interviewer (“To get us started, what has been your experience receiving healthcare?”) When conducting the interview, I immediately picked up on the use of the word “strange,” wondering if the participant would later share traumatic experiences around addressing gender-related information or experiences with health providers, which they did. My co-investigator on this study was a cisgender white woman with significant experience conducting research in healthcare spaces, including with marginalized populations (though not specifically with trans populations prior to this study). When meeting to discuss analysis, we discovered that neither she nor our current research assistant (another cisgender person), had paid any particular attention to this word choice by the participant.

After hiring two trans research assistants, the specific insights and attunement offered during the analytical process continued to emerge. In this configuration of the research team, we would discuss how often marginalized individuals, including trans people, downplay our

traumatic experiences either because they have become our “normal” or for other reasons. In fact, “weird, etc.” became an *in vivo* code we used during inductive coding, as other participants also used this descriptor. One participant spoke directly to a concern that not all researchers can aptly interpret what trans respondents share, saying, “I feel like I read so much research where it's like, ‘I think a trans person said that, but I don't think that's what they meant.’”

An important note is that diversity among trans team members—with regard to race, gender identity, gender expression, ability, etc., is also valuable because it allows for fuller, more attuned epistemological insights throughout the research process. In working with a team composed of trans researchers with a variety of backgrounds and experiences, there were some lived experiences among our participants on which we were not positioned as epistemic peers. For example, the two disabled/chronically ill team members were more attuned to related experiences among participants (particularly related to navigating healthcare spaces). Further, a team member with a masculine gender presentation was able to pick up on issues of masculinity (particularly how trans masc individuals relate to masculinity and gendered expectations) throughout the analysis process. Issues of race and indigeneity were also able to be illuminated by Latine and Indigenous team members. These impacts of research standpoint, and subsequent epistemological insights, on the research process highlight the need for either a collaborative team-based model *or* the use of a community advisory board (or other similar method for additional perspectives).

The above case examples offer some beginning insight as to the impact of a trans epistemological standpoint. However, there is much more to be considered regarding how epistemological peerhood is implicated in recruitment, measurement design, analysis, the reporting of study results, and, ultimately, in evaluating the claims being made.

Epistemic Implications

Academia is not built for most trans people. We are taught that “being smart” or “being professional” must look a certain way—a way that aligns with cisnormativity, ablenormativity, and white supremacy (Brown, 2014; Shelton & Dodd, 2020; Okun, 2021). Trans students and scholars are impacted throughout our time in academia by a lack of representation, being taught cisnormative statistical methods, transphobic local and federal policies, and, for those of us who are multiply marginalized, by systems such as white supremacy and/or ableism, as well. In addition to peer support and finding supportive mentors, we must also ensure that this work continues to be aligned with our personal and community values.

To reduce research approaches, studies, and investigators that are harmful or irrelevant to our communities, systemic/structural changes are needed in addition to individual researchers modifying the ways they conduct research. We may also consider the potential career implications of being and doing trans work, particularly as a trans person and/or with a critical lens. Until trans scholars can conduct trans-focused work without facing discrimination within the academy as a result, other changes to research methodology are insufficient. Trans researchers must be able to conduct their research—trans focused or not—without facing additional psychological harm or negative career implications. Trans researchers must also mirror the broader trans community — inequities are more likely to be reproduced when the majority of trans researchers are white, non-disabled, and unaffected by transmisogyny. This is in line with Longino’s (2020) argument that:

[T]he greater the number of different points of view included in a given community, the more likely it is that its scientific practice will...result in descriptions and explanations of natural processes that are more reliable in the sense of less characterized by idiosyncratic subjective preferences of community members than would otherwise be the case. (p. 80)

Epistemic peerhood and the unique standpoint offered by trans researchers who do trans-focused work impact many parts of the research process. By increasing the degree to which trans scholars conducting trans scholarship have epistemic peerhood on research teams, during study oversight processes (i.e., IRB, peer review), as well as in academia in general (i.e., community and mentorship), the quality of our scholarship can be increased. Not all trans individuals will be epistemic peers on any given topic. Future scholarship is needed to explore what topics of focus, and under what conditions, trans epistemic peerhood can offer additional insights. However, when the two conditions necessary to evaluate claims and evidence regarding trans social work scholarship (i.e., being equally familiar with the evidence and being equal in intelligence, bias, and epistemic virtues) are met *and* the scholars come from trans standpoints, such scholars can offer especially attuned insights.

Recommendations

While the individual steps to facilitate conditions for trans epistemic peerhood are fairly clear, the overall pathway remains murky. For years, scholars have been calling for more inclusive approaches to social work research and values (Gringeri, Wahab, & Anderson-Nathe, 2010; Kroehle, Shelton, Clarke, & Seelman, 2020). Because of the linkages between colonization and trans exclusion/erasure, social work programs must incorporate Indigenous studies and perspectives and dismantle components of program culture that bolster white supremacy (Clarke, 2022; Driskill, 2010; Rizki, 2019). Black and Indigenous scholars, and other scholars of color, who are also trans must be supported; social work programs must combat anti-trans sentiments alongside all other systems of oppression (King-Jordan & Gil, 2021; Shelton & Dodd, 2020). In this vein, social work practitioners, educators, and scholars, have called for the Code of Ethics to become more actionable, with pathways to accountability should the code be

broken. Researchers must offer clear, specific action steps based on our results and social work organizations and clinicians must ensure their practices are informed by up-to-date evidence.

Valuing the perspective of trans researchers on trans scholarship means we also get asked to review harmful articles, though our input may be outweighed by cis counterparts who are less attuned to the potential pathologization or harm present in the article being reviewed. As such, journal editors must be aware of this dynamic. While these recommendations seem simple enough, it is unclear 1) how to entice academia to make these shifts and 2) what the political landscape will be in the coming years that might create additional setbacks or barriers (e.g., the censoring or limiting of trans-focused research during the 1980s and Trump era).

While working towards larger systemic shifts, individual researchers can continue being reflexive and maintain a power analysis throughout the duration of their work. Opportunities for future scholarship regarding cis and trans researchers, include exploring the following: Are the methods/results that researchers find surprising also surprising to the community, or are they anecdotally well-known? If the latter, what additional insights can be gleaned? When, why, and how do researchers prioritize certain parts of themselves and their needs over those of the community? This tension between personal needs, community values, and current academic norms reflect a need for the current academic context to shift in order to lessen barriers to trans epistemic peerhood. Utilizing collaborative team-based models (including with trans students as research assistants) and/or practices such as organizing a community advisory board can ensure multiple trans epistemological standpoints are included.

Trans epistemic peerhood is also needed in order to honor values and practices within trans communities throughout the research process. If we accept that trans, nonbinary, and other gender diverse individuals are often better poised to evaluate trans-specific evidence and claims

and that some criticisms and conversations must be held only between members of the community, then we must be committed to facilitating and prioritizing trans-led research and oversight. This includes growing facilitation skills and cultivating trans caucuses. Specifically, trans historian Morgan M Page says, “I do not shit-talk other trans people in public. If I truly have a problem that must be addressed, I speak to them directly” (Page, 2020). Hil Malatino connects this practice to solidarity and community organizing—saying that, given the “rising tide of anti-trans organizing” (2020, p. 68), we cannot afford to be “locked in self-aggrandizing battle with one another.” Leveraging trans faculty’s scope of knowledge and reflections on oppression across the workplace, in regards to “accommodation and acceptance and trans identities,” social work can specifically work to prioritize teaching/learning skills to facilitate hard conversations between colleagues (Jones, 2020).

Facilitating trans epistemic peerhood in social work research can allow for this more culturally attuned research to better inform social and health care provision. As related ethical guidelines for conducting research, the NASW Code of Ethics addresses the need to work with diverse populations of all genders, while the Hippocratic Oath speaks to medicine’s duty to treat and engage with patients to the best of one’s training, skills, and knowledge by doing no harm (Miles, 2004; NASW, 2021). Freeman & Stewart argue that some patients (e.g., pregnant people) should be viewed as epistemic peers with their healthcare providers such that their knowledge, *alongside* the knowledge of their provider, is considered during their care (Freeman, 2015; Freeman & Stewart, 2018). Bettcher (2009, pp. 112-113) points out how individuals unfamiliar with trans culture lack the situated knowledge and, therefore, the ability to accurately assess and interpret the attitude and self-identification of trans people. Similarly, this paper has argued that the unique epistemological standpoint occupied by trans researchers conducting trans-focused

work should be 1) considered alongside the knowledge of non-researcher community members and 2) prioritized within academia such that additional, more nuanced insights can be generated throughout the research process.

As this paper is, to date, the first scholarly work regarding the specific issue of trans epistemic peerhood in social work research, there is much need for further exploration and deliberation. The role of disagreement among epistemic peers is a dominant thread in the discussion of epistemic peers generally, but must also be contemplated in the context of trans-led trans scholarship. Reviewing parallel conversations in disability and Indigenous studies may also be able to offer insight regarding “insider” research and the role of epistemological peerhood when paired with standpoint theory. Lastly, and importantly, the conditions under which trans scholars can be epistemic peers, as well as the conditions under which cis scholars are able to offer culturally grounded insights to trans communities, must also be considered.

Conclusion

To stay aligned with our professional ethics, social work research must welcome the influx of trans-led research by creating conditions that facilitate epistemic peerhood. This means prioritizing trans-led research on trans issues, lowering barriers for trans scholars to provide input and oversight (e.g., inclusion on research teams, sitting on Institutional Review Boards), and ensuring articles related to trans issues have trans peer reviewers. Cisgender researchers conducting trans-focused work should work in tandem with trans researchers who provide relevant expertise and ensure that a variety of trans perspectives are included. In addition to individual-level adjustments on the part of researchers and editors, these shifts also require adjustments from organizations (e.g., NASW, CSWE), journal publishers, and universities. Researchers conducting large-scale surveys should consider utilizing sampling methods that

result in trans individuals being well represented in their sample (i.e., oversampling) (Vaughan, 2017). Exploring and fostering trans epistemic peerhood can result in more closely culturally attuned scholarship, fewer harms to trans researchers and community members alike, and ultimately in more rigorous and meaningful social work scholarship overall.

References

- Alegria, M., Trinh-Shevrin, C., Chung, B., Ault, A., Lincoln, A., & Wells, K. (2017). CBPR in health care settings. In Wallerstein, N., Duran, B., Oetzel, J. G., Minkler, M. (Eds.), *Community-based participatory research for health: Advancing social and health equity* (3rd ed.), pp. 141–156). Wiley.
- AlShebli, B., Makovi, K., & Rahwan, T. (2020). The association between early career informal mentorship in academic collaborations and junior author performance. *Nature Communications*, *11*(1), 5855–5855. <https://doi.org/10.1038/s41467-020-19723-8>
- Andrade, L. N. de. (2012). *Travestis nas escolas: Assujeitamento e resistência a ordem normativa*. Rio de Janeiro: Metanoia Press.
- Ashley, F. (2022) ‘Trans’ is my gender modality. In Erickson-Schroth, L. (Ed.). *Trans bodies, trans selves: a resource by and for transgender communities* (2nd edition). Oxford University Press.
- Bell, J. S., Whitehead, P., Aslani, P., Sacker, S., & Chen, T. F. (2006). Design and implementation of an educational partnership between community pharmacists and consumer educators in mental health care. *American Journal of Pharmaceutical Education*, *70*(2), 28.
- Beresford, P., & Boxall, K. (2012). Service users, social work education and knowledge for social work practice. *Social Work Education*, *31*, 155–167.
doi:10.1080/02615479.2012.644944
- Berkins, L. (2005). *La gesta del nombre propio: Informe sobre la situación de la comunidad travesti en la Argentina*. Buenos Aires: Ediciones Madres de Plaza de Mayo.
- Berkins, L., ed. (2015). *Cumbia, copeteo y lágrimas: Informe nacional sobre la situación de las travestis, transexuales y transgéneros*. 2nd ed. Buenos Aires: Ediciones Madres de Plaza de Mayo.
- Bettcher, T. M. (2009). Trans identities and first-person authority. In Shrager, L. (Ed.) “*You’ve changed*”: *Sex reassignment and personal identity* (pp. 98-120). Oxford University Press, Incorporated.
- Brown, L. (2014). The crisis of disability is violence: ableism, torture, and murder. *Tikkun*, *29*(4), 31+.
https://link.gale.com/apps/doc/A388053740/AONE?u=wash_main&sid=bookmark-AONE&xid=a9e3c377
- Budge, S. L., Domínguez, S., Jr., & Goldberg, A. E. (2020). Minority stress in nonbinary students in higher education: The role of campus climate and belongingness. *Psychology of Sexual Orientation and Gender Diversity*, *7*(2), 222–229.

- Butler, J., (1994). Against proper objects. *Differences: A Journal of Feminist Cultural Studies*, 6(2), 1–26.
- Christensen, D. (2009). Disagreement as evidence: The epistemology of controversy. *Philosophy Compass* 4(5), 756-767.
- Clarke, K. (2022). Reimagining social work ancestry: Toward epistemic decolonization. *Affilia*, 37(2), 266–278. <https://doi.org/10.1177/08861099211051326>
- Craig, S. L., McInroy, L. B., Dentato, M. P., Austin, A., & Messinger, L. (2015). *Social work students speak out! The experiences of lesbian, gay, bisexual, transgender, and queer students in social work programs: A study report from the CSWE Council on Sexual Orientation and Gender Identity and Expression*. Toronto, Canada: Author.
- Cruz, H. D., & Smedt, J. D. (2013). The value of epistemic disagreement in scientific practice. The case of Homo floresiensis. *Studies in History and Philosophy of Science Part A*, 44(2), 169–177. <https://doi.org/10.1016/j.shpsa.2013.02.002>
- Dorozenko, K., Ridley, S., Martin, R., & Mahboub, L. (2016). A journey of embedding mental health lived experience in social work education. *Social Work Education*, 35(8), 905–917. <https://doi.org/10.1080/02615479.2016.1214255>
- Driskill, Q. (2010). Doubleweaving two-spirit critiques: Building alliances between native and queer studies. *GLQ*, 16(1-2), 69-92.
- Duffy, J., Das, C., & Davidson, G. (2013). Service user and carer involvement in role-plays to assess readiness for practice. *Social Work Education*, 32, 39–54. doi:10.1080/02615479.2011.639066
- Ellison, T., Green, K., Richardson, M., & Snorton, C. (2017). We got issues: Toward a Black Trans*/Studies. *TSQ: Transgender Studies Quarterly*, 4(2), 162-169.
- Feminist Standpoint Theory. (n.d.). *Internet Encyclopedia of Philosophy*. Retrieved July 21, 2022, from <https://iep.utm.edu/fem-stan/>
- Freeman, L., & Stewart, H. (2018). Microaggressions in clinical medicine. *Kennedy Institute of Ethics Journal*, 28(4), 411–449. <https://doi.org/10.1353/ken.2018.0024>
- Freeman, L. (2015). Confronting diminished epistemic privilege and epistemic injustice in pregnancy by challenging a “panoptics of the womb.” *The Journal of Medicine and Philosophy*, 40(1), 44–68. <https://doi.org/10.1093/jmp/jhu046>
- Gelfert, A. (2011). Who is an epistemic peer? *Logos & Episteme*, 2(4), 507–514. <https://doi.org/10.5840/logos-episteme2011242>
- Goldberg, A. E., Kivalanka, K., & dickey, I. (2019). Transgender graduate students’ experiences in higher education: A mixed-methods exploratory study. *Journal of Diversity in Higher Education*, 12(1), 38–51.

- Goldberg, A. E., Matsuno, E., & Beemyn, G. (2021). “I want to be safe...and I also want a job”: Career considerations and decision-making among trans adults pursuing post-graduate education. *The Counseling Psychologist*, 49(8), 1147–1187. <https://doi.org/10.1177/00110000211037671>
- Grand Challenges for Social Work*. (2022, June 22). Retrieved July 14, 2022, from <https://grandchallengesforsocialwork.org/>
- Grand Challenges for Social Work*. Achieve Equal Opportunity and Justice. (2021, February 2). Retrieved August 3, 2022, from <https://grandchallengesforsocialwork.org/achieve-equal-opportunity-and-justice/>
- Grand Challenges for Social Work*. Close the Health Gap. (2021, February 2). Retrieved August 3, 2022, from <https://grandchallengesforsocialwork.org/close-the-health-gap/>
- Gringeri, C. E., Wahab, S., & Anderson-Nathe, B. (2010). What makes it feminist?: Mapping the landscape of feminist social work research. *Affilia*, 25(4), 390–405. <https://doi.org/10.1177/0886109910384072>
- Guillory, J., Wiant, K. F., Farrelly, M., Fiacco, L., Alam, I., Hoffman, L., Crankshaw, E., Delahanty, J., & Alexander, T. N. (2018). Recruiting hard-to-reach populations for survey research: Using Facebook and Instagram advertisements and in-person intercept in LGBT bars and nightclubs to recruit LGBT young adults. *Journal of Medical Internet Research*, 20(6), e197–e197. <https://doi.org/10.2196/jmir.9461>
- Gutting, G. (1982). Religious belief and religious skepticism. *Philosophy*, 59(230), 544–545.
- Happell, B., Wynaden, D., Tohotoa, J., Platania-Phung, C., Byrne, L., Martin, G., & Harris, S. (2015). Mental health lived experience academics in tertiary education: The views of nurse academics. *Nurse Education Today*, 35, 113–117. doi:10.1016/j.nedt.2014.07.006
- Harding, S. (2008). “Strong objectivity” and socially situated knowledge. In A. Bailey & C. Cuomo (Eds.), *The feminist philosophy reader* (pp. 741-756). New York: McGraw Hill.
- Haritaworn, C. R., & Snorton, J., as cited in Aizura, Aren Z. et al. (2014) “Introduction.” [Special Issue on Decolonizing the Transgender Imaginary] *TSQ: Transgender Studies Quarterly*. 1(3), 308-319.
- Harner, V. (2021). Trans intracommunity support & knowledge sharing in the United States & Canada: A scoping literature review. *Health and Social Care in the Community*. <https://doi.org/10.1111/hsc.13276>
- Heikes, D. (2021). Comments on Josué Piñeiro’s “Epistemic peerhood and standpoint theory: What knowledge from the margins tells us about epistemic peerhood. *Southwest Philosophy Review*, 37(2), 13–16. <https://doi.org/10.5840/swphilreview202137227>
- Hill Collins, P. (1986) Learning from the outsider within: The sociological significance of Black Feminist thought. *Social Problems*, 33(6), 14-32.

- Holloway, B., Atteberry-Ash, B., Kattari, L., Harrop, E., & Walls, N. E. (2022). Transgender and nonbinary activism among social work students in the US: The role of ally behavior and a critical orientation to social justice. *Journal of Community Practice*, 30(2), 181–202. <https://doi.org/10.1080/10705422.2022.2072990>
- Holloway, I., Miyashita Ochoa, A., Wu, E. S. C., Himmelstein, R., Wong, J. O., & Wilson, B. D. M. (2019). Perspectives on academic mentorship from sexual and gender minority students pursuing careers in the health sciences. *American Journal of Orthopsychiatry*, 89(3), 343–353. <https://doi.org/10.1037/ort0000410>
- Iribarren, S. J., Ghazzawi, A., Sheinfil, A. Z., Frasca, T., Brown, W., Lopez-Rios, J., Rael, C. T., Balán, I. C., Crespo, R., Dolezal, C., Giguere, R., & Carballo-Diéguez, A. (2017). Mixed-method evaluation of social media-based tools and traditional strategies to recruit high-risk and hard-to-reach populations into an HIV prevention intervention study. *AIDS and Behavior*, 22(1), 347–357. <https://doi.org/10.1007/s10461-017-1956-6>
- Irvine, J., Molyneux, J., & Gillman, M. (2015). ‘Providing a link with the real world’: Learning from the student experience of service user and carer involvement in social work education. *Social Work Education*, 34, 138–150. doi:10.1080/02615479.2014.957178
- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The report of the 2015 U.S. transgender survey*. Washington, DC: National Center for Transgender Equality.
- Jones, S. (2020). Negotiating transgender identity at work: A movement to theorize a transgender standpoint epistemology. *Management Communication Quarterly*, 34(2), 251–278. <https://doi.org/10.1177/0893318919898170>
- Kelly, T. (2005). The epistemic significance of disagreement. *Oxford Studies in Epistemology* 1, 167-196.
- King-Jordan, & Gil, K. (2021). Dismantling privilege and white supremacy in social work education. *Advances in Social Work*, 21(2/3), 374–395. <https://doi.org/10.18060/24088>
- Kroehle, K., Shelton, J., Clarke, E., & Seelman, K. (2020). Mainstreaming dissidence: Examining binary gender among social work’s grand challenges. *Social Work*, 65(4), 368–377. <https://doi.org/10.1093/sw/swaa037>
- Kronk, C., Dexheimer, J. W. (2021). An ontology-based review of transgender literature: Revealing a history of medicalization and pathologization. *International Journal of Medical Informatics* (Shannon, Ireland), 156, 104601–104601. <https://doi.org/10.1016/j.ijmedinf.2021.104601>
- Laveaux, D., & Christopher, S. (2009). Contextualizing CBPR: Key principles of CBPR meet the Indigenous research context. *Pimatisiwin*, 7(1), 1.

- LGBT Demographic Data Interactive. (January 2019). Los Angeles, CA: The Williams Institute, UCLA School of Law. Retrieved from <https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT#density>
- Lombardi, E. (2018). Trans issues in sociology: A trans-centered perspective. In D. Compton, T. Meadow, & K. Schilt (Eds.), *Other, please specify: Queer methods in sociology* (pp. 67-79). University of California Press.
- Longino, H. (2020). *Science as social knowledge: values and objectivity in scientific inquiry*. Princeton University Press.
- Lorenzetti, D., Shipton, L., Nowell, L., Jacobsen, M., Lorenzetti, L., Clancy, T., & Paolucci, E. O. (2019). A systematic review of graduate student peer mentorship in academia. *Mentoring & Tutoring*, 27(5), 549–576. <https://doi.org/10.1080/13611267.2019.1686694>
- Malatino, H. (2020). *Trans care*. University of Minnesota Press.
- Martin, W. O. (1957). *The order and integration of knowledge*. University of Michigan Press.
- Martínez, J., & Vidal-Ortiz, S, eds. (2018). *Travar el saber: Educación de personas trans y travestis en Argentina: Relatos en primera persona*. La Plata, Argentina: Universidad Nacional de La Plata.
- Matsuzaka, S. (2021). Operationalizing intersectionality in social work research: Approaches and limitations. *Social Work Research*, 45(3), 155–168. <https://doi.org/https://doi.org/10.1093/swr/svab010>
- McCarty-Caplan, D., & Shaw, S. (2022). Social work education & support of gender expansive people: A qualitative analysis of MSW student experiences. *Journal of Homosexuality*, (ahead-of-print), 1–17. <https://doi.org/10.1080/00918369.2022.2040929>
- Medina, J. (2013). *The epistemology of resistance: Gender and racial oppression, epistemic injustice, and the social imagination*. Oxford University Press, New York.
- Mendoza, N., Mackey, C., Harner, V., & Jackson, K. (2021). Attuning and queering SAMHSA’s strategic prevention framework. *Social Work Research*, 45(3), 187–197. <https://doi.org/10.1093/swr/svab012>
- Miles, S. H. (2004). *The Hippocratic Oath and the ethics of medicine*. Oxford; New York: Oxford University Press.
- Miles-Johnson, T. (2016). Perceptions of group value: How Australian transgender people view policing. *Policing & Society*, 26(6), 605–626. <https://doi.org/10.1080/10439463.2014.996563>
- Miner, M. H., Bockting, W. O., Romine, R. S., & Raman, S. (2012). Conducting Internet research with the transgender population: Reaching broad samples and collecting valid

- data. *Social Science Computer Review*, 30(2), 202–211.
<https://doi.org/10.1177/0894439311404795>
- Moradi, B., Tebbe, E. A., Brewster, M. E., Budge, S. L., Lenzen, A., Ege, E., Schuch, E., Arango, S., Angelone, N., Mender, E., Hiner, D. L., Huscher, K., Painter, J., & Flores, M. J. (2016). A Content analysis of literature on trans people and issues: 2002–2012. *The Counseling Psychologist*, 44(7), 960–995. <https://doi.org/10.1177/0011000015609044>
- National Association of Social Workers. (2021). *NASW Code of Ethics (Guide to the everyday professional conduct of social workers)*. Washington, DC: NASW.
- Nicolazzo, Z. (2021). Imagining a trans epistemology: What liberation thinks like in postsecondary education. *Urban Education*, 56(3), 511–536.
<https://doi.org/10.1177/0042085917697203>
- Okun, T. (2021). White supremacy culture characteristics. *White Supremacy Culture*. Retrieved August 1, 2022, from <https://www.whitesupremacyculture.info/characteristics.html>
- Page, M. M. (@MorganMPage). 2020. Twitter, January 2, 2020, 4:46 p.m.
<https://twitter.com/morganmpage/status/1212852732652077058>
- Piñeiro, J. (2021). Epistemic peerhood and standpoint theory: What knowledge from the margins tells us about epistemic peerhood. *Southwest Philosophy Review*, 37(1), 69–78.
<https://doi.org/10.5840/swphilreview20213719>
- Riggs, D. W., Pearce, R., Pfeffer, C. A., Hines, S., White, F., & Ruspini, E. (2019). Transnormativity in the psy disciplines: Constructing pathology in the Diagnostic and Statistical Manual of Mental Disorders and Standards of Care. *American Psychologist*, 74(8), 912–924. doi: 10.1037/amp0000545.
- Rizki, C. (2019). Latin/x American trans studies: Toward a travesti-trans analytic. *TSQ*, 6(2), 145–155. doi: <https://doi.org/10.1215/23289252-7348426>
- Roen, K. (2001). Transgender theory and embodiment: The risk of racial marginalisation. *Journal of Gender Studies*, 10(3), 253–263. <https://doi.org/10.1080/09589230120086467>
- Schilt, K., & Lagos, D. (2017). The development of transgender studies in sociology. *Annual Review of Sociology*, 43, 425–443.
- Shelton, J., & Dodd, S. (2020). Teaching note-beyond the binary: Addressing cisnormativity in the social work classroom. *Journal of Social Work Education*, 56(1), 179–185.
<https://doi.org/10.1080/10437797.2019.1648222>
- Shelton, J., Winterkorn, G., Gay, H., Sabatino, C., & Brigham, F. (2011). Providing to one's own community: A panel discussion. *Journal of Gay & Lesbian Mental Health*, 15(2), 211–217.

- Smith, P., & Koehoorn, M. (2016). Measuring gender when you don't have a gender measure: constructing a gender index using survey data. *International Journal for Equity in Health*, 15(82), 82–82. <https://doi.org/10.1186/s12939-016-0370-4>
- Suess Schwend, A. (2020). Trans health care from a depathologization and human rights perspective. *Public Health Reviews*, 41(1), 3–3. <https://doi.org/10.1186/s40985-020-0118-y>
- Teti, M., Kerr, S., Bauerband, L. A., Kogler, E., & Graves, R. (2021). A qualitative scoping review of transgender and gender non-conforming people's physical healthcare experiences and needs. *Frontiers in Public Health*, 9, 598455–598455. <https://doi.org/10.3389/fpubh.2021.598455>
- Vaughan, R. (2017). Oversampling in health surveys: Why, when, and how? *American Journal of Public Health*, 107(8), 1214–1215. <https://doi.org/10.2105/AJPH.2017.303895>
- Vincent, N. (2012). Exploring the integration of social justice into social work research curricula. *Journal of Social Work Education*, 48(2), 205–222. <https://doi.org/10.5175/JSWE.2012.200900130>
- Wald, B. E. (2010). Dealing with disagreement: Distinguishing two types of epistemic peers. *Spontaneous Generations*, 3(1). <https://doi.org/10.4245/sponge.v3i1.6562>
- Wanta, J. W., & Unger, C. A. (2017). Review of the transgender literature: Where do we go from here? *Transgender Health*, 2(1), 119–128. <https://doi.org/10.1089/trgh.2017.0004>
- Wilson, R. (2017, April 3). Census: More Americans have college degrees than ever before. *The Hill*. Retrieved July 21, 2022, from <https://thehill.com/homenews/state-watch/326995-census-more-americans-have-college-degrees-than-ever-before/>

PAPER TWO: “THIS IS THE EASY STUFF:”
TRANS PATIENT PREFERENCES WHEN DISCUSSING GENDER-RELATED
INFORMATION IN HEALTHCARE SETTINGS

There is currently a heightened focus on issues of health equity in the United States, including for trans individuals and communities. Trans patients report high rates of negative experiences (e.g., discrimination, harassment, having to teach one’s provider about trans people/health) and incompetent care in health settings (Alpert et al., 2022; Hostetter et al., 2022; James et al., 2016; Kachen & Pharr, 2020; Kattari et al., 2021; Pulice-Farrow, Gonzalez, & Lindley, 2021). These experiences, including provider refusal to provide needed health care or treating trans patients less respectfully, can also have be associated with negative health outcomes such as suicidality, substance use, and other serious issues (Kattari et al., 2020; Romanelli, Lu, & Lindsey, 2018; Ruppert, Kattari, & Sussman, 2021; Scheim, Perez-Brumer, & Bauer, 2020). Further, 22% of U.S. Trans Survey (USTS) respondents rated their health as “fair” or “poor,” compared with 18% of the U.S. population, and trans individuals overall experience higher rates of being disabled, having a mental illness, and experiencing a substance use disorder (James et al., 2016; Romanelli, Lu, & Lindsey, 2018; Ruppert, Kattari, & Sussman, 2021; Progovac et al., 2018).

For many trans patients, access to trans-specific care (and insurance coverage thereof) begins with a diagnosis of gender dysphoria from the DSM-5 (American Psychiatric Association, 2013). However, trans patients may not always be comfortable sharing gender-related information with their providers. This is often due to perceived or experienced lack of provider competency and knowledge about working with trans patients (Chisolm-Straker et al., 2017; Goldman et al., 2022; Simons & Voss, 2020; Willging et al., 2019). In fact, trans patients may

withhold information related to their gender from their providers to assure their access to healthcare is not compromised or refused due to discrimination or cisnormative requirements (e.g., performing gender in a binary way to be approved for HRT) (McNeil et al, 2012). However, studies show that access to gender-affirming and trans-competent healthcare has positive impacts on the mental health and wellbeing of trans individuals (Tordoff, 2022; Turban et al., 2020; van der Miesen, et al, 2020). Some trans people, especially those who are multiply marginalized (i.e., individuals who are trans and also BIPOC, disabled, lower SES), use the emergency department (ED) for primary care, which is associated with more adverse health outcomes than regular visits to a primary care physician (Grant et al., 2010; Progovac et al., 2018). Trans individuals receiving care in emergency departments or for trauma-related incidents have reported high rates of negative experiences (Bauer et al., 2013; Willging et al., 2019). While the majority (82.5%) of emergency department healthcare providers report being comfortable asking patients for their pronouns, they still lack the clinical knowledge and training necessary to actually treat trans patients with competent, quality care (Chisolm-Straker et al., 2018; Chisolm-Straker, et al, 2017).

Trans patients may interface with social workers as therapists, in emergency departments, for primary care, or in a variety of other health settings. Social workers offer a unique practice lens that encapsulates the micro (individual level, clinical) to macro (cultural, policy) contexts faced by their constituents, including trans patients. The National Association of Social Work's Code of Ethics states that a social worker's "primary goal" is "help[ing] people in need and address[ing] social problems." More specifically, social workers are held to the standard of acting to "prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex, sexual

orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical ability” (Standard 6.04.d) (National Association of Social Workers, 2021).

Given the challenges faced by trans patients in accessing competent, quality health care, the current study addresses the following research questions: 1) What influences trans patients’ decision-making regarding sharing gender-related information with health providers? 2) How do trans patients want to be asked about gender-related information? and 3) What impact does provider understanding (or lack thereof) regarding the gender of their patients have on the healthcare experiences of trans patients?

Methodology

Study Design

This qualitative, in-depth interview study used an interpretivist phenomenological approach and analytical method (Creswell, 2013). A phenomenological approach offers an in-depth exploration of how individuals make sense of a shared experience, which allows the exploration of the ways trans adults make sense of and understand their experiences discussing gender in healthcare spaces within the current historical context (Patton, 2002). This approach uses detailed description, including direct quotes from participants, in order to be as accurate and faithful as possible when representing the findings of the study (Lester, 1999). Informed by a Heideggerian approach, this study does not seek to explain or generalize the participant experiences; rather, we seek to develop a deeper understanding of the self-described experiences of the participants (Heidegger, 1996; Zebrack, 2000).

The study team consisted of two co-principal investigators—a white, nonbinary doctoral candidate and a white, cisgender tenured professor. Research assistants included a bilingual

(English/Spanish) nonbinary graduate student of color, a nonbinary Indigenous graduate student, and a nonbinary undergraduate student of color. Research assistants were recruited due to their lived experience and understanding of the study population and issues. The use of such a diverse study team enriched the study's trustworthiness and rigor, as analysis was conducted from a variety of perspectives (Cypress, 2017; Lincoln & Guba, 1985). All study protocols and procedures for this study were approved by UW IRB on July 13, 2020 (STUDY00010700).

Study Sample & Recruitment

The study data were collected from July to November 2020. Study eligibility criteria were: trans-identified, adult, U.S. resident, accessed health care in the past 5 years, and able to complete an interview in English or Spanish. For the purposes of our study, "trans" was used as a broad umbrella term for participants to self-identify as transgender, nonbinary, with a history of transitioning their gender, or whose experiences of gender otherwise do not align with binary, Eurocentric genders, regardless of medical or legal transition status. Also, participants were required to have access to a telephone or computer connected to the internet with speakers/microphone to join the study.

Study recruitment was conducted via social media (e.g., trans-specific Facebook groups, Twitter posts, Instagram posts) and email networks (e.g., posts on LGBTQ or trans-specific listservs) in July-August 2020. Recruitment materials stated that the research team was composed of a majority of members of the trans community, and specifically that the interviews would be conducted by a trans person (unless the participant requested otherwise). After signing an informed consent, participants completed a demographic questionnaire that included questions assessing how often they accessed health care (i.e., primary care, emergency department visits in the past 5 years).

Participants include 27 trans adults from 13 states within the U.S. While all respondents were trans, two thirds ($n = 18$) identified solely or predominantly as nonbinary and/or genderqueer. Most of the participants were white (81.48%, $n = 22$) and chronically ill and/or disabled (59.26%, $n = 16$). While participant age ranged from 21 to 69 years old, the average age was almost 31 years old. Annual income ranged from 0 to over \$150,000/year, with most ($n = 24$) earning under \$40,000/year. Additional participant characteristics, including health insurance status and health history are provided in Table 1. The majority ($n = 25$) of participants had health insurance ($n = 25$) and a primary care provider ($n = 17$). While 17 of the 27 respondents had been to urgent care once or more over the past five years, only 12 had been to the emergency department (ED) and nine had been hospitalized in the same period. Participant demographic characteristics can be found in Appendix A.

Table 1.1. Participant characteristics (N=27).

	n	(%)
Collapsed Gender		
Nonbinary	18	(66.66)
Man or trans masc	7	(25.96)
Woman or trans fem	2	(7.41)
Black, Indigenous, or other POC	5	(18.52)
Disabled and/or chronically ill	16	(59.26)
Has health insurance	25	(86.21)
Has Primary Care Provider (PCP)	17	(58.62)
Visits PCP once per year	3	(10.34)
Visits PCP 2-5 times per year	11	(37.93)
Visits PCP >5 times per year	4	(13.79)
Visited urgent care in past 5 years	17	(62.96)
Visited ED in past 5 years	12	(44.44)
Hospitalized in the past 5 years	9	(31.03)

Data Collection

Data collection occurred from July-November 2020. Each participant completed a 45-90-minute semi-structured interview (see guide in Appendix A), conducted over Zoom video by either the first author or a research assistant (Glesne, 2011). In line with IPA, semi-structured interviews allowed for the researchers to ask tailored follow-up questions in order to more fully explore the details of participants' experiences (Janesick, 2011). Interviews included questions about participants' experiences receiving healthcare (inclusive of general healthcare, trans-specific healthcare, and emergency care), their thoughts about how providers and systems were gender-affirming for trans patients, and how healthcare professionals and systems can be more inclusive and affirming in the ways they ask about the gender of their patients, particularly in emergency and trauma care settings. All participants agreed to be audio recorded as part of the informed consent process, with study data managed using REDCap (Harris, et al, 2019; Harris et al., 2009). Each participant received a \$75 virtual gift card after their interview was completed.

Data Analysis

The study interviews were transcribed verbatim, validated by reading the transcriptions while listening to the recordings, then de-identified. De-identified transcripts were uploaded to Dedoose, a qualitative and mixed methods analysis software (2021). An interpretivist phenomenological analysis (IPA) offers a nuanced analysis of a particular lived experience for a group, moving beyond individual cases. As IPA acknowledges the conceptions and background brought to the analysis by the researchers, the study team wrote memos and met regularly to discuss the interviews and analysis process (Smith, Flowers, & Larkin, 2009).

The data analysis process began with the first author creating an initial code list via inductive coding of three transcripts (Braune & Clarke, 2006; Creswell, 2013). Next, the initial

codes were discussed by the 4-member research team and codes were deliberated upon before sorting into parent and child codes based on consensus. Parent codes were organized into the domains of healthcare spaces/types, experiences of service, structural/individual oppression, individual experiences, context, and suggestions for better practice. Further deliberation on the coding process and selection of final codes took place at biweekly team meetings.

The coding guide was developed by four members of the research team. First, the first author read four of the transcripts to generate potential codes. Additionally, a list of a priori codes based on the interview guide and healthcare settings (e.g., “before appointment,” “primary care provider”) were generated by the research team. Following this initial code generation, codes were grouped, new codes generated, until consensus was reached. Experiences and preferences of trans adults in healthcare spaces were coded across the following domains: healthcare spaces/types, experiences of services, structural/individual oppression, individual experiences, context, and suggestions. As themes emerged, the team identified relevant quotes from the transcripts and used existing codes to name the final four themes.

Results

Four major themes were identified: Impact of Provider Behaviors, Engaging in Relational Risk Assessment, Receiving Affirming vs Medically Competent Care, and “How are you gonna fit [me] into your system?”

Impact of Provider Behaviors

Individual provider actions had significant positive and negative impact on participants’ experiences, depending on how attuned, informed, and prepared the provider was. Many participants suggested that gender and gender-related information should only be asked when medically relevant to a health encounter. An important component to this that some participants

raised was the question of visibility. As one participant explained “... ask when it's relevant, and if ...something could be relevant if the person's trans, that means you have to ask everyone because you can't tell who's trans” (Participant 20). Participants wanted their providers to be clear and specific about what information was being requested of them or tested for (e.g., legal name for insurance purposes, hormone levels, current anatomy), how it would be recorded in their charts and electronic health records). Shared one interviewee, “I've had a couple of instances where I thought they were asking me a completely unnecessary, like, personal question, when it was, like, shockingly relevant.” Another respondent (23) mentioned the importance of providers considering and being sensitive to the risk that trans patients must take by outing themselves in their health encounter:

Any efforts to include more collection of, like, gender and sexual minority data needs to be accompanied with the necessary training and protocols and process because, if you're not doing that and having that set up before you even ask, you're asking marginalized people to disclose things that could get them in trouble or put in harm's way.

While some participants preferred that health providers never ask about a patient's gender identity or gender modality, others felt—whether they liked it or not—that being trans was *always* relevant in a medical setting, due to the risk of receiving subpar care or being refused care altogether. As one respondent (4) stated, “Your transness is always relevant if you're in danger or if the care you're about to receive is going to be impacted. And that's [something of] relevance you have really no control over.” Providers, and not just patients should be aware of the reasoning and relevance of asking about gender. For example, if a provider asks “What is your gender?” when they were assessing a health issue related to a patient's anatomy, that rationale and relevance should be explained to the patient.

Participants spoke about feeling dysphoric or fears of being refused health care as a result of unnecessarily gendered language regarding procedures or specialties (i.e., “women's health”)

that may result in others finding out they were trans. Participants also expressed concerns that transphobic ED doctors were, similarly, not able to avoid trans patients, as well as that they might lose access to HRT or experience microaggressions should they end up hospitalized following a trauma incident. However, such interactions were even reported to take place in encounters with providers who saw many trans patients. One respondent (23) shared an anecdotal experience,

I tried this [provider] because it [the health setting] was supposed to be like a queer friendly place and she said, “Yeah, no problem. I have a place for pronouns and you know, trans men come in here all the time to take care of their lady parts.” And I said, “All right, we're okay. We're good. We're done.” To me it flagged immediately...you don't understand. It's still like a gender essentialist view, right? Like a biological and sex essentialist view...and so regardless of how nice you are to use our language, you don't get it.

For some participants, providers' gendered assumptions took up precious time during the healthcare visit, such as in this situation:

I went on birth control for a little bit and the whole language around [it] made me super uncomfortable, but it was a thing that I needed to have. So, I feel like procedures should be very non-gendered. Like, “Oh, you're on this pill for this reason. Here's some side effects.” ...not, “This is a woman pill for women-things.”

These findings illustrate the breadth of impacts that provider behaviors have on trans patients, not only psychologically or emotionally, but also as it pertained to whether participants felt able to discuss the details of their gender with their providers.

Engaging in Relational Risk Assessment

This theme evolved from respondents sharing how they weighed a variety of implicit and explicit safety cues when deciding what and how to share information with their providers in a variety of healthcare settings. Participants noted how vulnerable healthcare spaces felt for them, with several directly mentioning the power imbalance between patient/provider. *Explicit cues* included direct experiences that occurred in an interaction with a provider (e.g., the provider

introduced themselves with their pronouns, chosen names were asked for and seamlessly used, a patient's prior experience with the specific medical setting or healthcare provider). *Implicit cues* included indirect experiences, such as patient knowledge of organizational policies, LGBTQ materials on the website or the waiting room, and whether the organization was religious-based. While not all religious-based institutions are inherently unsafe for trans individuals, in the absence of trans-inclusive and affirming cues from these institutions, participants had doubts about whether the institution would provide safe and competent care.

An example of an implicit cue was related to disclosure risk. As one respondent (4) shared, "Until I know that there are strict regulations in place to protect me, which there are not, um, I would rather be misgendered than have my life be at risk." Another cue regarding disclosure related to the nature of the visit/care. If seeing a specialist or other provider with whom they may not have had a sustained or prior relationship, respondents said they deprioritized coming out as trans to the provider, whereas if interacting with a provider with whom they would be more invested in having an ongoing helping relationship, being out as trans and having correct pronouns used for them was more of a priority.

Disabled and/or chronically ill participants considered their continued access to quality healthcare before discussing trans issues, explaining "I want to have important conversations about, like, hormones or about getting top surgery, but I don't want to jeopardize getting good diabetic treatment." Participants also mentioned the unequal power in their patient-provider relationship and its impact on their fear of being refused care. For example, participant 16 viewed doctors as the "expert," therefore reporting "if you're getting asked invasive questions...a lot of people will feel psychologically compelled to answer because of the power dynamic." Throughout the interviews, informants described a sense of being in a double-bind;

that is, not always feeling safe or comfortable coming out to providers or correcting being misgendered to prevent jeopardizing their care. The result of this interaction also meant if the provider had been affirming and simply unaware of the patient's gender or correct pronouns, they would not be given the opportunity to shift to correct language.

An example of an explicit cue is the language healthcare providers or staff used before, during, and after a healthcare experience. This language may have been verbal/spoken or in written format. Some participants referred to these linguistic cues as “flagging” or “signaling.”

Participant 11 said,

The benefit to having a conversation with a provider is to gauge their reaction...and get a good sense of if they're going to be a good fit for me or not.... I mean, seeing [inclusive gender options] on the form is like a flag...it's flagging, right? If, when they come in and introduce themselves, they don't default to my birth name—which has happened even with providers that tout themselves as trans-friendly—or not using a prefix that I don't use, especially when it's in a waiting room and it's public...those kinds of things immediately signal that you read the form, you've got it and you're trying to get off on the right foot with me.

Of course, participants had different preferences around how a provider might signal to patients that the health care space is safe, affirming, and competent. Participant 19 mentioned that, even with a primary care provider with whom they felt safe, they were now reluctant to come out to that provider: “With my primary care guy, I haven't had this conversation. I'm 90% sure it'd go fine, but at the same time, I really love the care I get there. And I think that's what makes me hesitate to even mention it at this point.” Overall, this theme reflects the complex constellation of information and cues, both implicit and explicit, that require trans patients to be vigilant when interacting with healthcare professionals, regardless of the reason for the visit.

Receiving Affirming vs. Medically Competent Care

Gender/trans affirming, transition related, and medically competent care are all distinct and subjective, though at times overlapping aspects of health encounters. Participants spoke at

the most length and detail about affirming and medically competent care, noting that they have had to, at times, choose to prioritize one type of care over another. While the prior theme is regarding the risk-assessment processes trans patients undertook regarding whether to share gender-related information, this theme reflects the actual impacts of sharing such information in the health setting. Many respondents spoke of having to choose between affirming and medically competent care, or even “opting out of harm” by avoiding healthcare.

Affirming components of care offered by healthcare providers included prioritizing patient autonomy, believing the patient about their experience, and using information that was requested (e.g., gender, pronouns, chosen name) appropriately during the health encounter. As one participant (10) recommended, “Don't ask me for information that you're not ready to use.”

Participants reported experiences of medical incompetence from providers who lacked experience with nonnormative clients such as those who are trans, disabled, fat, or non-white. Some participants reported having to prioritize different parts of their identity/experience in medical spaces; not all participants felt that their providers could attend to their experience as a trans person, as well as their other identities, affiliations, or needs in healthcare spaces. For example, sometimes their other identities or experiences (e.g., race, body size, disability, socioeconomic status) were more important than their trans identities when there were other critical healthcare needs at that moment. As one person (10) said,

I'm disabled, and I often find myself in situations where I need to decide...is it important that I point out that I'm being misgendered and I feel really upset by that? Or is it important that I receive the medical care that I need? And I feel like I'm always balancing that in general...when I'm going into anaphylactic shock, it just doesn't matter. The fact that I'm trans doesn't matter, because epinephrine works no matter what, and that's what I need. You need to know that I'm a hard stick and that my right arm is probably the best place to try. That's the information we need at the moment.

Some participants reported feeling treated as inanimate objects, inconveniences, a learning experience, or medical curiosities by their providers. One person (16) shared that many of their providers “get morbidly curious about how certain [gender-affirming] surgeries work or what certain medical processes look like,” while another (8) said they often feel like “an inanimate object that they're going to fix.” One respondent felt more tokenized on the basis of race than being trans, reporting, “if there's a person of color on staff that makes me feel safer as a person of color, even if I'm not seeing the doctor directly, just knowing they're there, especially since I'm in [Pacific Northwest city], which is so white...I don't want to be the most exotic thing in the room, you know?” For these participants, these interactions resulted in them feeling either unsafe, uncared for, or not understood by their medical providers.

However, participants often prioritized their physical healthcare over their psychological or emotional safety. Because many providers could only provide either transition-related care, specialty care, or primary care (that might not be trans affirming or in a safe space in which to disclose one’s trans identity), some respondents reported having to “split up” their care among several providers. One interviewee (20) specifically described this dynamic, saying “Doctors seem to either care about me as a trans person, or have a specialty [e.g., cardiology, oncology] but then not actually be trans competent. And so, I ended up having to just hide the fact that I'm trans and get certain care from some places and then get my trans health care from other places.”

This issue was exacerbated for participants who had Medicare/Medicaid, as it limited the options for competent or affirming care. One participant (19) remarked, “I also qualify in whichever state I'm in to get Medicaid, to help cover co-payments. So, I mean, that's great. It's paid for if I can find it, but finding quality care that accepts that insurance is very challenging.” However, another participant (11) shared their experience with a plastic surgeon, stating, “he

takes Medicaid for surgery, which is a plus...and he flat out said to me, 'I give rich people nose jobs so that I can give trans people cheap care.' And I was like, 'I love you!'"

Regarding trauma or emergency care, respondents recognized that their critical physical care took priority in certain situations. However, they also recognized the need for medically competent and trans-affirming care to be available and consistent. While one study participant (26) said, "I just feel like, in trauma, gender should not be a consideration. It should just all be about making sure your patient does not die." Several others shared that being misgendered in those moments made an already difficult situation even more challenging as one participant (19) who had a major injury reported:

...life has just turned completely upside down and I was in a lot of pain. It was almost impossible to self-advocate for myself. And if they had used my pronouns when referring to and talking with me that would have just brought a little bit more ease to that very difficult situation...it feels important to have it recognized, especially in the urgent care and ER settings to help with not making it more traumatic than it already is.

Another study respondent (10) shared a similar experience, reflecting, "When you're hospitalized, if they come in and use your deadname and use the wrong pronouns then it's just like, 'God, I wish you just would stop talking to me. I don't want to answer your questions. I don't want to talk to you.' And it just puts you in a worse mental space when you're already in a shitty situation."

While participants, unsurprisingly, had a lot to share about negative provider interactions or healthcare experiences that were not competent or affirming, they also shared insights into improving healthcare spaces:

...the doctor I am currently going to was the first person who explained to me what you're really checking for when you do the blood work at the different phases after a shot...and that instantly gave me a good feeling because he told me something I didn't know...because it's kind of tiring when you deal with providers where you're clearly the expert. (16)

Ultimately, the participants recognized that many providers may not have had adequate training in trans issues or trans care. However, whether a provider had the “perfect” phrasing was not of the utmost importance,

I think the bottom line for medical providers is if they're well-informed and they really see us for who we are, we'll know...and if they don't ...we'll know. I think that trans people are really good at sniffing out who's an ally and who's not, and who's trying to do good by us and maybe who's learning but still figuring it out. (11)

A thread throughout the interviews was the necessity for a larger trans health reckoning,” as this participant articulated:

I think that there is a fear that we have of trans people because we're really afraid of messing it up. And we put so much emphasis on respect and not messing things up that there is a coldness and walking on eggshells and distance that is ultimately really, really harmful and isolating...more so than the initial accidental misgendering would have been. (9)

While discrimination and harassment impact trans patients on a psychological and emotional level, this theme clearly reflects the impact such interactions (or the fear thereof) have on all aspects of their health care.

“How are you gonna fit [me] into your system?”

Participants spoke to their needs as patients often being at odds with the healthcare system status quo. Whether that meant not fitting neatly into a prescribed identity label (i.e., gender assigned at birth) or the healthcare system prioritizing very different tasks or interventions, many respondents reported that their needs simply did not fit into current medical practices, policies, and procedures. One interviewee (participant 13) wanted the current system to make small shifts so that trans patients would be more seamlessly and better served, stating: “One of my fears about when I do get top surgery is if they have my legal name on the bracelet, if they ask me what my name is, that is not the name I'm gonna say. So why is it on the bracelet?” In this and many other encounters (i.e., names called in the waiting room), simply

updating the existing health record system to use the patient's chosen/current name would alleviate this issue for trans patients. At the core of critiques about current health care systems is that, in the words of one interviewee (20), "these two boxes (man/woman) have just come to represent so much more information than they really do"; that is, the check boxes for "gender" on intake forms were often interpreted as a set of genitals, hormone levels, and other bioessentialist notions of gender that were beyond a simple check box.

Other participants acknowledged that for trans patients, the current healthcare system presents a conundrum. While many aspects of the health encounter may be relatively uneventful for binary clients vis a vis one's gender identity, it also means that trans patients have to decide whether to come out and therefore be "singled out" as trans. As one study participant (19) explained,

...for the majority of the population, none of these things are going to matter...so how to work it in so that it's not feeling burdensome on the provider for that majority, but at the same time honors the minority and our experience and makes it easier to have this experience. But at the same time, I don't want to feel singled out.

The choice to share one's identity forces trans persons to make the decision to be vulnerable in the health care encounter, which means being viewed as different by providers while they just want to have the health care they deserve without gender taking on such a prominent place in their care.

Systems-level changes (such as including additional gender identities on intake forms) within medical facilities and among practitioners cannot authentically or even accurately reflect the complexities of gender. As one participant (4) shared:

Not all nationalities have the same idea of gender. The country that I'm from, there's the oldest recorded—what the Western culture calls—trans community in history, ...they're not trans, these are like blessed beings, you know? It's who you are. There's a culture behind it. It's hard to explain, but how are you going to fit that into your system?

Other participants felt that the current healthcare system, even with adjustments to institutional policies and procedures, would never be able to incorporate and serve trans patients in affirming and medically competent ways. One participant (10) suggested that the best systems-level solution was to, “throw the whole thing away and start over. I don't know. First of all, maybe talk to trans people?? I don't know. I feel like cis people in a room were like, ‘This is the solution, they'll be happy!’” As a transformational solution, another participant (20) suggested:

I would feel most comfortable if all my medical providers were trans. I know it's a big ask, but here's the thing—Any cis person, all cis people have the potential to be transphobic. All of them. And they all have the potential to be transphobic without knowing that they're doing it. So that means that if they hold a position of authority that gives us access to healthcare or not, that means that they have the potential to gatekeep us, which to me logically means no cis person should ever be in a position of gatekeeping trans healthcare at all; which means that they should all step out of their positions. I mean...I just don't trust cis people to provide me with the best care.

Participants argued that there is no way to be “halfway” trans inclusive; that is, “if you’re going to take these steps, take them all the way.” Many actions by health providers were more performative than substantive or authentic, e.g., using the “correct words,” but still engaging in transphobic actions such as expecting patients to adhere to gendered stereotypes. Most participants were opposed to the use of “preferred” when asking patients what pronouns they use. Said one person (11): “I don't know why fucking cis people love the word preferred...like they ‘prefer’ oat milk. ...I just think the language is trash and it's rooted in transphobia. Just ask what their pronouns are.” For one study respondent (10), the performative allyship they’ve witnessed, which they called “cop outs to make cis people feel good” and “sloppy attempts at trying to be trans inclusive” was often dated (e.g., “preferred pronouns,” “transgendered”), insincere, excluding intersex individuals, celebrating “box checking exercises,” and emotionally upsetting. While sharing and discussing gender-related information (either directly or via a form) with providers was often a site of uncertainty, the interviews also demonstrated participants’

deep understanding of the complexity of these interactions with providers and the resulting impacts on their healthcare.

Discussion

This study sought to address the research questions 1) What influences trans patients' decision-making regarding sharing gender-related information? 2) How do trans patients want to be asked about their gender-related information? and 3) What impact does provider understanding (or lack thereof) regarding the gender of their patients have on the healthcare experiences of trans patients? The findings of this study highlight the complex lived experiences of trans individuals as they navigate sharing their gender identity vis a vis sharing gender-related information in healthcare spaces. Participants spoke to deeper issues than simply the ways superficial data collection or word choice concerns regarding gender were managed by health care providers. Ultimately, the specific phrasing of questions regarding gender or anatomy was not the most meaningful component of discussing gender-related information with healthcare providers. Rather, how gender is implicated in the perceived or actual relevance to their health care, one's overall safety or risk of discrimination within health care encounters, and authentic support and affirmation of trans individuals in health care systems took priority.

Participants emphasized the importance of having knowledge of and control over how and where their gender-related information is managed and shared. This was especially a concern with electronic health records (EHRs); some participants preferred EHRs so that they did not have to repeatedly come out to providers, while others preferred to have control over which providers knew they were trans. Participants often couched these comments in not wanting to be misgendered in their records, which is underscored in other current research and

recommendations regarding EHRs and trans patients (Alpert, et al, 2022; Deutsch & Buchholz, 2015; Kronk et al., 2022).

While participants reported avoiding healthcare altogether due to fear or a history of discriminatory treatment, many also described taking the time to carefully choose both a primary care provider and/or provider for trans care. Though many trans individuals are more well-versed in trans-specific health issues than their cis providers, most trans patients are not providers themselves and lack the adequate medical knowledge needed to fully understand the many health, social, and other issues for which they seek help. Several participants preferred to see providers who were also LGBTQ or, specifically, trans, which echoes research regarding the positive impact of connecting with other trans individuals (Bowling et al., 2020; Harner, 2021). Participants recognized that patients rarely get to choose providers who are specialists or in emergency/trauma care settings, adding a layer of uncertainty, stress, or even feeling unsafe. As reflected in other studies, disabled participants mentioned that they were rarely able to choose to avoid care and, along with fat and BIPOC participants, that they often had to prioritize safety or one social identity over another when selecting a care provider (Burke, 2017; FitzGerald & Hurst, 2017; Glenn-Applegate, Pentimonti, & Justice, 2010; Turcotte et al., 2015).

Overall, participants felt a checkbox or field about gender on an intake form can set the stage for opening future conversations with their providers. Dovetailing with current scholarship regarding gender-affirming care in healthcare settings (Goldman et al., 2022), participants in this study indicated that “flagging” (i.e., microbehaviors reflecting trans competence and inclusion) can be a helpful step taken by providers. Most participants also appreciated when their providers initiated a discussion on gender instead of relying on them to open the topic. Health policy analysts need to examine how gender as demographic data routinely collected from patients is

used for funding and/or other institutional reporting requirements, and whether health settings are accurately interpreting those “check boxes” for the ways they reflect complex meanings and realities of trans life and health.

Often, when structural or large-scale policy or practice changes are proposed, they are applied or implemented at the organizational or institutional level, and not at the state or national level. At the micro level, the impact of such changes on the experiences, rights, and needs of individuals vary greatly depending on socioeconomic factors, regional differences (including urban vs rural), and social identities. Therefore, it is not always possible nor ethical to make “one size fits all” health policy recommendations. While many studies state that training and education on trans issues should be mandated for all service providers (Kattari et al., 2021; Pulice-Farrow, Gonzalez, & Lindley, 2021; Simons & Voss, 2020), training itself is not the sole solution to complex social problems rooted in stigma, discrimination, misinformation, and bigotry.

Study Implications and Limitations

Based on these findings, we recommend that health providers be flexible and responsive to individual patient preferences and needs regarding discussing gender-related information in the health care encounter. Providers should contextualize requests for information about gender, anatomy, and history with how the information being requested is relevant to the patient’s medical care. Patients should be able to provide feedback and evaluation on how affirming and competent their care was regarding gender, disability, race, and other commonly minoritized identities.

Training and education should focus not only on general competency around trans identities and issues, but also on the importance of mirroring patient language, giving patients autonomy, and knowing how to nimbly shift language/behavior based on individual patient

needs (that is, what is learned in the classroom should not trump how an individual patient identifies). Further, training must be paired with patient-centered systems-level changes and accountability when providers (intentionally or unintentionally) harm trans patients (e.g., unintentionally disclosing a patient's transgender identity via electronic health record).

These findings also illuminate social work-specific implications. Social policy must protect trans patients from being discriminated against, both by providers and by health insurance companies. When working with trans clients, social workers should already be aware of and make knowledgeable referrals to health care providers they know will be able to provide competent care and/or to allow clients to make informed decisions regarding their care providers. As a field, social work must accept that trans issues are relevant to social work practice and education; trans issues must be integrated through social work education to prepare social workers to work competently and ethically with this population. Our professional code of ethics, as well as the organizations employing social workers, must hold social workers accountable for providing care that is both affirming *and* competent for trans clients, including those with multiple marginalized identities, e.g., trans individuals who are also Black, Indigenous or other people of color, disabled, immigrant, non-English speaking, or who are targeted by transmisogyny.

To date, no study has examined the health impacts and treatment outcomes of trans patients based on provider competency and self-identity. Opportunities for incentivizing and reinforcing best practices and competent care provision to trans patients must also be implemented especially given shortages among health specialties. Future research regarding the impacts of policies regarding gender-related information collection on providers who are trans themselves is also needed. Finally, researchers and providers alike should take political and

social action not only on trans issues, but in solidarity with all groups and populations who are subject to disparate treatment and health outcomes.

A unique strength of this study was the diversity of the majority trans research team, who all brought their own experiences, training, and commitment as social workers, either in an emergency department or with community-level programs. While multiple U.S. states and regions were represented in the study group, these findings are historically and socially situated in the current context. Shifting policy and political landscapes continue to affect the safety, protections, and rights of trans individuals not only regarding access to health care, but all aspects of social life and human rights. Finally, the sample was largely white, and therefore the experiences of BIPOC trans individuals navigating race, gender, and other variables and identities in health care settings are not represented in these findings. This significant gap cuts across the majority of trans policy and research, and therefore due to racism and white supremacy what is known about trans life cannot fully represent the diverse lived experiences of a huge segment of trans peoples and communities. As social work researchers, practitioners, and policymakers, we must work towards diversity and equity by working in solidarity with the totality and authenticity of all trans communities.

Conclusion

As with any socially marginalized community, trans patients have a variety of experiences and preferences with the healthcare system. Findings from this study indicate that, while there is no “one size fits all” solution to providing quality, competent, and trans-affirming care in health settings, trans persons are engaging in health settings every day for minor and serious health concerns. Some have chronic ailments, others require critical short-term care, while most individuals seek out primary care for health maintenance. Trans health is a complex

area of health practice, requiring ongoing developments in medical research and technologies to meet the unique and significant needs of trans communities. Medical education that centers not only on the physical and mental health needs of trans patients should be ongoing and updated for all health providers. This study suggests that checking boxes about gender or being sensitive to words and terms is only part of ethical practice. Competent and skilled health practice also involves risk-taking, vulnerability, humility, and engagement with trans patients along with implementation of organizational policies to advance health justice for trans individuals and communities. Social workers have an integral role to play in this process, due to the many core roles and functions we engage in as referral-makers, policy-writers, community organizers, educators, researchers, and patient advocates.

References

- Agénor, M., Geffen, S. R., Zubizarreta, D., Jones, R., Giraldo, S., McGuirk, A., Caballero, M., & Gordon, A. R. (2022). Experiences of and resistance to multiple discrimination in health care settings among transmasculine people of color. *BMC Health Services Research*, 22(1), 369–369. <https://doi.org/10.1186/s12913-022-07729-5>
- Alpert, A. B., Mehringer, J. E., Orta, S. J. et al. (2022). Experiences of transgender people reviewing their electronic health records, a qualitative study. *Journal of General Internal Medicine* <https://doi.org/10.1007/s11606-022-07671-6>
- American Psychiatric Association. (2013). Gender dysphoria. In *Diagnostic and statistical manual of mental disorders* (5th ed., pp. 452). Washington, DC: American Psychiatric Publishing.
- Bauer, G. R., Scheim, A. I., Deutsch, M., & Massarella, C. (2013). Reported emergency department avoidance, use, and experiences of transgender persons in Ontario, Canada: Results from a respondent-driven sampling survey. *Annals of Emergency Medicine*, 63(6), 713–720.e1. <https://doi.org/10.1016/j.annemergmed.2013.09.027>
- Bowling, J., Barker, J., Gunn, L. H., & Lace, T. (2020). “It just feels right”: Perceptions of the effects of community connectedness among trans individuals. *PloS One*, 15(10), e0240295–e0240295. <https://doi.org/10.1371/journal.pone.0240295>
- Braun, V., Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Burke, T. B. (2017). Choosing accommodations: Signed language interpreting and the absence of choice. *Kennedy Institute of Ethics Journal* 27(2), 267-299. [doi:10.1353/ken.2017.0018](https://doi.org/10.1353/ken.2017.0018).
- Chisolm-Straker, J. L., Bennouna, C., Morency-Brassard, N., Coy, L., Egemba, M. O., & Shearer, P. L. (2017). Transgender and gender nonconforming in emergency departments: A qualitative report of patient experiences. *Transgender Health*, 2(1), 8–16. <https://doi.org/10.1089/trgh.2016.0026>
- Chisolm-Straker, M., Willging, C., Daul, A. D., McNamara, S., Sante, S. C., Shattuck, D. G., & Crandall, C. S. (2018). Transgender and gender-nonconforming patients in the emergency department: What physicians know, think, and do. *Annals of Emergency Medicine*, 71(2), 183–188.e1. <https://doi.org/10.1016/j.annemergmed.2017.09.042>
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches*, 3rd ed., Los Angeles: Sage Publications.
- Cypress, B. (2017). Rigor or reliability and validity in qualitative research: Perspectives, strategies, reconceptualization, and recommendations. *Dimensions of Critical Care Nursing*, 36(4), 253-263. doi: 10.1097/DCC.0000000000000253

- Dedoose Version 9.0.17, web application for managing, analyzing, and presenting qualitative and mixed method research data (2021). Los Angeles, CA: SocioCultural Research Consultants, LLC. www.dedoose.com.
- Deutsch, M. B., & Buchholz, D. (2015). Electronic health records and transgender patients—practical recommendations for the collection of gender identity data. *Journal of General Internal Medicine*, 30(6), 843-847.
- FitzGerald, C., Hurst, S. (2017). Implicit bias in healthcare professionals: a systematic review. *BMC Medical Ethics*, 18(1), 19–19. <https://doi.org/10.1186/s12910-017-0179-8>
- Flores, A. R., Herman, J. L., Gates, G. J., & Brown, T. N. T. (2016). *How many adults identify as transgender in the United States?* Los Angeles, CA: The Williams Institute.
- Glenn-Applegate, K., Pentimonti, J., & Justice, L. M. (2010). Parents' selection factors when choosing preschool programs for their children with disabilities. *Child & Youth Care Forum*, 40(3), 211–231. <https://doi.org/10.1007/s10566-010-9134-2>
- Glesne, C. (2011). *Becoming qualitative researchers: An introduction* (4th ed.). Boston, MA: Pearson.
- Goldman, M. P., Campbell, K. L., Sousa, D., & Doolittle, B. R. (2022). A new skill is needed in the emergency department: Introducing ourselves properly. *Academic Emergency Medicine*, 29(1), 131–132. <https://doi.org/10.1111/acem.14414>
- Grant, J., Mottet, L., Tanis, J., Herman, J., Harrison, J., & Keisling, M. (2010). National transgender discrimination survey report on health and health care. http://www.thetaskforce.org/static_html/downloads/resources_and_tools/ntds_report_on_health.pdf
- Harner, V. (2021). Trans intracommunity support & knowledge sharing in the United States & Canada: A scoping literature review. *Health and Social Care in the Community*. <https://doi.org/10.1111/hsc.13276>
- Harris, P. A., Taylor, R., Minor, B.L., Elliott, V., Fernandez, M., O'Neal, L., McLeod, L., Delacqua, G., Delacqua, F., Kirby, J., et al. (2019). REDCap Consortium, The REDCap consortium: Building an international community of software partners. *Journal of Biomedical Informatics*, 42(2), 377-81. doi:10.1016/j.jbi.2019.103208.
- Harris, P. A., Taylor, R., Thielke, R., Payne, J., Gonzalez, N., & Conde, J.G. (2009). Research electronic data capture (REDCap)—A metadata-driven methodology and workflow process for providing translational research informatics support. *Journal of Biomedical Informatics*, 42, 377–381.
- Heidegger, M. (1996). *Being and Time: A translation of Sein und Zeit* (J. Stambaugh, Trans.). New York: State University of New York Press.

- Hostetter, C. R., Call, J., Gerke, D. R., Holloway, B. T., Walls, N. E., & Greenfield, J. C. (2022). “We Are Doing the Absolute Most That We Can, and No One Is Listening”: Barriers and Facilitators to Health Literacy within Transgender and Nonbinary Communities. *International Journal of Environmental Research and Public Health*, 19(3), 1229.
- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). Thereport of the 2015 U.S. transgender survey. Washington, DC: National Center for Transgender Equality.
- Janesick. V. J. (2011). “*Stretching*” exercises for qualitative researchers (3rd ed.). SAGE.
- Kachen, A. & Pharr, J. R. (2020). Health care access and utilization by transgender populations: A United States transgender survey study. *Transgender Health*, 5(3), 141–148. <https://doi.org/10.1089/trgh.2020.0017>
- Kattari, S. K., Bakko, M., Hecht, H. K., & Kattari, L. (2020). Correlations between healthcare provider interactions and mental health among transgender and nonbinary adults. *SSM - Population Health*, 10, 100525–100525. <https://doi.org/10.1016/j.ssmph.2019.100525>
- Kattari, S. K., Grange, J., Seelman, K, Bakko, M., & Harner, V. (2020). Distance traveled to access knowledgeable trans-related health care providers. *Annals of LGBTQ Public and Population Health*, 1(2), 83-95. DOI: 10.1891/LGBTQ-2020-0004
- Kattari, S. K., Call, J., Holloway, B. T., Kattari, L., & Seelman, K. L. (2021) Exploring the experiences of transgender and gender diverse adults in accessing a trans knowledgeable primary care physician. *International Journal of Environmental Research and Public Health*, 18, 13057. <https://doi.org/10.3390/ijerph182413057>
- Kronk, C. A., Everhart, A. R., Ashley, F., Thompson, H. M., Schall, T. E., Goetz, T. G., ... & Karnoski, R. (2022). Transgender data collection in the electronic health record: Current concepts and issues. *Journal of the American Medical Informatics Association*, 29(2), 271-284.
- Lester, S. (1999). An introduction to phenomenological research. Stan Lester Developments, Taunton. <http://www.sld.demon.co.uk/resmethy.pdf>
- Lincoln, Y., Guba, E. (1985). Naturalistic inquiry. Newbury Park, CA: Sage Publications.
- McNeil, J., Bailey, L., Ellis, S., Morton, J., & Regan, M. (2012). Trans mental health study 2012. Edinburgh: Equality Network. Retrieved from: https://www.scottishtrans.org/wp-content/uploads/2013/03/trans_mh_study.pdf
- National Association of Social Workers. (2021). *NASW Code of Ethics (Guide to the everyday professional conduct of social workers)*. Washington, DC: NASW.
- National Association of Social Workers (NASW). (2021) *Social Workers' Ethical Responsibilities to the Broader Society*. Retrieved July 19, 2022, from

<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English/Social-Workers-Ethical-Responsibilities-to-the-Broader-Society>

- Newsom, K. D., Carter, G. A., & Hille, J. J. (2022). Assessing whether medical students consistently ask patients about sexual orientation and gender identity as a function of year in training. *LGBT Health, 9*(2), 142-147.
- Patton, M. (2002). *Qualitative research and evaluation methods*. Thousand Oaks, CA: Sage.
- Progovac, A. M., Cook, B. L., Mullin, B. O., McDowell, A., Sanchez R, M. J., Wang, Y., Creedon, T. B., & Schuster, M. A. (2018). Identifying gender minority patients' health and health care needs in administrative claims data. *Health Affairs, 37*(3), 413–420. <https://doi.org/10.1377/hlthaff.2017.1295>
- Puckett, J. A., Brown, N. C., Dunn, T., Mustanski, B., & Newcomb, M. E. (2020). Perspectives from transgender and gender diverse people on how to ask about gender. *LGBT Health, 7*(6), 305-311.
- Pulice-Farrow, L., Gonzalez, K. A., & Lindley, L. (2021). 'None of my providers have the slightest clue what to do with me': Transmasculine individuals' experiences with gynecological healthcare providers, *International Journal of Transgender Health, 22*(4), 381-393, DOI: 10.1080/26895269.2020.1861574
- Romanelli, M., Lu, W., & Lindsey, M. A. (2018). Examining mechanisms and moderators of the relationship between discriminatory health care encounters and attempted suicide among U.S. transgender help-seekers. *Administration and Policy in Mental Health and Mental Health Services Research, 45*(6), 831–849. <https://doi.org/10.1007/s10488-018-0868-8>
- Ruppert, R., Kattari, S. K., & Sussman, S. (2021). Review: Prevalence of addictions among transgender and gender diverse subgroups. *International Journal of Environmental Research and Public Health, 18*, 8843. <https://doi.org/10.3390/ijerph18168843>
- Scheim, A. I., Perez-Brumer, A. G., & Bauer, G. R. (2020). Gender-concordant identity documents and mental health among transgender adults in the USA: A cross-sectional study. *Lancet Public Health. 5*(4), e196–e203. [https://doi.org/10.1016/S2468-2667\(20\)30032-3](https://doi.org/10.1016/S2468-2667(20)30032-3)
- Simons, L., & Voss, R. (2020). Advocating for transgender and gender expansive youth in the emergency setting. *Clinical Pediatric Emergency Medicine, 21*(2), 100780–. <https://doi.org/10.1016/j.cpem.2020.100780>
- Smith, J. A., Flowers, P., Larkin, M. (2009) Interpretative phenomenological analysis. *Theory, method and research*. Sage Publications, London.
- Tordoff, D., Wanta, J., Collin, A., et al. (2022). Mental health outcomes in transgender and nonbinary youths receiving gender-affirming care. *Journal of the American Medical Association Network Open, 5*(2), e220978

- Turban J., King., D., Carswell, J., & Keuroghlian, A. (2020). Pubertal suppression for transgender youth and risk of suicidal ideation. *Pediatrics*, *145*(2), e20191725.
- Turcotte, P., Lariviere, N., Desrosiers, J., Voyer, P., Champoux, N., Carbonneau, H., Carrier, A., & Levasseur, M. (2015). Participation needs of older adults having disabilities and receiving home care: met needs mainly concern daily activities, while unmet needs mostly involve social activities. *BMC Geriatrics*, *15*(1), 95–95.
<https://doi.org/10.1186/s12877-015-0077-1>
- van der Miesen, A., Steensma, T., de Vries, A., Bos, H., & Popma, A. (2020). Psychological functioning in transgender adolescents before and after gender-affirmative care compared with cisgender general population peers. *Journal of Adolescent Health*, *66*(6), 699–704.
- Willging, C., Gunderson, L., Shattuck, D., Sturm, R., Lawyer, A., & Crandall, C. (2019). Structural competency in emergency medicine services for transgender and gender non-conforming patients. *Social Science & Medicine*, *222*, 67–75.
<https://doi.org/10.1016/j.socscimed.2018.12.031>
- Wilson, B. D. M., Meyer, I. H. (2021). *Nonbinary LGBTQ adults in the United States*. Los Angeles: The Williams Institute.
- Zebrack, B. (2000). Cancer survivor identity and quality of life. *Cancer Practice*, *8*, 238-242.

Appendix A. Demographic characteristics.

	Age	Gender identity	Expression	sexual orientation	Disabled /chronically ill	Race	Region	Income	Relationship Status
1	28	trans*butch	butch, masculine	Queer	No	white	NE	25,000 to 29,999	Partnered or married to 1 person
2	27	Transmale	Male	Queer	No	white	MW	40,000 to 49,999	Dating 1 person
3	27	transgender and genderqueer	masc of center and chaotic	queer	Yes	white	MW	Prefer not to say	Single
4	23	Gender non-conforming	Genderfuck femme	Gay	Yes	Asian, Middle Eastern, and white	SE	1 to 5,000	Partnered or married to 1 person
5	25	genderqueer	surfer/ski bro (depending on season) but add makeup & earrings	queer	No	white	MW	10,000 to 12,499	Dating 1 person
6	25	nonbinary trans		queer	Yes	white	SE	20,000 to 24,999	Single
7	31	non-binary trans Woman	Not Butch or Femme or Androgynous	Queer	Yes	white	NW	15,000 to 17,499	Dating multiple people
8	30	agender, non-binary, sometimes trans	androgynous some days, "whatever" other days	bisexual or pansexual	Yes	white	NW	25,000 to 29,999	Partnered or married to 1 person
9	24	Transmasculine	Crunchy Gay	Queer	No	white	NE	10,000 to 12,499	Dating and partnered to multiple people
10	24	Non-binary	Varying	Queer	Yes	white	MW	10,000 to 12,499	Partnered or married to 1 person
11	34	Transmasc and nonbinary	Hard femme to androgynous	Queer	decline	white	NE	20,000 to 24,999	Partnered to 1 person & dating multiple people
12	22	Non-binary	Sometimes femme, sometimes androgynous	Queer, demisexual, gray-a	Yes	white	MW	25,000 to 29,999	Single
13	23	Male	Male	pansexual	No	white	MW	5,000 to 7,499	Dating 1 person

14	31	Non-binary trans man	Genderqueer masc of center	Bisexual, Queer	Yes	Latinx	SW	No income	Partnered or married to 1 person
15	42	trans male	masculine	pansexual	Yes	white	SW	50,000 to 59,999	Partnered or married to 1 person
16	27	Transmasculine non-binary	Masculine - I am generally read as a cis man, albeit a queer one.	Aromantic Asexual	Yes	white	S	12,500 to 14,999	Single
17	69	I look, sound, and pass as male.	Gay/bisexual male	Gay/bisexual	No	white	NW	30,000 to 34,999	Single
18	22	Transmasculine nonbinary	Gender-neutral/ masculine	Bisexual. I'm on the asexual and aromantic spectrums but prefer not to use the specific microlabels that could describe my orientation.	Yes	white	NE	5,000 to 7,499	Dating 1 person
19	43	non-binary	masculine of center (MoC)	pansexual and romantic	Yes	Latinx	NW	25,000 to 29,999	Partnered to 1 person & dating multiple people
20	35	Nonbinary trans male	My expression or aesthetic are frequently read as male or masculine	Queer/gay	Yes	white	NW	5,000 to 7,499	Single
21	31	Non-Binary	Preferred femme but androgynous for safety	Queer	Yes	white	SE	15,000 to 17,499	Single
22	41	Female	Femme	Lesbian	Yes	white	decline	15,000 to 17,499	Partnered or married to 1 person
23	23	Nonbinary	Androgynous, kind of masc, kind of fem	queer	decline	Asian	SE	15,000 to 17,499	Single
24	35	FTM	masculine leaning	queer with more attraction currently to men	No	Asian and white	NW	150,000 or more	Single
25	46	Male	Masculine	queer	No	Latinx	NW	100,000 - 149,999	Partnered or married to 1 person
26	25	Nonbinary, agender	Femmeish	Bisexual/queer	Yes	Latinx, Middle Eastern, & white	NW	1 to 5,000	Partnered or married to 1 person
27	21	Non-Binary	decline	Gay	decline	Middle Eastern	NW	30,000 to 34,999	Single

Appendix B. Interview Guide.

Today is DATE: _____ and TIME: _____ and this is a recorded interview with participant number _____. As a reminder, you can decline to answer any questions and stop the interview at any time. All identifying information will be changed. Are you still comfortable consenting to participating in this interview?

Today we are primarily interested in understanding your perspective on asking healthcare patients about their gender. For today's purposes, we'll be discussing both gender identity and trans status. However, I recognize that other parts of your identity may be more important in certain settings, so you are invited to also speak to the role of race, disability, religion, sexual orientation, or anything else.

1. **To get us started, what has been your experience receiving healthcare?** (This could be healthcare related to being trans/nonbinary or transitioning— whatever “transitioning” means to you—or more broadly.)
2. **Has a healthcare provider ever asked about your gender or transition status (whatever ‘transition’ means to you)?**

If clarification is needed: “Gender” could include everything from your gender identity, how you present yourself (for example, femme or androgynous or masculine), what pronouns are used for you, et cetera. “Transition status” could include anything related to a social, legal, or medical transition—so, not necessarily only your history of HRT or receiving surgeries.

- a. IF YES, what was good or bad about how they approached that?
 - b. IF YES, in what ways were your gender and/or transition status relevant in that situation?
 - c. IF YES, in what situations is it important to you that your provider is aware of your gender and transition status?
3. **In what kind of medical settings or situations do you think it is okay to ask about gender or transition status?**
 - d. When and how do you want to be asked about your gender or transition status?
 - e. In what situations is it important to you that your provider is aware of your gender and transition status?
 - f. What would help you feel safer or more comfortable discussing your gender or transition status with a provider? This could be before, during, or after a visit to your healthcare provider.
 - g. Who should ask you about your gender? *For example:* a nurse, patient registration person, doctor, social worker, or someone else?

4. Next, I would like to ask you about your experiences or preferences receiving emergency care. Have you ever gone to something like urgent care or the emergency room to receive medical care?

IF YES, first ask if they are comfortable discussing the experience. If yes,

- a. In regards to how affirming or sensitive the care you received was regarding your gender or other components of your identity, how was that experience?
- b. Did they ask about your gender or transition status?
- c. What was good or bad about how they asked about your gender or transition status?
- d. Do you feel that your gender and transition status were relevant in that situation?
- e. If you were able to choose which urgent care or ER to go to, did being trans/nonbinary impact that decision? If so, how?

ALL PARTICIPANTS:

- f. We've already discussed how you'd *like* these questions (about gender/transition) to be approached in a general health care setting. Is it the same or different in a trauma care situation? Let me know if you'd like more details about what that environment might be like.

Optional vignette: The emergency room is busy, crowded, loud, and often medical care is provided in areas that are either not separated from other patients or are very close to other patients. Privacy is limited. Often there can be multiple doctors, nurses, and other healthcare professionals who approach you together or at different times to ask you questions and provide medical care. Registration staff might also approach you to ask you about your personal information such as race/ethnicity, preferred language, and sometimes may ask about your gender. You might be asked the same questions by multiple staff members.

- g. How would being in the ER alone vs with someone accompanying you impact how you'd like these questions asked? (Does what you prefer change depending on who is with you?) What about if you didn't have privacy from other patients or if the situation was very rushed?

5. In Seattle, identity information (like gender, race, and language) is collected when you get to the hospital to receive trauma care. You might also be asked about your "preferred pronoun." This information is often collected by registration staff at the front desk. If it's a really urgent emergency situation, this information may be entered without directly asking a patient. What do you think about the current process?

- a. *The options for patient gender and pronouns that hospital staff have to select from are really limited right now—for gender, there are only the binary options of male and female. For pronouns, staff can mark that the patient uses she, he, or they. There is also a box where staff can write down a "preferred name" that is different than the patient's legal*

name. What do you think about the current categories? Are there options you'd suggest adding?

- b. In addition to our gender and transition status, there are also sometimes specific ways we want to be referred to or have our bodies referred to. How would you like to be asked about how to refer to your body or certain body parts? (for example, phrasing of these questions, who asks you and when/where)
 - c. How would you want this information about your gender/pronouns be communicated between healthcare providers (or would you prefer it not be)?
- 6. Thank you so much for all that you've shared today. Do you have anything else to share about how you'd like to be asked about your gender or transition status in a healthcare or trauma setting?**

PAPER THREE: TRANS ADULTS AMIDST THE COVID-19 PANDEMIC: QUALITY OF LIFE, PANDEMIC IMPACT, & VACCINE PREFERENCES

Published in the International Journal of Environmental Research and Public Health

The ongoing COVID-19 pandemic is disproportionately impacting marginalized communities, such as Black, indigenous, and people of color (BIPOC), disabled individuals, and transgender/nonbinary (i.e., trans) individuals (Cahill, 2021, Ivers & Walton, 2020). Within the trans community, individuals may be multiply marginalized—that is, facing systemic oppression from more than one axis at once. For this reason, it is necessary to examine within group differences among trans individuals of different genders, races, socioeconomic statuses, and abilities. The current study contributes to the sparse existing knowledge of the wellbeing of trans individuals during the COVID-19 pandemic by addressing the following research questions: 1) What is the quality of life of trans adults during the COVID-19 pandemic? 2) How does the self-reported impact of the pandemic vary across groups (e.g., race, gender, class, ability) within the trans community? and 3) What preferences do trans adults have regarding receiving a COVID-19 vaccine?

Background

The World Health Organization defines quality of life as “individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns,” which includes the domains of physical health, psychological, social relationships, and the environment (The WHOQOL Group, 1998). Studies of specific marginalized populations (e.g., people of color, older adults, disabled) have shown the connection between these domains, illustrating community-specific impacts

between social relationships and health (e.g., lower mortality and higher self-reported health among older adults and African-Americans) (Ferraro, Farmer, Wybraniec, 1997; Wilcox, Kasl, & Idler, 1996).

Disparate outcomes in transgender physical and mental health are increasingly well documented by researchers. Trans populations have been shown to have multiple increased risk factors (i.e., lack of acceptance, mental illness), a lack of protective factors (i.e., accepting families, a sense of community), and unmet needs (i.e., culturally competent medical and social service provision) (Acevedo-Polakovich et al., 2013; Budge et al., 2014; Durso & Gates, 2012; Forge, 2013; (James, Herman, Rankin, Keisling, Mottet, & Anafi, 2016; Scourfield et al., 2008; Su et al., 2016). Notably, the 2015 U.S. Trans Study (N=27,715) found that 40% of transgender adults reported having attempted suicide at least once (James et al., 2016).

Trans individuals also may have lower access to or lack of trust in social services and healthcare—whether that be due to lack of health insurance, poverty, and/or lack of competent providers (Bauer et al., 2015; Romanelli & Hudson, 2017, Scheim et al., 2017). This lack of access is compounded during the COVID-19 crisis, as gender-affirming medical treatments were often postponed due to healthcare systems having to limit capacity (Van der Miesen, Raaijmakers, & Van de Grift, 2020). As receiving necessary gender-affirming surgeries has been shown to be associated with redacted mental health problems, this is a dual crisis pertaining to both the physical and mental wellbeing of trans individuals (Bränström & Pachankis, 2019). Continued hormone replacement therapy is also a concern during the pandemic, as medical support and hormone access may wane (Wang, Pan, Liu, Wilson, Ou, & Chen, 2020). Despite difficulties in accessing healthcare during the pandemic, there is some evidence that, through the

availability of telehealth appointments some trans individuals were able to initiate or continue their gender affirming care in 2020 (Lock, Anderson, & Hill, 2021).

The COVID-19 pandemic provides a unique environment with unknown consequences for our mental and physical wellbeing. Social relationships (which may be impacted by social distancing) have been shown to have a causal association with positive health outcomes (Egan, Tannahill, Petticrew, Thomas, 2008; Holt-Lunstad, Smith, & Layton, 2010; Shields, 2008). This research has shown the impact of social networks and support on both physical and mental health. High levels of social capital, that trans individuals might lack, have been linked to lower mortality rates and positive perceptions of health (Kawachi, Kennedy, & Glass, 1999; Kennedy, Kawachi, Prothrow-Stith et al., 1998). During a crisis like COVID-19, social support, coping, and resilience play an integral role in buffering the extreme levels of stress and anxiety faced by both the general population and marginalized communities such as trans, BIPOC, or disabled individuals (Goldbach, Knutson, & Milton, 2020; Szkody, Stearns, Stanhope, McKinney, 2020). Umucu and Lee (2020) found that, in a sample of individuals with disabilities and/or chronic conditions (N = 269), perceived stress related to COVID-19 was positively associated with both adaptive and maladaptive coping strategies such as self-distraction, denial, substance use, behavioral disengagement, venting, planning, religion, and self-blame.

Additionally, multiple studies have identified the predictive nature of self-perceived general health of chronic disease, use of medical services, disability, and mortality (Ferraro, Farmer, & Wybraniec, 1997; Idler & Benyamini, 1997; Kaplan, Goldberg, Everson, Cohen, Salonen, Tuomilehto, & Salonen, 1996; Wilcox, Kasl, & Idler, 1996). In a sample of 477 LGBTQ college students (N = 477, aged 19-25), Gonzales et al. (2020) found that 79.1% of trans respondents reported experiencing frequent mental distress during April-June 2020.

Comparatively, 36.5% of cisgender LGB men and 58.4% of cisgender LGB women reported experiencing frequent mental distress. This study also found that nearly half (45.7%) of the sample reporting their immediate families—who they may or may not be quarantining with, did either not support or know about their LGBTQ identity. Studies of specific vulnerable populations (e.g., people of color, older adults, disabled) have shown community-specific impacts of the connection between social relationships and health (Ferraro et al., 1997; Wilcox et al., 1996). The lack of social connection due to quarantining or isolating during the COVID-19 pandemic has a unique impact on trans and queer populations, including youth, who may lose a sense of a queer/trans community as a result (Paceley, Okrey-Anderson, Fish, McInroy, & Lin, 2021). This impact may be even more exacerbated on immigrant, Latine, and broader BIPOC communities within the trans community who are especially targeted by anti-trans violence (Valdes, 2021). Although there are similarities between the ways cisgender sexual minorities (i.e., LGB) navigate mental/physical health, trans communities have experiences unique to them and, therefore, it is important for researchers to examine these issues through a trans-specific lens with a focus on within group differences (Gibb et al., 2020; Wang et al., 2020).

Research Questions

This is the first pandemic faced by the trans community since the 1980s, which was prior to the social sciences recognizing and studying the trans community separately from the broader LGBTQ community. To that end, it is necessary for social science scholars to consider the experiences of trans individuals in the face of a global health crisis. This study will address the following research questions: 1) What is the quality of life of trans adults during the COVID-19 pandemic? 2) How does the self-reported impact of the pandemic vary across groups (e.g., race,

gender, class, ability) within the trans community? and 3) What preferences do trans adults have regarding receiving a COVID-19 vaccine?

Methods

This cross-sectional survey was collected in August and September of 2020. Study data were collected and managed using REDCap electronic data capture tools hosted at the University of Washington (Harris, Taylor, Thielke et al., 2009; Harris, Taylor, Minor et al., 2019). This study (STUDY00010863) was approved by the University of Washington Institutional Review Board on August 4, 2020 and respondents completed an informed consent.

Sample & Recruitment

Participant include adults (18+) who are transgender, nonbinary, and/or some other gender minority *or* who have a history of transitioning their gender. Respondents were also required to read/write in English and access the survey online. Using g*power, with alpha set at .05, power (1 - beta) set at .80, and assuming a small effect size ($f^2=.1$), a sample size of 81 determined to be necessary to detect significance on the least-powered parameter in the intended analyses (betas in the multiple regression). Recruitment was conducted via social media (i.e., Facebook groups, ads on Instagram/Facebook) and professional/community networks (i.e., LGBTQ Caucus of Faculty & Students in Social Work listserv). Respondents were able to enter a raffle for a chance of one of five \$25 gift cards.

Measures

To address the research questions related to COVID-19, 55 variables of the larger dataset of 256 variables) are included. This includes 26 demographic variables ranging from age, gender, race, relationship status to political identity, gender expression, and disability status.

Demographic variables were informed by the Behavioral Risk Factor Surveillance System (BRFSS) (CDC, 2020) and the U.S. Trans Survey (James et al., 2016).

BRFSS. Utilizing 13 items from the BRFSS (CDC, 2020), respondents were asked about their health & wellbeing, access to services, and social determinants of health. This included disability status, access to health insurance, and satisfaction with the healthcare they have received in the past year.

WHOQOL. Utilizing a selection of Likert scale items from the WHOQOL-BREF (The WHOQOL Group, 1998), respondents were asked questions pertaining to the four domains of QOL, as defined by the WHO (i.e., physical health, psychological, social relationships, and environment). For example, respondents were asked how safe they feel in their daily life, how often they had negative feelings in the past two weeks, and how satisfied they were with the quality of their sleep and sex life in the past two weeks.

COVID-19. Respondents were asked about the impact of COVID-19 on their lives and their preferences around a vaccine (i.e., if/when/how they would want to receive it). This also included items asking how many days they had cared for someone or worked outside their home in the past month.

Analysis

Proportions of missing data ranged from 2.67% ($n = 12$) (sexual orientation) to 22.27% ($n = 100$) (number of times visited a health professional in past year). Missing data was handled via generation of 50 imputation files using the mice package's predictive mean matching in R (Buuren & Groothuis-Oudshoorn, 2010). Descriptive statistics, visual inspection of the data, and iteration histories were examined to ensure convergence. Relative efficiency was above .95 for

all analyses indicating effective imputation. All analyses were performed on the imputed sample using SPSS 26.

Results

Describing the Sample

Respondents include 449 individuals from 38 states (plus Washington DC), ($n = 371$) and 12 countries (including the United States). While 45 respondents indicated they lived in a country other than the United States, 27 of these were from Canada. Other countries included in the study (i.e., England, Norway, Korea, Argentina, Australia, Germany, Ireland, Scotland, Spain) were only represented by 1 to 7 respondents each. While all respondents were trans (including binary, nonbinary, and culturally specific identities), when asked to indicate which simplified gender category they most identified with, 279 (62.14%) respondents indicated they most identified as nonbinary, 114 (25.39%) as men, 51 (11.36%) as women, and 5 (1.11%) as a culturally specific gender. The sample was majority white ($n = 335$, 74.61%) or bi/multiracial ($n = 64$, 14.25%) (Table 2.1). The mean age was 31.69 years and 65.92% ($n = 296$) were disabled and/or chronically ill. While 77.28% ($n = 347$) had completed an associates, bachelors, masters, or doctorate degree, 37.19% ($n = 167$) earned less than \$20,000/year and 65.70% ($n = 295$) earned less than \$40,000/year in 2019. Age was moderately correlated to income ($r(447) = .29$, $p < .001$), with the average age of those earning \$75,000/year or more was 37.65 years while the average age of those earning under \$25,000/year was 29.51 years. When asked about their activity over the last month, 7% reported caring for someone else and 23% reported having worked outside their home for 14 or more days. Nine percent ($n = 42$) reported being unemployed due to the pandemic and 10% ($n = 47$) reported being unemployed due to other reasons. While, most of the sample ($n = 371$, 82.63%) had begun transitioning (i.e., socially,

legally, and/or medically aligning their gender) or had reached all their transition goals, about two thirds of the sample ($n = 296$, 65.92%) were out to most people, almost everyone, or everyone in their lives. Additional demographic information of the sample is presented in Appendix A.

Table 2.1. Respondent racial identity.

	%	Cumulative %
Alaska Native	0.3%	0.3%
Asian	3.1%	3.4%
Black	1.7%	5.1%
Latine	1.9%	7.0%
Middle Eastern	0.2%	7.2%
Native American	0.5%	7.7%
Pacific Islander	0.2%	7.9%
Bi/Multiracial	14.3%	22.2%
White	74.5%	96.7%
Not Listed	2.5%	99.2%
Decline	0.7%	99.9%
Missing	0.1%	100%

A quality of life score was computed using 8 items from the WHOQOL-BREF measure, with a maximum score of 37 possible. Respondent’s QOL scores ranged from 15-31 (SD=2.944, with a mean of 23.21 (Table 2.2). SPSS was used to discern cut points for three roughly equal groups, designated relatively lower (scores of 15-22) ($n = 184$, 40.9%), medium (scores of 23-25) ($n = 164$, 36.5%), and higher (scores of 26-31) ($n = 101$, 22.3%).

Table 2.2. QOL descriptive statistics.

Variable	Mean QOL	Min	Max	Range	SD
Total Sample	23.21	15	31	16	2.944
Women	22.88	17	30	13	3.275
Men	23.46	16	31	15	2.748
Nonbinary	23.18	15	29	14	2.948
White	23.13	16	30	14	2.861
BIPOC	23.50	15	31	16	3.137
Income <25k	22.92	15	30	15	3.097
Income between 25-40k	22.99	15	31	16	3.210
Income between 40-75k	23.72	17	31	14	2.560
Income >75k	23.74	18	31	13	2.727
Disabled	22.67	15	31	16	2.983

Predicting COVID-19 Impact & Quality of Life

Quality of life and self-reported impact of COVID-19 were found to be negatively correlated ($r(447) = -.111, p < .001$), indicating an association between higher quality of life and lower impact of the pandemic. Quality of life was also positively correlated with annual individual income ($r(447) = .123, p < .05$). Additionally, being disabled and/or chronically ill was negatively correlated with quality of life ($r(447) = -.248, p < .01$) and positively correlated with self-reported impact of the pandemic ($r(447) = .116, p < .005$).

Multiple linear regression models predicting the self-reported impact of COVID-19 were created. All efficiencies were reported at .95 or above. First, the variables of age, individual income (in U.S. dollars), gender, and race (0=white, 1=BIPOC) were tested as predictors.

Women in the sample reported a higher impact of the pandemic, $R^2 = .024, F(1, 449) = 0.272, p = .047$ (Table 2.3).

Table 2.3. Predicting COVID-19 impact by demographics

Predictor	b	SE	95% CI	t	p
(constant)	3.292	0.179	2.94, 3.64	18.405	0.000***
Age	0.003	0.005	-0.01, 0.01	0.558	0.577
Income	-0.011	0.008	-0.03, 0.01	-1.333	0.182
Women	0.272	0.137	0.00, 0.54	1.984	0.047*
Nonbinary	0.170	0.090	-0.01, 0.35	1.886	0.059
BIPOC	-0.128	0.089	-0.30, 0.05	-1.443	0.149

Note: Gender was represented as two dummy variables with men serving as the reference group.

* significant at the p<.05 level

** significant at the p<.01 level

*** significant at the p<.001 level

To compare predictors of QOL and the impact of the pandemic, the variables of age, individual income (in U.S, dollars), gender, and race were tested as predictors of QOL. In the model predicting QOL ($R^2=.33$, $F(1,449)=.85$, $p=.006$), only income significantly predicted higher QOL (Table 2.4).

Table 2.4. Predicting QOL by demographics

Predictor	b	SE	95% CI	t	p
(constant)	23.555	0.689	22.2, 24.91	34.171	0.000***
Age	-0.030	0.017	-0.06, 0	-1.761	0.078
Income	0.085	0.031	0.03, 0.15	2.769	0.006**
Women	-0.645	0.551	-1.73, 0.44	-1.170	0.242
Nonbinary	-0.359	0.348	-1.04, 0.32	-1.033	0.302
BIPOC	0.414	0.351	-0.28, 1.1	1.178	0.239

Note: Gender was represented as two dummy variables with men serving as the reference group.

* significant at the p<.05 level

** significant at the p<.01 level

*** significant at the p<.001 level

Next, the self-reported impact of COVID-19 was predicted using the computed QOL score, disability status (0=nondisabled, 1=disabled and/or chronically ill), having a femme or feminine gender expression (0=no, 1=yes), and degree of being out as trans (1=everyone, 8=nobody). These variables did not significantly predict the self-reported impact of COVID-19, $R^2 = .018$, $F(1, 449) = 1.430$, $p = .224$ (Table 2.5).

Table 2.5. Predicting COVID-19 impact by QOL and biosocial factors

Predictor	b	SE	95% CI	t	p
(constant)	3.809	.384	3.05, 4.56	9.918	.000***
QOL	-.022	.015	-0.05, 0.01	-1.466	.143
Disabled	.143	.096	-0.05, 0.33	1.491	.137
Fem(me)	.068	.085	-0.10, 0.24	.802	.423
Degree of being out as trans to others	-.009	.024	-0.06, 0.04	-.390	.696

* significant at the $p < .05$ level
 ** significant at the $p < .01$ level
 *** significant at the $p < .001$ level

Results by Race, Ability, and Gender

Gender identities (i.e., man, woman, nonbinary) and gender expressions (i.e., whether someone was masculine of center, feminine of center, or androgynous) were found to be correlated with one another (Table 2.6). Gender expression categories were not mutually exclusive, as respondents may have fluid or multi-faceted ways of presenting themselves. To examine the impact of intersectional experiences within the trans community, odds ratios based on race and gender expression were calculated. Gender expression was used, as opposed to gender *identity*, as one’s identity may not always be accurately perceived by others.

Table 2.6. Correlating gender identity and gender expression.

	men	MOC	enby	ANDRO	women
MOC	.385**				
enby	-.767**	-.196**			
ANDRO	-.355**	-.137**	.443**		
women	-.208**	-.232**	-.468**	-.185**	
FOC	-.292**	-.395**	.021**	-.041**	.371**

** Correlation is significant at the 0.01 level (2-tailed).

Dummy variables for fem(me) BIPOC ($n = 29$, 6.4%), mas(uline) white ($n = 172$, 38.3%), mas(uline) BIPOC ($n = 53$, 11.8%), white and disabled ($n = 216$, 48.0%) and BIPOC and disabled ($n = 76$, 17%) respondents in the sample were created so that odds ratios regarding low income, feeling safe, and reporting the impact of COVID-19 as being major or catastrophic could be computed (Table 2.7). While some groups had higher or lower odds of being low income, they failed to reach significance. However, disabled white respondents had 45% lower odds ($p < .001$) and disabled BIPOC respondents had 27% lower odds ($p < .05$) of reporting feeling “very much” or “extremely safe” in their daily life during the past two weeks. Additionally, masculine BIPOC in the sample had 33% *lower* odds ($p < .05$) and disabled BIPOC in the sample had 44% *higher* odds ($p < .05$) of reporting a major or catastrophic impact of COVID-19 on their lives.

Table 2.7. Predicting odds ratios for subgroups.

Predictor	OR	95% CI	p
Predicting low income (i.e., <25k).			
fem(me) BIPOC	1.9238	0.482, 3.405	0.620
masc(uline) BIPOC	0.7549	0.197, 1.107	0.084
masc(uline) white	0.8049	0.548, 1.353	0.516

disabled white	1.0561	0.778, 2.105	0.331
disabled BIPOC	1.4035	0.806, 5.453	0.129
nondisabled BIPOC	0.9507	0.496, 4.175	0.504
Predicting feeling “very” or “extremely” safe in daily life.			
fem(me) BIPOC	0.7046	0.3410, 2.976	0.949
masculine BIPOC	1.561	1.028, 6.205	0.043*
masculine white	1.1864	0.758, 1.889	0.442
disabled white	0.5505	0.233, 0.661	0.000***
disabled BIPOC	0.7298	0.109, 0.728	0.009**
nondisabled BIPOC	1.5701	0.196, 1.823	0.365
Predicting reporting impact of COVID-19 as major/catastrophic.			
fem(me) BIPOC	1.3060	0.457, 3.85	0.603
masculine BIPOC	0.6715	0.214, 1.66	0.322
masculine white	0.7084	0.379, 0.986	0.044*
disabled white	1.2004	0.719, 1.986	0.492
disabled BIPOC	1.4439	0.532, 3.655	0.498
nondisabled BIPOC	0.2996	0.0878, 1.069	0.063
<p><i>Note:</i> The intersection between gender expression and race was represented as three dummy variables with fem(emine) white respondents serving as the reference group. The intersection between ability and race was represented as three dummy variables with nondisabled white respondents serving as the reference group.</p> <p>* significant at the p<.05 level ** significant at the p<.01 level *** significant at the p<.001 level</p>			

The odds of reporting a relatively lower or higher QOL were also computed (Table 2.8).

Disabled white respondents had 96% higher odds (p<.001) and disabled BIPOC respondents had 17% higher odds (p<.05) of reporting a relatively lower QOL. None of the intersection subgroups had statistically significantly higher or lower in odds of reporting a relative higher QOL. None of the independent variables reached significance when predicting reported impact of COVID-19,

R2 = .012, F(1, 449) = 1.073, p = .370 (Table 2.9). None of the intersecting identity groups significantly predicted higher or lower odds of reporting a major/catastrophic COVID-19 impact.

Table 2.8. Predicting QOL impact by intersectional identities.

Predictor	b	SE	95% CI	t	p
(constant)	23.776	0.400	22.988, 24.565	59.380	0.000***
femmeBIPOC	-0.096	0.700	-1.469, 1.277	-0.137	0.891
mascWHITE	0.428	0.339	-0.237, 1.094	1.262	0.207
mascBIPOC	0.622	0.704	-0.760, 2.004	0.884	0.377
disabledBIPOC	-1.149	0.664	-2.452, 0.153	-1.731	0.084
disabledWHITE	-1.378	0.370	-2.104, -0.653	-3.728	0.000***
nondisabled BIPOC	0.791	0.800	-0.779, 2.362	0.989	0.323

Note: The intersection between gender expression and race was represented as three dummy variables with fem(emine) white respondents serving as the reference group. The intersection between ability and race was represented as three dummy variables with nondisabled white respondents serving as the reference group.

* significant at the p<.05 level

** significant at the p<.01 level

*** significant at the p<.001 level

Table 2.9. Predicting COVID-19 impact by intersectional identities.

Predictor	b	SE	95% CI	t	p
(constant)	3.465	0.094	3.280, 3.650	36.798	0.000***
femmeBIPOC	0.129	0.191	-0.245, 0.503	0.676	0.499
mascWHITE	-0.210	0.094	-0.394, -0.026	-2.239	0.025*
mascBIPOC	-0.154	0.168	-0.484, 0.175	-0.920	0.358
disabledBIPOC	-0.011	0.167	-0.338, 0.316	-0.064	0.949
disabledWHITE	0.093	0.101	-0.104, 0.291	0.928	0.354
nondisabled BIPOC	-0.399	0.204	-0.799, 0.001	-1.957	0.051

Note: The intersection between gender expression and race was represented as three dummy variables with fem(emine) white respondents serving as the reference group. The intersection between ability and race was represented as three dummy variables with nondisabled white respondents serving as the reference group.

* significant at the $p < .05$ level

** significant at the $p < .01$ level

*** significant at the $p < .001$ level

Vaccine Preferences

Utilizing non-mutually exclusive items, respondents were asked about their preferences regarding receiving a COVID-19 vaccine (Table 2.10). Overall, 98.9% ($n = 444$) of the sample (99.6% of white respondents and 96.7% of BIPOC respondents) reported they would want to receive a vaccine should it become available. While just over a third of respondents (36.5%, $n = 164$) indicated they would want to receive a COVID-19 vaccine as soon as possible (37.9% of white respondents and 32.4% of BIPOC respondents), a third of respondents ($n = 150$, 33.4%) reported they would only want to receive it after side effects had been shown to be minimal or manageable. Additionally, a third of respondents (33.0%, $n = 148$) reported they would only want to receive the vaccine after other, more vulnerable groups (such as chronically ill individuals or older adults) had been able to receive it. While 12.7% of respondents ($n = 57$)

would prefer to wait until it had been used by others for at least one month, 9.1% ($n = 41$) and 2.2% ($n = 10$) of the sample would prefer to wait 6 months or a year, respectively. Only 0.4% of the sample ($n = 2$) would only want to receive it if available via nasal spray instead of a shot.

Almost half ($n = 63$, 45.99%) of individuals with both mental and physical health conditions would prefer to receive the vaccine as soon as possible, while only 12.3% ($n = 14$) of individuals with neither physical nor mental health conditions would opt to do so. Additionally, individuals with both physical and mental health conditions ($n = 56$, 40.9%) reported preferring to wait until the vaccine had been shown to have minimal side effects (as compared to 7.9%, $n = 9$ of those without health conditions).

While almost half ($n = 23$, 45.1%) of respondents who earned \$75,000/year would prefer to receive a vaccine as soon as possible, only 25.5% ($n = 13$) would wait until other, more vulnerable groups had received it. Almost half ($n = 85$, 45.5%) of individuals with only mental health conditions (with no physical health conditions) reported preferring to wait until other, more vulnerable groups had received a vaccine, though a similar number of these individuals reported wanting to receive the vaccine ASAP ($n = 84$, 44.9%) or after minimal side effects had been shown ($n = 78$, 41.7%). Roughly a third of the BIPOC in the sample ($n = 84$, 44.9%) reported wanting to be vaccinated as soon as possible ($n = 36$, 32.4%), while 30.6% ($n = 34$) would want to wait until minimal side effects had been shown.

Table 2.10. Vaccine preferences by demographics.

	ASAP		Min Side Effects		After more vulnerable groups		Total	
	n	%	n	%	n	%	n	%
Age								
18-24	26	29.21%	33	37.08%	33	37.08%	89	19.82%
25-34	93	40.43%	77	33.48%	79	34.35%	230	51.22%
35-44	35	39.33%	25	28.09%	26	29.21%	89	19.82%
45+	10	24.39%	15	36.59%	10	24.39%	41	9.13%
Gender								
women	18	35.29%	18	35.29%	12	23.53%	51	11.36%
men	40	35.09%	43	37.72%	37	32.46%	114	25.39%
nonbinary	106	37.32%	89	31.34%	99	34.86%	284	63.25%
Race								
white	127	37.91%	115	34.33%	119	35.52%	335	74.61%
BIPOC	36	32.43%	34	30.63%	28	25.23%	111	24.72%
Disabled and/or Chronically Ill								
yes	116	39.19%	112	37.84%	103	34.80%	296	65.92%
no	48	31.37%	38	24.84%	45	29.41%	153	34.08%
Income								
under 25k	66	32.04%	70	33.98%	72	34.95%	206	45.88%
over 75k	23	45.10%	14	27.45%	13	25.49%	51	11.36%
Live in the U.S.								
yes	145	36.16%	137	34.16%	130	32.42%	401	89.31%
no	19	39.58%	13	27.08%	18	37.50%	48	10.69%
Health conditions								
neither	14	12.28%	9	7.89%	10	8.77%	114	25.39%
mental	84	44.92%	78	41.71%	85	45.45%	187	41.65%
physical	3	27.27%	7	63.64%	4	36.36%	11	2.45%
both	63	45.99%	56	40.88%	49	35.77%	137	30.51%
Total	164	36.53%	150	33.41%	148	32.96%	449	100%

Discussion & Implications

This study sought to examine the quality of life and vaccine preferences of trans adults during a snapshot of a global pandemic. Collected during August and September of 2020, these findings suggest that, while the COVID-19 pandemic profoundly impacted the trans community, this impact was not consistent across all community members. As reflected in many other studies, trans individuals of different identities do not move through the world as one identity at a time (Durso, & Gates, 2012; Gibb et al., 2020; Gonzales et al., 2020; James et al., 2016; Wang et al., 2020). For this reason, analytic methods to consider multiple axes of identity/experience at once were also used. In addition to informing provider-client interactions, findings from this study can be used to inform vaccine booster roll-out, programs in response to the COVID-19 or other crises, and health-related policy.

While some research regarding the COVID-19 pandemic and quality of life is starting to be published, results regarding the specific impact on trans communities are still rare. Mendes and Pereira (2021), for example, found that LGB individuals (especially bisexuals) suffered more severe impacts of COVID-19 and had lower work-related QOL than heterosexual respondents, but did not examine the difference between respondents of different genders and did not ask respondents if they were transgender. In the current study, respondents were asked what the impact of COVID-19 had been on their lives overall (ranging from insignificant to catastrophic). Women overall in the sample reported a greater impact of the pandemic, though masculine BIPOC had *lower* and disabled BIPOC had *higher* odds of reporting a major or catastrophic impact (regardless of gender). Having a higher income predicted having a higher QOL than those with lower incomes in the sample. Individuals with lower income and disabled respondents (white and BIPOC) reported a slightly lower quality of life than their counterparts in the sample.

A higher quality of life, being a woman, or being a masc(uline) BIPOC was associated with reporting a lower impact of the pandemic. These findings illustrate how varied experiences can be, even within subgroups (e.g., BIPOC) of larger communities.

Results from this study illustrate the profound differences of experiences within the trans community, especially in regards to disability. While between 15-25% of adults in the United States is disabled (Okoro, Hollis, Cyrus, & Griffin-Blake, 2016; U.S. Census Bureau, 2015), about two thirds of the current sample reported being disabled an/d/or chronically ill. This is higher than the 39% of respondents in the U.S. Trans Survey who reported having a disability (James et al., 2016) or the 55% of the respondents in the Trans PULSE Canada study who reported being disabled or chronically ill (Pyne et al., 2012). In the current study, disabled and chronically ill respondents (both white and BIPOC) had greater odds of reporting lower QOL than nondisabled respondents. Future analysis of the current study will more deeply examine the quality of life of disabled trans adults during the pandemic.

At the time of the data collection, no COVID-19 vaccine was publicly available yet. Distrust of the medical community, including vaccine provision, exists in multiple marginalized communities, including the trans community, due to historical and current mistreatment (Cuevas, O'Brien, & Saha, 2019; Jamison, Quinn, & Freimuth, 2019; Romanelli & Hudson, 2017). However, Matijczak and colleagues (2021) found that gender and sexual minority (GSM) respondents were *not* more likely to delay or avoid testing/treatment for COVID-19, as compared to their non-GSM counterparts. Rutherford and colleagues (2021) found that trans participants ($n = 446$) were more likely to report both being vaccinated for HPV *and* being denied the HPV vaccination than the sexual minority cis men ($n = 3,083$) in the sample. Future research should

examine whether trans individuals experienced barriers to receiving COVID-19 vaccinations and policy/practice shifts ensuring these barriers are not reproduced in the future must be made.

Though this is just one of many studies illustrating the differences within the trans community, the need to underscore the importance of emphasizing and honoring differences within communities remains. The variation in how the COVID-19 pandemic impacted different subgroups within the trans community, as well as the differences reported in quality of life, is no accident. Systems of oppression (including white supremacy, ableism, and misogyny) are utilized by individuals and institutions in power to heighten the impact of illness, poverty, and environmental issues on minoritized communities. When ensuring programs and practices are responsive to the needs of trans individuals, practitioners must not assume that an individual is either trans *or* BIPOC *or* disabled; rather, social service and healthcare provision should be shaped with the assumption that our clients hold multiple targeted identities. As these are systemic- and societal-level mechanisms, educators and practitioners must also include a focus on mezzo/macro interventions (e.g., policy, funding, culture shift).

Strengths & Limitations

This study has multiple strengths and limitations that should be considered when interpreting findings. While disabled and/or chronically ill members of the trans community are highly represented within the sample, there are small subgroups (i.e., Alaskan Native, Middle Eastern, Pacific Islander) within BIPOC respondents. Additionally, though there were many genders represented in the sample, only 11.3% ($n = 50$) of the respondents identified primarily as binary trans women. However, as the data were collected in August and September of 2020, they provide a valuable snapshot of the experiences of trans individuals during the COVID-19 pandemic. While the sample is not a representative random sample, the sample does reflect a

variety of regions in the United States and includes a subsample of individuals from outside the U.S. context. With 449 respondents, the sample size did allow for multivariate analysis and considering the experiences of groups by multiple facets of their identity/experiences [e.g., masculine BIPOC].

Limitations notwithstanding, this study provides much-needed data about trans adults during the COVID-19 pandemic. Healthcare providers, social workers, researchers, and those involved in writing policy need data examining the experiences and needs of the trans community through multiple layered lenses—not gender modality alone—to ensure we are truly responding to the community’s needs and experiences. Future research related to barriers faced when attempting to access a vaccine, the experiences of disabled trans adults is needed to inform future public health responses to epidemics/pandemics impacting this community.

References

- Acevedo-Polakovich, I., Bell, B., Gamache, P., & Christian, A. S. (2013). Service accessibility for lesbian, gay, bisexual, transgender, and questioning youth. *Youth & Society, 45*(1), 75-97. doi: 10.1177/0044118X11409067
- Bauer, G., Boyce, M., Coleman, T., Kaay, M., & Scanlon, K. (20 July 2010). Who are trans people in Ontario? *Trans PULSE e-Bulletin, 1*(1). Downloadable in English or French at <https://www.transpulseproject.ca>.
- Bauer, G. R., Zong, X., Scheim, A. I., Hammond, R., & Thind, A. (2015). Factors impacting transgender patients' discomfort with their family physicians: a respondent driven sampling study. *PLoS ONE, 10*(12): e0145046.
- Bränström, R., & Pachankis, J. E. (2019) Reduction in mental health treatment utilization among transgender individuals after gender-affirming surgeries: a total population study. *American Journal of Psychiatry, <https://doi.org/10.1176/appi.ajp.2019.19010080>*
- Budge, S. L., Rossman, H. K., & Howard, K. A. S. (2014). Coping and psychological distress among genderqueer individuals: The moderating effect of social support. *Journal of LGBT Issues in Counseling, 8*(1), 95-117. doi: 10.1080/15538605.2014.853641
- Buuren, S. V., & Groothuis-Oudshoorn, K. (2010). mice: Multivariate imputation by chained equations in R. *Journal of Statistical Software, 45*, 1-68.
- Cahill S. R. (2021). Still in the dark regarding the public health impact of COVID-19 on sexual and gender minorities. *American Journal of Public Health, e1–e4*. Advance online publication. <https://doi.org/10.2105/AJPH.2021.306397>
- Centers for Disease Control and Prevention. (CDC). (2020) Behavioral Risk factor surveillance system survey data. Atlanta, Georgia: *U.S. Department of Health and Human Services, Centers for Disease Control and Prevention*.
- Cuevas, A., O'Brien, K., & Saha, S. (2019). Can patient-centered communication reduce the effects of medical mistrust on patients' decision making? *Health Psychology, 38*(4), 325-333.
- Durso, L. E., & Gates, G. J. (2012). Serving our youth: Findings from a national survey of service providers working with lesbian, gay, bisexual, and transgender youth who are homeless or at risk of becoming homeless. Los Angeles: *The Williams Institute with True Colors Fund and The Palette Fund*.
- Egan, M., Tannahill, C., Petticrew, M., & Thomas, S. (2008). Psychosocial risk factors in home and community settings and their associations with population health and health inequalities: a systematic meta-review. *BMC Public Health, 8*(1), 239.

- Ferraro K. F., Farmer, M. M., & Wybraniec, J. A. (1997). Health trajectories: Long-term dynamics among black and white adults. *Journal of Health and Social Behavior*, 38(1), 38-54.
- Forge, N. (2013). A longitudinal investigation of risk and resiliency among homeless LGBT youth residing in a transitional living shelter. *ProQuest*.
- Gibb, J. K., DuBois, L. Z., Williams, S., McKerracher, L., Juster, R. P., & Fields, J. (2020). Sexual and gender minority health vulnerabilities during the COVID-19 health crisis. *American Journal of Human Biology*, 32(5), e23499.
- Goldbach, C., Knutson, D., & Milton, D. C. (2020). LGBTQ+ People and COVID-19: The importance of resilience during a pandemic. *Psychology of Sexual Orientation and Gender Diversity*, 8(2), 123–132. <http://dx.doi.org/10.1037/sgd0000463>
- Gonzales, G., Loret de Mola, E, Gavulic, K. A, McKay, T., & Purcell, C. (2020). Mental health needs among lesbian, gay, bisexual, and transgender college students during the COVID-19 pandemic. *Journal of Adolescent Health*, 67(5), 645-648.
- Harris P. A., Taylor R., Minor, B. L., Elliott, V., Fernandez, M., O’Neal, L., McLeod, L., G Delacqua, G., Delacqua, F., Kirby, J., & Duda, S. N. (2019). The REDCap consortium: Building an international community of software partners, *Journal of Biomedical Informatics*. doi: 10.1016/j.jbi.2019.103208
- Harris P. A., Taylor R., Thielke, R., Payne, J., Gonzalez, N, & Conde, J. G. (2009). Research electronic data capture (REDCap) – A metadata-driven methodology and workflow process for providing translational research informatics support, *Journal of Biomedical Informatics*. 42(2), 377-81.
- Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social relationships and mortality risk: a meta-analytic review. *PLoS Medicine*, 7(7), e1000316.
- Idler E. L., & Benyamini Y. (1997). Self-rated health and mortality: A review of twenty-seven community studies. *Journal of Health and Social Behavior*, 38(1), 21-37.
- Ivers, L. C., & Walton, D. A. (2020). COVID-19: Global health equity in pandemic response, *The American Journal of Tropical Medicine and Hygiene*, 102(6), 1149-1150. Retrieved Mar 31, 2021, from <https://www.ajtmh.org/view/journals/tpmd/102/6/article-p1149.xml>
- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The Report of the 2015 U.S. transgender survey. Washington, DC: National Center for Transgender Equality.
- Jamison, A., Quinn, S., & Freimuth, V. (2019). “You don't trust a government vaccine”: Narratives of institutional trust and influenza vaccination among African American and white adults. *Social Science & Medicine*, 221, 87-94.

- Kaplan, G. A., Goldberg, D. E., Everson, S. A., Cohen, R. D., Salonen, R., Tuomilehto, J., & Salonen, J. (1996). Perceived health status and morbidity and mortality: evidence from the Kuopio ischaemic heart disease risk factor study. *International Journal of Epidemiology*, 25(2), 259-265. doi: 10.1093/ije/25.2.259. PMID: 9119550.
- Kawachi I., Kennedy B. P., & Glass R. (1999) Social capital and self-rated health: a contextual analysis. *American Journal of Public Health*, 89(8), 1187-93.
- Kennedy, B., Kawachi, I., Prothrow-Stith, D., Lochner, K., & Gupta, V. (1998). Social capital, income inequality, and firearm violent crime. *Social Science and Medicine*. 47(1), 7-17.
- Lock, L., Anderson, B., & Hill, B. J. (2021). Transgender care and the COVID-19 pandemic: Exploring the initiation and continuation of transgender care in-person and through telehealth. *Transgender Health*, 7(2), 165-169.
- Matijczak, A., Applebaum, J. W., Kattari, S. K., McDonald, S. E. (2021). Social support and attachment to pets moderate the association between sexual and gender minority status and the likelihood of delaying or avoiding COVID-19 Testing. *Social Sciences* 10(8), 301. <https://doi.org/10.3390/socsci10080301>
- Mendes, C., & Pereira, H. (2021). Assessing the impact of COVID-19 on work-related quality of life through the lens of sexual orientation. *Behavioral Sciences*, 11(5), 58. MDPI AG. Retrieved from <http://dx.doi.org/10.3390/bs11050058>
- Okoro, C. A., Hollis, N. D., Cyrus, A. C., & Griffin-Blake, S. (2018). Prevalence of disabilities and health care access by disability status and type among adults — United States. *Morbidity and Mortality Weekly Report*, 67(32), 882–887. DOI: <http://dx.doi.org/10.15585/mmwr.mm6732a3>
- Paceley, M. S., Okrey-Anderson, S., Fish, J. N., McInroy, L., & Lin, M. (2021). Beyond a shared experience: Queer and trans youth navigating COVID-19. *Qualitative Social Work*, 20(1–2), 97–104. <https://doi.org/10.1177/1473325020973329>
- Pyne, J., Bauer, G., Redman, N., & Travers, R. (11 August 2012). Improving the health of trans communities: Findings from the Trans PULSE Project [Conference Plenary]. *Trans Health Advocacy Summit*. London, Ontario, Canada. <https://transpulseproject.ca/research/improving-the-health-of-trans-communities-findings-from-the-trans-pulse-project/>
- Romanelli, M., Hudson, K. (2017). Individual and systemic barriers to health care: Perspectives of lesbian, gay, bisexual, and transgender adults. *American Journal of Orthopsychiatry*, 87(6), 714-728.
- Rutherford, L., Stark, A., Ablona, A., Klassen, B. J., Higgins, R., Jacobsen, H., et al. (2021). Health and well-being of trans and non-binary participants in a community-based survey of gay, bisexual, and queer men, and non-binary and two-spirit people across Canada. *PLoS ONE*. 16(2), e0246525. <https://doi.org/10.1371/journal.pone.0246525>

- Scheim, A. I., Zong, X., Giblon, R., & Bauer, G. R. (2017). Disparities in access to family physicians among transgender people in Ontario, Canada. *International Journal of Transgenderism*, 18(3), 343-352. doi: 10.1080/15532739.2017.1323069
- Scourfield, J., Roen, K., & McDermott, L. (2008). Lesbian, gay, bisexual and transgender young people's experiences of distress: Resilience, ambivalence and self-destructive behaviour. *Health & Social Care in the Community*, 16(3), 329-336. doi: 10.1111/j.1365-2524.2008.00769.x
- Shields, M. (2008). Community belonging and self-perceived health. *Health Reports*, 19(2), 51-60.
- Su, D., Irwin, J., Fisher, C., Ramos, A., Kelley, M., Mendoza, D., & Coleman, J. (2016). Mental health disparities within the LGBT population: A comparison between transgender and nontransgender individuals. *Transgender Health*, 1(1), 12-20. DOI: 10.1089/trgh.2015.0001
- Szkody, E., Stearns, M., Stanhope, L., & McKinney, C. (2020). Stress-buffering role of social support during COVID-19. *Family Process*, 60(3), 1002–1015. <https://doi.org/10.1111/famp.12618>
- The WHOQOL Group. (1998). Development of the World Health Organization. WHOQOL-BREF quality of life assessment. *Psychological Medicine* 28(3), 551-558.
- U.S. Census Bureau. (2015). 2015 American Survey 1-Year estimates: Disability characteristics. Available at: http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_S1810&prodType=table.
- Umucu, E., & Lee, B. (2020). Examining the impact of COVID-19 on stress and coping strategies in individuals with disabilities and chronic conditions. *Rehabilitation Psychology*, 65(3), 193-198. <http://dx.doi.org/10.1037/rep0000328>
- Valdes, L. (2021). In the shadow of the health-care city: Historicizing trans latinx immigrant experiences during the coronavirus pandemic. *US Latina & Latino Oral History Journal*, 5(1), 32-65.
- van der Miesen, A. I. R., Raaijmakers, D., & van de Grift, T. C. (2020). “You have to wait a little longer”: Transgender (mental) health at risk as a consequence of deferring gender-affirming treatments during COVID-19. *Archives of Sexual Behavior*, 49(5), 1395-1399.
- Wachter, K., Murray, S. M., Hall, B. J., Annan, J., Bolton, P., & Bass, J. (2018). Social support measures [Database record]. Retrieved from *PsycTESTS*. Doi: <https://dx.doi.org/10.1037/t75859-000>
- Wang, Y., Pan, B., Liu, Y., Wilson, A., Ou, J., & Chen, R. (2020). Health care and mental health challenges for transgender individuals during the COVID-19 pandemic. *The Lancet. Diabetes & Endocrinology*, 8(7), 564-565.

Wilcox, V. L., Kasl, S. V., & Idler, E. L. (1996). Self-rated health and physical disability in elderly survivors of a major medical event. *Journal of Gerontology: Social Sciences*, 51(2), S96-104.

Appendix A. Demographics and descriptive information.

	COVID impact		COVID care		COVID work		Life Satisfaction		Health Self Report		Safe WHOQOL		Negative Feelings		Social Support		Total		
	major or catastrophic		7+ days outside their home in last month		7+ days outside their home in last month		satisfied or very satisfied		good to excellent		very much or extremely		v. often/always past 2 wks		usually/always receive needed support				
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	
Age																			
18-24	38	42.70%	6	6.74%	34	38.20%	59	66.29%	54	60.67%	46	51.69%	47	52.81%	42	47.19%	89	19.82%	
25-34	109	47.39%	34	14.78%	67	29.13%	163	70.87%	149	64.78%	115	50.00%	134	58.26%	141	61.30%	230	51.22%	
35-44	39	43.82%	5	5.62%	30	33.71%	65	73.03%	61	68.54%	50	56.18%	62	69.66%	48	53.93%	89	19.82%	
45+	18	43.90%	8	19.51%	6	14.63%	25	60.98%	24	58.54%	23	56.10%	29	70.73%	17	41.46%	41	9.13%	
Gender																			
women	27	52.94%	3	5.88%	18	35.29%	32	62.75%	32	62.75%	23	45.10%	16	31.37%	25	49.02%	51	11.36%	
men	42	36.84%	16	14.04%	33	28.95%	83	72.81%	83	72.81%	69	60.53%	33	28.95%	61	53.51%	114	25.39%	
nonbinary	135	47.54%	36	12.68%	86	30.28%	197	69.37%	173	60.92%	141	49.65%	128	45.07%	162	57.04%	284	63.25%	
Race																			
white	154	45.97%	39	11.64%	100	29.85%	234	69.85%	221	65.97%	176	52.54%	132	39.40%	183	54.63%	335	74.61%	
BIPOC	48	43.24%	15	13.51%	37	33.33%	76	68.47%	66	59.46%	56	50.45%	43	38.74%	64	57.66%	111	24.72%	
Disabled and/or Chronically Ill																			
yes	146	49.32%	42	14.19%	91	30.74%	190	64.19%	157	53.04%	132	44.59%	133	44.93%	154	52.03%	296	65.92%	
no	57	37.25%	12	7.84%	46	30.07%	122	79.74%	131	85.62%	102	66.67%	44	28.76%	95	62.09%	153	34.08%	
Income																			
none	15	45.45%	4	12.12%	4	12.12%	20	60.61%	15	45.45%	16	48.48%	15	45.45%	18	54.55%	33	7.35%	
<20k	62	46.27%	13	9.70%	42	31.34%	77	57.46%	77	57.46%	63	47.01%	58	43.28%	65	48.51%	134	29.84%	

20-40k	68	53.13%	15	11.72%	49	38.28%	93	72.66%	78	60.94%	61	47.66%	52	40.63%	71	55.47%	128	28.51%
40-75k	39	37.86%	13	12.62%	28	27.18%	84	81.55%	79	76.70%	63	61.17%	38	36.89%	62	60.19%	103	22.94%
75k+	20	39.22%	9	17.65%	14	27.45%	38	74.51%	38	74.51%	30	58.82%	15	29.41%	33	64.71%	51	11.36%
Employed full time																		
yes	74	37.56%	25	12.69%	79	40.10%	157	79.70%	146	74.11%	113	57.36%	70	35.53%	124	62.94%	197	43.88%
no	130	51.59%	29	11.51%	58	23.02%	155	61.51%	142	56.35%	121	48.02%	107	42.46%	124	49.21%	252	56.12%
Live in the U.S.																		
yes	186	46.38%	48	11.97%	126	31.42%	284	70.82%	256	63.84%	206	51.37%	164	40.90%	224	55.86%	401	89.31%
no	18	37.50%	6	12.50%	11	22.92%	28	58.33%	32	66.67%	28	58.33%	13	27.08%	24	50.00%	48	10.69%
Total	204	45.43%	54	12.03%	137	30.51%	312	69.49%	288	64.14%	234	52.12%	177	39.42%	248	55.23%	449	100%

CONCLUSION

This dissertation argued for leveraging trans epistemic peerhood as a framework for organizing and reflecting on research methodologies and study outcomes in social work scholarship on trans issues. This concept, introduced in the first paper, was then applied to two empirical papers related to the wellbeing and health of trans individuals. First through a qualitative study examining what influences trans patients' decision-making regarding sharing gender-related information with their providers, how they want to be asked about this information, and the impact of provider understanding of patient gender on healthcare experiences. Then, a quantitative study examined the quality of life (QOL) of trans adults during the COVID-19 pandemic, how self-reported impact of the pandemic varied across groups within the trans community, and what preferences trans adults had regarding receiving a COVID-19 vaccine. Below, I provide a brief synthesis of findings and implications across the three papers included in this dissertation. I close with reflections and how this work influences future directions for my research.

Synthesis of Findings Across Papers

Knowledge-making

Knowledge making occurs not only in academia, but between trans people, with our providers and within health care systems. The results from paper two highlight the ways that trans patients are knowledgeable regarding many aspects of trans health, but that they also recognize they often lack necessary medical knowledge. Therefore, providers must work with their clients/patients to fully understand how our gendered experiences are implicated in our healthcare needs. The implications across papers two and three are also shaped by the standpoints of the research team and respondents. By leveraging trans epistemological insights

throughout the research process, study results and implications can be culturally attuned and affirming. Ultimately, this aims to lead to the continued improvement of social and health care for trans and other minoritized communities.

Multiple Perspectives

Epistemic peerhood and standpoint theory are not static ways of being; the insight garnered from them depend on the context and the specific claim or evidence being examined. That is, a white trans person is not able to offer the same insight as a Black trans person on issues specific to Blackness or anti-Blackness. It follows, then, that one of the ways that trans epistemic peerhood can be leveraged is via including multiple trans scholars of diverse perspectives on research teams. Paper three offers an example of this, with a research team composed of trans people of different races, gender expressions, and abilities. In so doing, study recruitment, data collection, and analysis were all positively impacted. A majority trans research team enabled nuanced insights into the preferences of trans patients when discussing gender-related information with their health care provider, particularly for standpoints related to multiple marginalization. Further work regarding trans epistemic peerhood should examine the role and impact of disagreement and intersectionality among epistemic peers on a specific trans-related topic of study.

Performativity

Integration or prioritization of trans perspectives in scholarship cannot be performative. The first paper, while highlighting the strengths of having trans individuals involved in trans research, also discussed the danger of performatively including input from trans scholars or community experts, without implementing feedback. Throughout the dissertation process, I consulted with Indigenous people regarding gender categories and conceptualization and

engaged in regular meetings with research team members and mentors wherein the range of standpoints within trans communities was discussed. During the coding and theming process that took place during the qualitative study, the team worked through conversations wherein we disagreed on certain phrasing or our individual backgrounds/cultures had competing impacts on the analysis process. The findings from this study regarding knowing how to ask about gender the “right way” not necessarily being the highest priority are also reflected in the interpretation of results in paper three. That is, in interpreting how respondents of different gendered, raced, and other experiences may respond to questions about “feeling safe” and analyzing subgroups of respondents who are multiply marginalized (i.e., both trans and disabled).

Implications

The findings from this dissertation have multiple implications for social work practice and scholarship. In regards to practice, it is clear that combatting the oppression faced by trans individuals is called for by both the social work Code of Ethics and Grand Challenges (Grand Challenges for Social Work, 2022; NASW, 2021). As found in paper two and underscored by the diversity of experiences represented in the sample of paper three, providers must be flexible and responsive to individual client preferences and needs. Due to the heterogeneity within trans communities, practitioners must be prepared (via continued training and education) to have trans clients with a variety of experiences. Though some trans patients are more well-versed in trans health than providers, the majority are not social care or medical providers themselves. However, the perspectives and insight we offer regarding our needs should be valued and considered by our providers. More broadly, there is an opportunity for providers, whether trans or not, to reflect on issues of power and privilege when providing service.

Results from this dissertation also illuminate the importance of including trans people in scholarship about health disparities and gender. Across papers two and three, there are a multitude of impacts as a result of this work being trans-led and conducted by majority trans research teams. Beyond simple awareness of current trends in language and identity labels in the trans community and impact on recruitment, the epistemological standpoints of trans research team members were leveraged throughout the study process. As discussed in the first paper, integration of trans perspectives on study teams or via a community advisory board (CAB) must not be performative in nature. While it is assumed that the principal investigator and institutions involved are higher in the hierarchy, input and suggestions from trans community partners, research assistants, and other team members must be properly considered, valued for any unique standpoint offered, and implemented.

There is not enough attention to trans service seekers and their quality of care. This work leads me to examine more closely how to improve trauma care experiences of trans individuals, as well as the experiences, needs, and insights offered by providers who are trans themselves. I will also finish analysis on my quantitative dataset, examining the role of intracommunity support, general social support, and quality of life. I plan to further extend my current research by examining the role of internalized dominance/supremacy among white trans individuals and the disabling of trans communities (especially as a part of eugenics), as well as extending models of understanding the role of social support in health for trans communities. Further scholarship regarding trans epistemic peerhood, under what conditions trans individuals may be epistemic peers/superiors, and the role of disagreement within this context is also needed.

BIBLIOGRAPHY

- Acevedo-Polakovich, I., Bell, B., Gamache, P., & Christian, A. S. (2013). Service accessibility for lesbian, gay, bisexual, transgender, and questioning youth. *Youth & Society*, 45(1), 75-97. doi: 10.1177/0044118X11409067
- Agénor, M., Geffen, S. R., Zubizarreta, D., Jones, R., Giraldo, S., McGuirk, A., Caballero, M., & Gordon, A. R. (2022). Experiences of and resistance to multiple discrimination in health care settings among transmasculine people of color. *BMC Health Services Research*, 22(1), 369–369. <https://doi.org/10.1186/s12913-022-07729-5>
- Alegria, M., Trinh-Shevrin, C., Chung, B., Ault, A., Lincoln, A., & Wells, K. (2017). CBPR in health care settings. In Wallerstein, N., Duran, B., Oetzel, J. G., Minkler, M. (Eds.), *Community-based participatory research for health: Advancing social and health equity* (3rd ed.), pp. 141–156). Wiley.
- Alpert, A. B., Mehringer, J. E., Orta, S. J. et al. (2022). Experiences of transgender people reviewing their electronic health records, a qualitative study. *Journal of General Internal Medicine*. <https://doi.org/10.1007/s11606-022-07671-6>
- AlShebli, B., Makovi, K., & Rahwan, T. (2020). The association between early career informal mentorship in academic collaborations and junior author performance. *Nature Communications*, 11(1), 5855–5855. <https://doi.org/10.1038/s41467-020-19723-8>
- American Psychiatric Association. (2013). Gender dysphoria. In *Diagnostic and statistical manual of mental disorders* (5th ed., pp. 452). Washington, DC: American Psychiatric Publishing.
- Andrade, L. N. de. (2012). *Travestis nas escolas: Assujeitamento e resistência a ordem normativa*. Rio de Janeiro: Metanoia Press.
- Ashley, F. (2022) ‘Trans’ is my gender modality. In Erickson-Schroth, L. (Ed.). *Trans bodies, trans selves: a resource by and for transgender communities* (2nd edition). Oxford University Press.
- Bauer, G., Boyce, M., Coleman, T., Kaay, M., & Scanlon, K. (20 July 2010). Who are trans people in Ontario? *Trans PULSE e-Bulletin*, 1(1). Downloadable in English or French at <https://www.transpulseproject.ca>.
- Bauer, G. R., Scheim, A. I., Deutsch, M., & Massarella, C. (2013). Reported Emergency Department Avoidance, Use, and Experiences of Transgender Persons in Ontario, Canada: Results from a Respondent-Driven Sampling Survey. *Annals of Emergency Medicine*, 63(6), 713–720.e1. <https://doi.org/10.1016/j.annemergmed.2013.09.027>

- Bauer, G. R., Zong, X., Scheim, A. I., Hammond, R., & Thind, A. (2015). Factors impacting transgender patients' discomfort with their family physicians: a respondent driven sampling study. *PLoS ONE*, *10*(12): e0145046.
- Bell, J. S., Whitehead, P., Aslani, P., Sacker, S., & Chen, T. F. (2006). Design and implementation of an educational partnership between community pharmacists and consumer educators in mental health care. *American Journal of Pharmaceutical Education*, *70*(2), 28.
- Beresford, P., & Boxall, K. (2012). Service users, social work education and knowledge for social work practice. *Social Work Education*, *31*, 155–167. doi:10.1080/02615479.2012.644944
- Berkins, L. (2005). *La gesta del nombre propio: Informe sobre la situación de la comunidad travesti en la Argentina*. Buenos Aires: Ediciones Madres de Plaza de Mayo.
- Berkins, L., ed. (2015). *Cumbia, copeteo y lágrimas: Informe nacional sobre la situación de las travestis, transexuales y transgéneros*. 2nd ed. Buenos Aires: Ediciones Madres de Plaza de Mayo.
- Bettcher, T. M. (2009). Trans identities and first-person authority. In Shrage, L. (Ed.) *“You’ve changed”: Sex reassignment and personal identity* (pp. 98-120). Oxford University Press, Incorporated.
- Bowling, J., Barker, J., Gunn, L. H., & Lace, T. (2020). “It just feels right”: Perceptions of the effects of community connectedness among trans individuals. *PloS One*, *15*(10), e0240295–e0240295. <https://doi.org/10.1371/journal.pone.0240295>
- Bränström, R., & Pachankis, J. E. (2019) Reduction in mental health treatment utilization among transgender individuals after gender-affirming surgeries: a total population study. *American Journal of Psychiatry*, <https://doi.org/10.1176/appi.ajp.2019.19010080>
- Braun, V., Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101.
- Brown, L. (2014). The crisis of disability is violence: ableism, torture, and murder. *Tikkun*, *29*(4), 31+. https://link.gale.com/apps/doc/A388053740/AONE?u=wash_main&sid=bookmark-AONE&xid=a9e3c377
- Budge, S. L., Domínguez, S., Jr., & Goldberg, A. E. (2020). Minority stress in nonbinary students in higher education: The role of campus climate and belongingness. *Psychology of Sexual Orientation and Gender Diversity*, *7*(2), 222–229.
- Budge, S. L., Rossman, H. K., & Howard, K. A. S. (2014). Coping and psychological distress among genderqueer individuals: The moderating effect of social support. *Journal of LGBT Issues in Counseling*, *8*(1), 95-117. doi: 10.1080/15538605.2014.853641

- Burke, T. B. (2017). Choosing accommodations: Signed language interpreting and the absence of choice. *Kennedy Institute of Ethics Journal* 27(2), 267-299. [doi:10.1353/ken.2017.0018](https://doi.org/10.1353/ken.2017.0018).
- Butler, J., (1994). Against proper objects. *Differences: A Journal of Feminist Cultural Studies*, 6(2), 1–26.
- Buuren, S. V., & Groothuis-Oudshoorn, K. (2010). mice: Multivariate imputation by chained equations in R. *Journal of Statistical Software*, 45, 1-68.
- Cahill S. R. (2021). Still in the dark regarding the public health impact of COVID-19 on sexual and gender minorities. *American Journal of Public Health*, e1–e4. Advance online publication. <https://doi.org/10.2105/AJPH.2021.306397>
- Centers for Disease Control and Prevention. (2022, July 28). *Technical report: Multi-national monkeypox outbreak, United States, 2022*. Centers for Disease Control and Prevention. Retrieved July 31, 2022, from <https://www.cdc.gov/poxvirus/monkeypox/clinicians/technical-report.html>
- Centers for Disease Control and Prevention. (CDC). (2020) Behavioral Risk factor surveillance system survey data. Atlanta, Georgia: *U.S. Department of Health and Human Services, Centers for Disease Control and Prevention*.
- Chisolm-Straker, J. L., Bennouna, C., Morency-Brassard, N., Coy, L., Egemba, M. O., & Shearer, P. L. (2017). Transgender and gender nonconforming in emergency departments: A qualitative report of patient experiences. *Transgender Health*, 2(1), 8–16. <https://doi.org/10.1089/trgh.2016.0026>
- Chisolm-Straker, M., Willging, C., Daul, A. D., McNamara, S., Sante, S. C., Shattuck, D. G., & Crandall, C. S. (2018). Transgender and gender-nonconforming patients in the emergency department: What physicians know, think, and Do. *Annals of Emergency Medicine*, 71(2), 183–188.e1. <https://doi.org/10.1016/j.annemergmed.2017.09.042>
- Christensen, D. (2009). Disagreement as evidence: The epistemology of controversy. *Philosophy Compass* 4(5), 756-767.
- Clarke, K. (2022). Reimagining social work ancestry: Toward epistemic decolonization. *Affilia*, 37(2), 266–278. <https://doi.org/10.1177/08861099211051326>
- Craig, S. L., McInroy, L. B., Dentato, M. P., Austin, A., & Messinger, L. (2015). *Social work students speak out! The experiences of lesbian, gay, bisexual, transgender, and queer students in social work programs: A study report from the CSWE Council on Sexual Orientation and Gender Identity and Expression*. Toronto, Canada: Author.
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches*, 3rd ed., Los Angeles: Sage Publications.

- Cruz, H. D., & Smedt, J. D. (2013). The value of epistemic disagreement in scientific practice. The case of Homo floresiensis. *Studies in History and Philosophy of Science Part A*, 44(2), 169–177. <https://doi.org/10.1016/j.shpsa.2013.02.002>
- Cuevas, A., O'Brien, K., & Saha, S. (2019). Can patient-centered communication reduce the effects of medical mistrust on patients' decision making? *Health Psychology*, 38(4), 325-333.
- Cypress, B. (2017). Rigor or reliability and validity in qualitative research: Perspectives, strategies, reconceptualization, and recommendations. *Dimensions of Critical Care Nursing*, 36(4), 253-263.. doi: 10.1097/DCC.0000000000000253
- Dedoose Version 9.0.17, web application for managing, analyzing, and presenting qualitative and mixed method research data (2021). Los Angeles, CA: SocioCultural Research Consultants, LLC. www.dedoose.com.
- Deutsch, M. B., & Buchholz, D. (2015). Electronic health records and transgender patients—practical recommendations for the collection of gender identity data. *Journal of General Internal Medicine*, 30(6), 843-847.
- Dorozenko, K., Ridley, S., Martin, R., & Mahboub, L. (2016). A journey of embedding mental health lived experience in social work education. *Social Work Education*, 35(8), 905–917. <https://doi.org/10.1080/02615479.2016.1214255>
- Driskill, Q. (2010). Doubleweaving two-spirit critiques: Building alliances between native and queer studies. *GLQ*, 16(1-2), 69-92.
- Duffy, J., Das, C., & Davidson, G. (2013). Service user and carer involvement in role-plays to assess readiness for practice. *Social Work Education*, 32, 39–54. doi:10.1080/02615479.2011.639066
- Durso, L. E., & Gates, G. J. (2012). Serving our youth: Findings from a national survey of service providers working with lesbian, gay, bisexual, and transgender youth who are homeless or at risk of becoming homeless. Los Angeles: *The Williams Institute with True Colors Fund and The Palette Fund*.
- Egan, M., Tannahill, C., Petticrew, M., & Thomas, S. (2008). Psychosocial risk factors in home and community settings and their associations with population health and health inequalities: a systematic meta-review. *BMC Public Health*, 8(1), 239.
- Ellison, T., Green, K., Richardson, M., & Snorton, C. (2017). We got issues: Toward a Black Trans*/Studies. *TSQ: Transgender Studies Quarterly*, 4(2), 162-169.
- Feminist Standpoint Theory. (n.d.). *Internet Encyclopedia of Philosophy*. Retrieved July 21, 2022, from <https://iep.utm.edu/fem-stan/>

- Ferraro K. F., Farmer, M. M., & Wybraniec, J. A. (1997). Health trajectories: Long-term dynamics among black and white adults. *Journal of Health and Social Behavior*, 38(1), 38-54.
- FitzGerald, C., Hurst, S. (2017). Implicit bias in healthcare professionals: a systematic review. *BMC Medical Ethics*, 18(1), 19–19. <https://doi.org/10.1186/s12910-017-0179-8>
- Flores, A. R., Herman, J. L., Gates, G. J., & Brown, T. N. T. (2016). *How many adults identify as transgender in the United States?* Los Angeles, CA: The Williams Institute.
- Forge, N. (2013). A longitudinal investigation of risk and resiliency among homeless LGBT youth residing in a transitional living shelter. *ProQuest*.
- Freeman, L. (2015). Confronting diminished epistemic privilege and epistemic injustice in pregnancy by challenging a “panoptics of the womb.” *The Journal of Medicine and Philosophy*, 40(1), 44–68. <https://doi.org/10.1093/jmp/jhu046>
- Freeman, L., & Stewart, H. (2018). Microaggressions in clinical medicine. *Kennedy Institute of Ethics Journal*, 28(4), 411–449. <https://doi.org/10.1353/ken.2018.0024>
- Gelfert, A. (2011). Who is an epistemic peer? *Logos & Episteme*, 2(4), 507–514. <https://doi.org/10.5840/logos-episteme2011242>
- Gibb, J. K., DuBois, L. Z., Williams, S., McKerracher, L., Juster, R. P., & Fields, J. (2020). Sexual and gender minority health vulnerabilities during the COVID-19 health crisis. *American Journal of Human Biology*, 32, e23499.
- Glenn-Applegate, K., Pentimonti, J., & Justice, L. M. (2010). Parents’ selection factors when choosing preschool programs for their children with disabilities. *Child & Youth Care Forum*, 40(3), 211–231. <https://doi.org/10.1007/s10566-010-9134-2>
- Glesne, C. (2011). *Becoming qualitative researchers: An introduction* (4th ed.). Boston, MA: Pearson.
- Goldbach, C., Knutson, D., Milton, D. C. (2020). LGBTQ+ People and COVID-19: The importance of resilience during a pandemic. *Psychology of Sexual Orientation and Gender Diversity*, 6(3), 347–358. doi:10.1037/sgd0000463
- Goldbach, C., Knutson, D., & Milton, D. C. (2020). LGBTQ+ People and COVID-19: The importance of resilience during a pandemic. *Psychology of Sexual Orientation and Gender Diversity*, 8(2), 123–132. <http://dx.doi.org/10.1037/sgd0000463>
- Goldberg, A. E., Kivalanka, K., & dickey, I. (2019). Transgender graduate students’ experiences in higher education: A mixed-methods exploratory study. *Journal of Diversity in Higher Education*, 12(1), 38–51.
- Goldberg, A. E., Matsuno, E., & Beemyn, G. (2021). “I want to be safe...and I also want a job”: Career considerations and decision-making among trans adults pursuing post-graduate

- education. *The Counseling Psychologist*, 49(8), 1147–1187.
<https://doi.org/10.1177/00110000211037671>
- Goldman, M. P., Campbell, K. L., Sousa, D., & Doolittle, B. R. (2022). A new skill is needed in the emergency department: Introducing ourselves properly. *Academic Emergency Medicine*, 29(1), 131–132. <https://doi.org/10.1111/acem.14414>
- Gonzales, G., Loret de Mola, E, Gavulic, K. A, McKay, T., & Purcell, C. (2020). Mental health needs among lesbian, gay, bisexual, and transgender college students during the COVID-19 pandemic. *Journal of Adolescent Health*, 67(5), 645-648.
- Grant, J., Mottet, L., Tanis, J., Herman, J., Harrison, J., & Keisling, M. (2010). National transgender discrimination survey report on health and health care. http://www.thetaskforce.org/static_html/downloads/resources_and_tools/ntds_report_on_health.pdf
- Grand Challenges for Social Work*. Achieve Equal Opportunity and Justice. (2021, February 2). Retrieved August 3, 2022, from <https://grandchallengesforsocialwork.org/achieve-equal-opportunity-and-justice/>
- Grand Challenges for Social Work*. Close the Health Gap. (2021, February 2). Retrieved August 3, 2022, from <https://grandchallengesforsocialwork.org/close-the-health-gap/>
- Grand Challenges for Social Work*. (2022, June 22). Retrieved July 14, 2022, from <https://grandchallengesforsocialwork.org/>
- Gringeri, C. E., Wahab, S., & Anderson-Nathe, B. (2010). What makes it feminist?: Mapping the landscape of feminist social work research. *Affilia*, 25(4), 390–405.
<https://doi.org/10.1177/0886109910384072>
- Guillory, J., Wiant, K. F., Farrelly, M., Fiacco, L., Alam, I., Hoffman, L., Crankshaw, E., Delahanty, J., & Alexander, T. N. (2018). Recruiting hard-to-reach populations for survey research: Using Facebook and Instagram advertisements and in-person intercept in LGBT bars and nightclubs to recruit LGBT young adults. *Journal of Medical Internet Research*, 20(6), e197–e197. <https://doi.org/10.2196/jmir.9461>
- Gutting, G. (1982). Religious belief and religious skepticism. *Philosophy*, 59(230), 544–545.
- Happell, B., Wynaden, D., Tohotoa, J., Platania-Phung, C., Byrne, L., Martin, G., & Harris, S. (2015). Mental health lived experience academics in tertiary education: The views of nurse academics. *Nurse Education Today*, 35, 113–117. doi:10.1016/j.nedt.2014.07.006
- Harding, S. (2008). “Strong objectivity” and socially situated knowledge. In A. Bailey & C. Cuomo (Eds.), *The feminist philosophy reader* (pp. 741-756). New York: McGraw Hill.
- Haritaworn, C. R., & Snorton, J., as cited in Aizura, Aren Z. et al. (2014) “Introduction.” [Special Issue on Decolonizing the Transgender Imaginary] *TSQ: Transgender Studies Quarterly*. 1(3), 308-319.

- Harner, V. (2021). Trans intracommunity support & knowledge sharing in the United States & Canada: A scoping literature review. *Health and Social Care in the Community*. <https://doi.org/10.1111/hsc.13276>
- Harris P. A., Taylor R., Minor, B. L., Elliott, V., Fernandez, M., O’Neal, L., McLeod, L., G Delacqua, G., Delacqua, F., Kirby, J., & Duda, S. N. (2019). The REDCap consortium: Building an international community of software partners, *Journal of Biomedical Informatics*. doi: 10.1016/j.jbi.2019.103208
- Harris P. A., Taylor R., Thielke, R., Payne, J., Gonzalez, N., & Conde, J. G. (2009). Research electronic data capture (REDCap) – A metadata-driven methodology and workflow process for providing translational research informatics support, *Journal of Biomedical Informatics*. 42(2), 377-81. doi: 10.1016/j.jbi.2019.103208
- Heidegger, M. (1996). *Being and Time: A translation of Sein und Zeit* (J. Stambaugh, Trans.). New York: State University of New York Press.
- Heikes, D. (2021). Comments on Josué Piñeiro’s “Epistemic peerhood and standpoint theory: What knowledge from the margins tells us about epistemic peerhood. *Southwest Philosophy Review*, 37(2), 13–16. <https://doi.org/10.5840/swphilreview202137227>
- Hill Collins, P. (1986) Learning from the outsider within: The sociological significance of Black Feminist thought. *Social Problems*, 33(6), 14-32.
- Holloway, B., Atteberry-Ash, B., Kattari, L., Harrop, E., & Walls, N. E. (2022). Transgender and nonbinary activism among social work students in the US: The role of ally behavior and a critical orientation to social justice. *Journal of Community Practice*, 30(2), 181–202. <https://doi.org/10.1080/10705422.2022.2072990>
- Holloway, I., Miyashita Ochoa, A., Wu, E. S. C., Himmelstein, R., Wong, J. O., & Wilson, B. D. M. (2019). Perspectives on academic mentorship from sexual and gender minority students pursuing careers in the health sciences. *American Journal of Orthopsychiatry*, 89(3), 343–353. <https://doi.org/10.1037/ort0000410>
- Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social relationships and mortality risk: a meta-analytic review. *PLoS Medicine*, 7(7), e1000316.
- Hostetter, C. R., Call, J., Gerke, D. R., Holloway, B. T., Walls, N. E., & Greenfield, J. C. (2022). “We Are Doing the Absolute Most That We Can, and No One Is Listening”: Barriers and Facilitators to Health Literacy within Transgender and Nonbinary Communities. *International journal of environmental research and public health*, 19(3), 1229.
- Idler E. L., & Benyamini Y. (1997). Self-rated health and mortality: A review of twenty-seven community studies. *Journal of Health and Social Behavior*, 38(1), 21-37.
- Iribarren, S. J., Ghazzawi, A., Sheinfil, A. Z., Frasca, T., Brown, W., Lopez-Rios, J., Rael, C. T., Balán, I. C., Crespo, R., Dolezal, C., Giguere, R., & Carballo-Diéguez, A. (2017). Mixed-method evaluation of social media-based tools and traditional strategies to recruit high-

- risk and hard-to-reach populations into an HIV prevention intervention study. *AIDS and Behavior*, 22(1), 347–357. <https://doi.org/10.1007/s10461-017-1956-6>
- Irvine, J., Molyneux, J., & Gillman, M. (2015). ‘Providing a link with the real world’: Learning from the student experience of service user and carer involvement in social work education. *Social Work Education*, 34, 138–150. doi:10.1080/02615479.2014.957178
- Ivers, L. C., & Walton, D. A. (2020). COVID-19: Global health equity in pandemic response, *The American Journal of Tropical Medicine and Hygiene*, 102(6), 1149-1150. Retrieved Mar 31, 2021, from <https://www.ajtmh.org/view/journals/tpmd/102/6/article-p1149.xml>
- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The report of the 2015 U.S. transgender survey*. Washington, DC: National Center for Transgender
- Jamison, A., Quinn, S., & Freimuth, V. (2019). “You don't trust a government vaccine”: Narratives of institutional trust and influenza vaccination among African American and white adults. *Social Science & Medicine*, 221, 87-94.
- Janesick, V. J. (2011). “Stretching” exercises for qualitative researchers (3rd ed.). SAGE.
- Jones, S. (2020). Negotiating transgender identity at work: A movement to theorize a transgender standpoint epistemology. *Management Communication Quarterly*, 34(2), 251–278. <https://doi.org/10.1177/0893318919898170>
- Kachen, A., Pharr, J. R. (2020). Health Care Access and Utilization by Transgender Populations: A United States Transgender Survey Study. *Transgender Health*, 5(3), 141–148. <https://doi.org/10.1089/trgh.2020.0017>
- Kaplan, G. A., Goldberg, D. E., Everson, S. A., Cohen, R. D., Salonen, R., Tuomilehto, J., & Salonen, J. (1996). Perceived health status and morbidity and mortality: evidence from the Kuopio ischaemic heart disease risk factor study. *International Journal of Epidemiology*, 25(2), 259-265. doi: 10.1093/ije/25.2.259. PMID: 9119550.
- Kattari, S. K., Bakko, M., Hecht, H. K., & Kattari, L. (2020). Correlations between healthcare provider interactions and mental health among transgender and nonbinary adults. *SSM - Population Health*, 10, 100525–100525. <https://doi.org/10.1016/j.ssmph.2019.100525>
- Kattari, S. K., Call, J., Holloway, B. T., Kattari, L., & Seelman, K. L. (2021) Exploring the experiences of transgender and gender diverse adults in accessing a trans knowledgeable primary care physician. *International Journal of Environmental Research and Public Health*, 18, 13057. <https://doi.org/10.3390/ijerph182413057>
- Kattari, S. K., Grange, J., Seelman, K, Bakko, M., & Harner, V. (2020). Distance traveled to access knowledgeable trans-related health care providers. *Annals of LGBTQ Public and Population Health*, 1(2), 83-95. DOI: 10.1891/LGBTQ-2020-0004
- Kawachi I., Kennedy B. P., & Glass R. (1999) Social capital and self-rated health: a contextual analysis. *American Journal of Public Health*, 89(8), 1187-93.

- Kelly, T. (2005). The epistemic significance of disagreement. *Oxford Studies in Epistemology 1*, 167-196.
- Kennedy, B., Kawachi, I., Prothrow-Stith, D., Lochner, K., & Gupta, V. (1998). Social capital, income inequality, and firearm violent crime. *Social Science and Medicine*, 47(1), 7-17.
- King-Jordan, & Gil, K. (2021). Dismantling privilege and white supremacy in social work education. *Advances in Social Work*, 21(2/3), 374–395. <https://doi.org/10.18060/24088>
- Kroehle, K., Shelton, J., Clarke, E., & Seelman, K. (2020). Mainstreaming dissidence: Examining binary gender among social work’s grand challenges. *Social Work*, 65(4), 368–377. <https://doi.org/10.1093/sw/swaa037>
- Kronk, C., Dexheimer, J. W. (2021). An ontology-based review of transgender literature: Revealing a history of medicalization and pathologization. *International Journal of Medical Informatics* (Shannon, Ireland), 156, 104601–104601. <https://doi.org/10.1016/j.ijmedinf.2021.104601>
- Kronk, C. A., Everhart, A. R., Ashley, F., Thompson, H. M., Schall, T. E., Goetz, T. G., ... & Karnoski, R. (2022). Transgender data collection in the electronic health record: Current concepts and issues. *Journal of the American Medical Informatics Association*, 29(2), 271-284.
- Laveaux, D., & Christopher, S. (2009). Contextualizing CBPR: Key principles of CBPR meet the Indigenous research context. *Pimatisiwin*, 7(1), 1.
- Lester, S. (1999). An introduction to phenomenological research. Stan Lester Developments, Taunton. <http://www.sld.demon.co.uk/resmethy.pdf>
- LGBT Demographic Data Interactive. (January 2019). Los Angeles, CA: The Williams Institute, UCLA School of Law. Retrieved from <https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT#density>
- Lincoln, Y., Guba, E. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage Publications.
- Lock, L., Anderson, B., & Hill, B. J. (2021). Transgender care and the COVID-19 pandemic: Exploring the initiation and continuation of transgender care in-person and through telehealth. *Transgender Health*, 7(2), 165-169.
- Lombardi, E. (2018). Trans issues in sociology: A trans-centered perspective. In D. Compton, T. Meadow, & K. Schilt (Eds.), *Other, please specify: Queer methods in sociology* (pp. 67-79). University of California Press.
- Longino, H. (2020). *Science as social knowledge: values and objectivity in scientific inquiry*. Princeton University Press.

- Lorenzetti, D., Shipton, L., Nowell, L., Jacobsen, M., Lorenzetti, L., Clancy, T., & Paolucci, E. O. (2019). A systematic review of graduate student peer mentorship in academia. *Mentoring & Tutoring*, 27(5), 549–576. <https://doi.org/10.1080/13611267.2019.1686694>
- Malatino, H. (2019). Tough breaks: Trans rage and the cultivation of resilience. *Hypatia*, 34(1), 121–140. <https://doi.org/10.1111/hypa.12446>
- Malatino, H. (2020). *Trans care*. University of Minnesota Press.
- Martin, W. O. (1957). *The order and integration of knowledge*. University of Michigan Press.
- Martínez, J., & Vidal-Ortiz, S, eds. (2018). *Travar el saber: Educación de personas trans y travestis en Argentina: Relatos en primera persona*. La Plata, Argentina: Universidad Nacional de La Plata.
- Matijczak, A., Applebaum, J. W., Kattari, S. K., McDonald, S. E. (2021). Social support and attachment to pets moderate the association between sexual and gender minority status and the likelihood of delaying or avoiding COVID-19 Testing. *Social Sciences* 10(8), 301. <https://doi.org/10.3390/socsci10080301>
- Matsuzaka, S. (2021). Operationalizing intersectionality in social work research: Approaches and limitations. *Social Work Research*, 45(3), 155–168. <https://doi.org/https://doi.org/10.1093/swr/svab010>
- McCarty-Caplan, D., & Shaw, S. (2022). Social work education & support of gender expansive people: A qualitative analysis of MSW student experiences. *Journal of Homosexuality*, (ahead-of-print), 1–17. <https://doi.org/10.1080/00918369.2022.2040929>
- McNeil, J., Bailey, L., Ellis, S., Morton, J., & Regan, M. (2012). Trans mental health study 2012. Edinburgh: Equality Network. Retrieved from: https://www.scottishtrans.org/wp-content/uploads/2013/03/trans_mh_study.pdf
- Medina, J. (2013). *The epistemology of resistance: Gender and racial oppression, epistemic injustice, and the social imagination*. Oxford University Press, New York.
- Mendes, C., & Pereira, H. (2021). Assessing the impact of COVID-19 on work-related quality of life through the lens of sexual orientation. *Behavioral Sciences*, 11(5), 58. MDPI AG. Retrieved from <http://dx.doi.org/10.3390/bs11050058>
- Mendoza, N., Mackey, C., Harner, V., & Jackson, K. (2021). Attuning and queering SAMHSA’s strategic prevention framework. *Social Work Research*, 45(3), 187–197. <https://doi.org/10.1093/swr/svab012>
- Meyer, I. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual Issues and research evidence. *Psychological Bulletin*, 129(5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>

- Miles, S. H. (2004). *The Hippocratic Oath and the ethics of medicine*. Oxford; New York: Oxford University Press.
- Miles-Johnson, T. (2016). Perceptions of group value: How Australian transgender people view policing. *Policing & Society*, 26(6), 605–626.
<https://doi.org/10.1080/10439463.2014.996563>
- Miner, M. H., Bockting, W. O., Romine, R. S., & Raman, S. (2012). Conducting Internet research with the transgender population: Reaching broad samples and collecting valid data. *Social Science Computer Review*, 30(2), 202–211.
<https://doi.org/10.1177/0894439311404795>
- Moradi, B., Tebbe, E. A., Brewster, M. E., Budge, S. L., Lenzen, A., Ege, E., Schuch, E., Arango, S., Angelone, N., Mender, E., Hiner, D. L., Huscher, K., Painter, J., & Flores, M. J. (2016). A Content analysis of literature on trans people and issues: 2002–2012. *The Counseling Psychologist*, 44(7), 960–995. <https://doi.org/10.1177/0011000015609044>
- National Association of Social Workers (NASW). (2021) *Social Workers' Ethical Responsibilities to the Broader Society*. Retrieved July 19, 2022, from <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English/Social-Workers-Ethical-Responsibilities-to-the-Broader-Society>
- National Association of Social Workers. (2021). *NASW Code of Ethics (Guide to the everyday professional conduct of social workers)*. Washington, DC: NASW.
- Newsom, K. D., Carter, G. A., & Hille, J. J. (2022). Assessing whether medical students consistently ask patients about sexual orientation and gender identity as a function of year in training. *LGBT Health*, 9(2), 142-147.
- Nicolazzo, Z. (2021). Imagining a trans epistemology: What liberation thinks like in postsecondary education. *Urban Education*, 56(3), 511–536.
<https://doi.org/10.1177/0042085917697203>
- Okoro, C. A., Hollis, N. D., Cyrus, A. C., & Griffin-Blake, S. (2018). Prevalence of disabilities and health care access by disability status and type among adults — United States. *Morbidity and Mortality Weekly Report*, 67(32), 882–887. DOI:
<http://dx.doi.org/10.15585/mmwr.mm6732a3>
- Okun, T. (2021). White supremacy culture characteristics. *White Supremacy Culture*. Retrieved August 1, 2022, from <https://www.whitesupremacyculture.info/characteristics.html>
- Paceley, M. S., Okrey-Anderson, S., Fish, J. N., McInroy, L., & Lin, M. (2021). Beyond a shared experience: Queer and trans youth navigating COVID-19. *Qualitative Social Work*, 20, 97–104, doi:10.1177/1473325020973329
- Page, M. M. (@MorganMPage). 2020. Twitter, January 2, 2020, 4:46 p.m.
<https://twitter.com/morganmpage/status/1212852732652077058>

- Patton, M. (2002). *Qualitative research and evaluation methods*. Thousand Oaks, CA: Sage.
- Piñeiro, J. (2021). Epistemic peerhood and standpoint theory: What knowledge from the margins tells us about epistemic peerhood. *Southwest Philosophy Review*, 37(1), 69–78. <https://doi.org/10.5840/swphilreview20213719>
- Progovac, A. M., Cook, B. L., Mullin, B. O., McDowell, A., Sanchez R. M. J., Wang, Y., Creedon, T. B., & Schuster, M. A. (2018). Identifying gender minority patients' health and health care needs in administrative claims data. *Health Affairs*, 37(3), 413–420. <https://doi.org/10.1377/hlthaff.2017.1295>
- Puckett, J. A., Brown, N. C., Dunn, T., Mustanski, B., & Newcomb, M. E. (2020). Perspectives from transgender and gender diverse people on how to ask about gender. *LGBT Health*, 7(6), 305-311.
- Pulice-Farrow, L., Gonzalez, K. A., & Lindley, L. (2021). 'None of my providers have the slightest clue what to do with me': Transmasculine individuals' experiences with gynecological healthcare providers, *International Journal of Transgender Health*, 22(4), 381-393, DOI:10.1080/26895269.2020.1861574
- Pyne, J., Bauer, G., Redman, N., & Travers, R. (11 August 2012). Improving the health of trans communities: Findings from the Trans PULSE Project [Conference Plenary]. *Trans Health Advocacy Summit*. London, Ontario, Canada. <https://transpulseproject.ca/research/improving-the-health-of-trans-communities-findings-from-the-trans-pulse-project/>
- Riggs, D. W., Pearce, R., Pfeffer, C. A., Hines, S., White, F., & Ruspini, E. (2019). Transnormativity in the psy disciplines: Constructing pathology in the Diagnostic and Statistical Manual of Mental Disorders and Standards of Care. *American Psychologist*, 74(8), 912–924. doi: 10.1037/amp0000545.
- Rizki, C. (2019). Latin/x American trans studies: Toward a travesti-trans analytic. *TSQ*, 6(2), 145–155. doi: <https://doi.org/10.1215/23289252-7348426>
- Roen, K. (2001). Transgender theory and embodiment: The risk of racial marginalisation. *Journal of Gender Studies*, 10(3), 253–263. <https://doi.org/10.1080/09589230120086467>
- Romanelli, M., Hudson, K. (2017). Individual and systemic barriers to health care: Perspectives of lesbian, gay, bisexual, and transgender adults. *American Journal of Orthopsychiatry*, 87(6), 714-728.
- Romanelli, M., Lu, W., & Lindsey, M. A. (2018). Examining mechanisms and moderators of the relationship between discriminatory health care encounters and attempted suicide among U.S. transgender help-seekers. *Administration and Policy in Mental Health and Mental Health Services Research*, 45(6), 831–849. <https://doi.org/10.1007/s10488-018-0868-8>

- Ruppert, R., Kattari, S. K., & Sussman, S. (2021). Review: Prevalence of addictions among transgender and gender diverse subgroups. *International Journal of Environmental Research and Public Health*, 18, 8843. <https://doi.org/10.3390/ijerph18168843>
- Rutherford, L., Stark, A., Ablona, A., Klassen, B. J., Higgins, R., Jacobsen, H., et al. (2021). Health and well-being of trans and non-binary participants in a community-based survey of gay, bisexual, and queer men, and non-binary and two-spirit people across Canada. *PLoS ONE*. 16(2), e0246525. <https://doi.org/10.1371/journal.pone.0246525>
- Scheim, A. I., Perez-Brumer A. G., & Bauer G. R. (2020). Gender-concordant identity documents and mental health among transgender adults in the USA: A cross-sectional study. *Lancet Public Health*, 5(4), e196–e203. [https://doi.org/10.1016/S2468-2667\(20\)30032-3](https://doi.org/10.1016/S2468-2667(20)30032-3)
- Scheim, A. I., Zong, X., Giblon, R., & Bauer, G. R. (2017). Disparities in access to family physicians among transgender people in Ontario, Canada. *International Journal of Transgenderism*, 18(3), 343-352. doi: 10.1080/15532739.2017.1323069
- Schilt, K., & Lagos, D. (2017). The development of transgender studies in sociology. *Annual Review of Sociology*, 43, 425-443.
- Scourfield, J., Roen, K., & McDermott, L. (2008). Lesbian, gay, bisexual and transgender young people's experiences of distress: Resilience, ambivalence and self-destructive behaviour. *Health & Social Care in the Community*, 16(3), 329-336. doi: 10.1111/j.1365-2524.2008.00769.x
- Shelton, J., & Dodd, S. (2020). Teaching note-beyond the binary: Addressing cisnormativity in the social work classroom. *Journal of Social Work Education*, 56(1), 179–185. <https://doi.org/10.1080/10437797.2019.1648222>
- Shelton, J., Winterkorn, G., Gay, H., Sabatino, C., & Brigham, F. (2011). Providing to one's own community: A panel discussion. *Journal of Gay & Lesbian Mental Health*, 15(2), 211-217.
- Shields, M. (2008). Community belonging and self-perceived health. *Health Reports*, 19(2), 51-60.
- Simons, L., & Voss, R. (2020). Advocating for transgender and gender expansive youth in the emergency setting. *Clinical Pediatric Emergency Medicine*, 21(2), 100780–. <https://doi.org/10.1016/j.cpem.2020.100780>
- Smith, J. A., Flowers, P., Larkin, M. (2009) Interpretative phenomenological analysis. *Theory, method and research*. Sage Publications, London.
- Smith, P., & Koehoorn, M. (2016). Measuring gender when you don't have a gender measure: constructing a gender index using survey data. *International Journal for Equity in Health*, 15(82), 82–82. <https://doi.org/10.1186/s12939-016-0370-4>

- Su, D., Irwin, J., Fisher, C., Ramos, A., Kelley, M., Mendoza, D., & Coleman, J. (2016). Mental health disparities within the LGBT population: A comparison between transgender and nontransgender individuals. *Transgender Health, 1*(1), 12-20. DOI: 10.1089/trgh.2015.0001
- Suess Schwend, A. (2020). Trans health care from a depathologization and human rights perspective. *Public Health Reviews, 41*(1), 3–3. <https://doi.org/10.1186/s40985-020-0118-y>
- Szkody, E., Stearns, M., Stanhope, L., & McKinney, C. (2020). Stress-buffering role of social support during COVID-19. *Family Process, 60*(3), 1002–1015. <https://doi.org/10.1111/famp.12618>
- Teti, M., Kerr, S., Bauerband, L. A., Koegler, E., & Graves, R. (2021). A qualitative scoping review of transgender and gender non-conforming people’s physical healthcare experiences and needs. *Frontiers in Public Health, 9*, 598455–598455. <https://doi.org/10.3389/fpubh.2021.598455>
- The WHOQOL Group. (1998). Development of the World Health Organization. WHOQOL-BREF quality of life assessment. *Psychological Medicine 28*(3), 551-558.
- Tordoff, D., Wanta, J., Collin, A., et al. (2022). Mental health outcomes in transgender and nonbinary youths receiving gender-affirming care. *Journal of the American Medical Association Network Open, 5*(2), e220978
- Turban J., King., D., Carswell, J., & Keuroghlian, A. (2020). Pubertal suppression for transgender youth and risk of suicidal ideation. *Pediatrics. 145*(2), e20191725.
- Turcotte, P., Lariviere, N., Desrosiers, J., Voyer, P., Champoux, N., Carbonneau, H., Carrier, A., & Lefebvre, M. (2015). Participation needs of older adults having disabilities and receiving home care: met needs mainly concern daily activities, while unmet needs mostly involve social activities. *BMC Geriatrics, 15*(1), 95–95. <https://doi.org/10.1186/s12877-015-0077-1>
- U.S. Census Bureau. (2015). 2015 American Survey 1-Year estimates: Disability characteristics. Available at: http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_S1810&prodType=table.
- Umucu, E., & Lee, B. (2020). Examining the impact of COVID-19 on stress and coping strategies in individuals with disabilities and chronic conditions. *Rehabilitation Psychology, 65*(3), 193-198. <http://dx.doi.org/10.1037/rep0000328>
- Valdes, L. (2021). In the shadow of the health-care city: Historicizing trans latinx immigrant experiences during the coronavirus pandemic. *US Latina & Latino Oral History Journal, 5*(1), 32-65.

- van der Miesen, A. I. R., Raaijmakers, D., & van de Grift, T. C. (2020). “You have to wait a little longer”: Transgender (mental) health at risk as a consequence of deferring gender-affirming treatments during COVID-19. *Archives of Sexual Behavior*, 49(5), 1395-1399.
- van der Miesen, A., Steensma, T., de Vries, A., Bos, H., & Popma, A. (2020). Psychological functioning in transgender adolescents before and after gender-affirmative care compared with cisgender general population peers. *Journal of Adolescent Health*, 66(6), 699–704.
- Vaughan, R. (2017). Oversampling in health surveys: Why, when, and how? *American Journal of Public Health*, 107(8), 1214–1215. <https://doi.org/10.2105/AJPH.2017.303895>
- Vincent, N. (2012). Exploring the integration of social justice into social work research curricula. *Journal of Social Work Education*, 48(2), 205–222. <https://doi.org/10.5175/JSWE.2012.200900130>
- Wachter, K., Murray, S. M., Hall, B. J., Annan, J., Bolton, P., & Bass, J. (2018). Social support measures [Database record]. Retrieved from *PsycTESTS*. Doi: <https://dx.doi.org/10.1037/t75859-000>
- Wald, B. E. (2010). Dealing with disagreement: Distinguishing two types of epistemic peers. *Spontaneous Generations*, 3(1). <https://doi.org/10.4245/sponge.v3i1.6562>
- Wang, Y., Pan, B., Liu, Y., Amanda, W., Ou, J., & Chen, R. (2020). Health care and mental health challenges for transgender individuals during the COVID-19 pandemic. *Lancet Diabetes Endocrinol*, 8, 564–565.
- Wang, Y., Pan, B., Liu, Y., Wilson, A., Ou, J., & Chen, R. (2020). Health care and mental health challenges for transgender individuals during the COVID-19 pandemic. *The Lancet. Diabetes & Endocrinology*, 8(7), 564-565.
- Wanta, J. W., & Unger, C. A. (2017). Review of the transgender literature: Where do we go from here? *Transgender Health*, 2(1), 119–128. <https://doi.org/10.1089/trgh.2017.0004>
- Wilcox, V. L., Kasl, S. V., & Idler, E. L. (1996). Self-rated health and physical disability in elderly survivors of a major medical event. *Journal of Gerontology: Social Sciences*, 51(2), S96-104.
- Willging, C., Gunderson, L., Shattuck, D., Sturm, R., Lawyer, A., & Crandall, C. (2019). Structural competency in emergency medicine services for transgender and gender non-conforming patients. *Social Science & Medicine*, 222, 67–75. <https://doi.org/10.1016/j.socscimed.2018.12.031>
- Wilson, B. D. M., & Meyer, I. H. (2021). *Nonbinary LGBTQ adults in the United States*. Los Angeles: The Williams Institute.
- Wilson, R. (2017, April 3). Census: More Americans have college degrees than ever before. *The Hill*. Retrieved July 21, 2022, from <https://thehill.com/homenews/state-watch/326995-census-more-americans-have-college-degrees-than-ever-before/>

Zebrack, B. (2000). Cancer survivor identity and quality of life. *Cancer Practice*, 8, 238-242.

CURRICULUM VITAE

EDUCATION

PhD	Social Welfare, University of Washington	2022
	Dissertation: Examining Trans Qualities of Life & Knowledge	
MSW	Arizona State University	2016
	Thesis: Risk Factors, Unmet Needs, and Perceived Service Needs of Gender/Sexual Minority Emerging Adults in Phoenix	
BFA	Arizona State University	2010

AREAS OF INTEREST

Research Interests

Improving trans experiences through anti-oppressive physical & mental healthcare; transgender intracommunity support and the subsequent impact on quality of life; the treatment and experiences of multiply marginalized communities (e.g., trans & disabled)

Teaching Interests

Research methods (foundational, quantitative, and qualitative); social policy; mezzo/macro practice; history and theory of the social sciences and social work profession; community advocacy; social work practice with queer/trans communities

PUBLICATIONS

Refereed Publications

10. Fredriksen Goldsen, K. I., Emler, C., Fabbre, V. D., Kim, H. J., Lerner, J. E., Jung, H., **Harner, V.** & Goldsen, J. (in press). Historical and Social Forces in the Iridescent Life Course: Key Life Events and Experiences of Transgender Older Adults. *Ageing & Society*.
9. Kattari, S. K., Gross, E. B., **Harner, V.**, Andrus, E., Stroumsa, D., Moravek, M. B., & Brouwer, A. (2022). "Doing it on my own terms:" Transgender and nonbinary adults' experiences to with HPV self-swabbing home testing kits. *Women's Reproductive Health: Special issue on Trans Reproductive and Sexual Health*.
8. **Harner, V.**, Munion, A.K. & Shelton, J. (2021). Trans Adults Amidst the COVID-19 Pandemic: Quality of Life, Pandemic Impact, & Vaccine Preferences. *Int. J. Environ. Res. Public Health*. 18(23), 12536; <https://doi.org/10.3390/ijerph182312536>
7. Mendoza, T., Mackey, C., **Harner, V.** & Jackson, K. (2021). Queering and Attuning SAMHSA's Strategic Prevention Framework. *Social Work Research*, svab012, <https://doi.org/10.1093/swr/svab012>
6. Kattari, S. K., Atteberry-Ash, B., Collins, C. Kattari, L., & **Harner, V.** (2021). Increased Prevalence, Predictors, and In-Group Differences of Forced Sex and Physical Dating Violence among Trans/Gender Diverse Youth. *Social Sciences*. 10(6), 236; <https://doi.org/10.3390/socsci10060236>

5. Atteberry-Ash, B., Kattari, S. K., **Harner, V.**, Prince, D., Verdino, A., Kattari, L., & Park, I. Y. (2021). Differential experiences of mental health among trans/nonbinary youth in Colorado. *Behavioral Sciences*, 11(48): 1-13. <https://doi.org/10.3390/bs11040048>
4. **Harner, V.** (2021). Trans Intracommunity Support & Knowledge Sharing in the United States & Canada: A Scoping Literature Review. *Health and Social Care in the Community*. <https://doi.org/10.1111/hsc.13276>
3. Kattari, S., Grange, J., Seelman, K, Bakko, M., & **Harner, V.** (2020). Distance Traveled to Access Knowledgeable Trans-Related Health Care Providers. *Annals of LGBTQ Public and Population Health*, 1(2), 83-95. DOI: 10.1891/LGBTQ-2020-0004
2. Mendoza, N.S., Cimino, A., Ford, A., Borders, J., Thomas, D., & **Harner, V.** (2020) Relationship commitment and alcohol use consequences among sexual minority women. *Journal of Gay & Lesbian Social Services*, 32(4), 517-530. DOI: 10.1080/10538720.2020.1800546
1. Mendoza, N., **Harner, V.**, Haseley, H., & Leedy, G. (2015). The Physical Self-Perceptions of Rural Lesbians and Heterosexual Women. *Journal of Gay & Lesbian Social Services*, 27(2), 187-200. DOI: 10.1080/10538720.2015.1021984

Book Chapters

4. Callahan, E., Holloway, B., **Harner, V.**, & Kattari, S. [in progress, expected to be published 7/2023]. Disability Justice and Access Needs for Disabled Transgender and Gender Diverse People in Goetz, T. & Keuroghlian, A. (Eds.) *Gender-Affirming Psychiatric Care for Transgender and Gender Diverse People*.
3. **Harner, V.** (2021). Biological Sex. In Armstrong, H. (Ed.). (2021). *Encyclopedia of Sex and Sexuality: Understanding Biology, Psychology, and Culture [2 volumes]*. Retrieved from <http://publisher.abc-clio.com/9781610698757>
2. **Harner, V.** (2021). Passing. In Armstrong, H. (Ed.). (2021). *Encyclopedia of Sex and Sexuality: Understanding Biology, Psychology, and Culture [2 volumes]*. Retrieved from <http://publisher.abc-clio.com/9781610698757>
1. **Harner, V.** & Johnson, I. (2020). At the intersection of trans and disabled. In Kattari, S. K., Walls, N. E., Kattari, L., & Kinney, M. (Eds). *Social work and healthcare practice with transgender and nonbinary individuals and communities*. London: Routledge. doi: 10.4324/9780429443176.

Manuscripts Under Review

- Harrop, E., Hutcheson, R., **Harner, V.**, Lindhorst, T, & Mensinger, J. [under review]. “You don’t look anorexic”: Atypical Anorexia Patient Experiences of Weight Stigma in Medical Care.
- Harner, V.** [under review]. Epistemic Peerhood in Trans Social Work Research.

Manuscripts in Progress

- Harner, V.** Casillas, B., Chrivoli, J., Olivares, A.L., & Moore, M. [in progress]. “This is the easy stuff”: Trans patient preferences for gender-related data collection in healthcare settings.
- Harrop, E., Call, J., **Harner, V.**, & Hecht, H. [in progress. Enacted and Internalized Experiences of Weight Stigma in the Medical Setting for Trans Individuals.

Prepared Reports & Monographs

- Harner, V.** & Moore, M. (2022). [Trans Patient Preferences When Discussing Gender-Related Information: Study Overview, Methodological Insights, & Key Recommendations](#). Prepared for the *Oregon Health Authority Injury & Violence Prevention Program*.
- UAW 4121 (2021). [UAW 4121 Facilitation Guide](#): For building equitable meetings and organizing spaces.
- UAW 4121 Anti-Discrimination Workgroup (2021). [Starting and Sustaining a DEI Committee](#): A Toolkit from UAW 4121.
- Harner, V.** (2020, August). Preliminary Results Assessing Student Involvement in Anti-Racist Efforts Within the University of Washington. Prepared for *UAW 4121*.
- Harner, V.** (2019). Results from a Community Needs Assessment of the Economic Experiences of Transgender Individuals in King County. Prepared for the *Trans Economic Empowerment Coalition*.
- Harner, V.** (2019). UW Interprofessional LGBTQ Health Conference Evaluation Report. Evaluation designed and report prepared for conference organizing committee.
- Figueroa, H., Talmage, C., Yoder, G., **Harner, V.**, & Wolfersteig, W. (2015). Coordinated Community Health Needs Assessment: Focus Group Results, Cycle 1. Prepared for *Maricopa County Department of Public Health*. Prepared by Southwest Interdisciplinary Research Institute.
- Wolfersteig, W. & **Harner, V.** (2015). Evaluation Report. Prepared for *the 5th Annual Southwest LGBTQ American Indian Rainbow Gathering*. Prepared by Southwest Interdisciplinary Research Institute.
- Wolfersteig, W., **Harner, V.**, Talmage, C., Hamm, K., Williamson-Henriques, K. (2015). Using Data to Empower Arizona Communities Project Curriculum Focus Groups Report. Prepared for: *Substance Abuse Epidemiology Work Group & the Governor's Office of Youth, Faith and Family*. Prepared by Southwest Interdisciplinary Research Institute.
- Harner, V.** (2015). Using Data to Empower Arizona Communities: Glossary of Terms. Prepared for *Epidemiology Work Group Community Data Project*. Prepared by Southwest Interdisciplinary Research Institute.
- Harner, V.** (2015). Becoming an Evidence-Based Program. Prepared for *Amistades Inc.* by Southwest Interdisciplinary Research Institute.

RESEARCH EXPERIENCE

Community Youth Development Study (CYDS), Social Development Research Group, Research Associate	2021 - present
Analyze data related to the experiences of LGBTQ respondents in a longitudinal quantitative study (N = 4,407) examining the efficacy of the Communities that Care programs.	
Equity Survey, Analyst	2021 - 2022
Clean and analyze data in mixed methods study conducted by UAW 4121 and the University of Washington to examine experiences of discrimination and harassment among academic student employees and post-doctoral researchers at the University of Washington.	

HPV Self-Sampling: A Qualitative Exploration of Trans Masc and Nonbinary Experiences, Analyst	2021
PI: Andrew Brouwer Co-Investigator: Shanna Kattari, University of Michigan Code and analyze data in qualitative study connected to larger study regarding multisite HPV self-sampling and cervical cancer prevention in a transmasculine population (Rogel Cancer Center funded study, \$50,000)	
Injury & Health Equity Across the Lifespan (iHeal), Co-Investigator	2020-2022
Co-PIs: Megan Moore, Ali Rowhani-Rahbar, University of Washington Co-lead qualitative study to understand trans individual's preferences around demographic data collection in healthcare spaces; this interdisciplinary project was developed from initial findings in the NIH funded study (R21MD013486) focused on increasing health equity in our national trauma healthcare system	
TRANSGenerational: Exploring Social Support and QOL in Trans Communities	2019-present
PI: Vern Harner, University of Washington	
The TGNC Card Project, Research Assistant	2019-2020
PI: Genya Shimkin, University of Washington Consulted regarding trans competency of study to assess a new tool designed to improve interactions between medical providers and trans youth; facilitated focus groups with trans youth	
Trans Economic Empowerment Coalition, Consultant & Analyst	2019-2020
Provided secondary analysis of community needs assessment conducted by coalition of community organizations	
WINTER Study: Women's Illness Narrative through ED and Remission, Analyst	2018-2019
PI: Erin Harrop, University of Washington. Utilized Dedoose to analyze data from TL1 funded mixed methods study of atypical anorexia	
Trans Bodies Trans Selves, Research Associate	2018-2019
PI: Kelsey Pacha. Qualitative study gathering experiences related to being transgender from community members for 2 nd edition of Trans Bodies, Trans Selves	
Trans Individuals, Stress, & Perfectionism, Research Associate	2018
PI: Natasha Gadinsky, Palo Alto University. Recruited for & assisted in conducting two focus groups with trans adults.	
The Different Strokes Study: Sexual & Gender Identity Development in Bi/Pan Emerging Adult Men, Analyst	2018
PI: Katie Querna, University of Washington. Utilized ATLAS.ti to code semi-structured qualitative interviews; consulted during the analysis process to enhance trans competency.	
Caring & Aging with Pride, Research Assistant	2016-2018
PI: Karen Fredriksen-Goldsen. University of Washington. Conducted literature review & assisted in analysis of transgender sub-sample of longitudinal mixed methods NIH/NIA funded study (R01 AG 026526) of the health and well-being of older LGBTQ adults.	
Southwest Interdisciplinary Research Center, Data Entry & Analysis	2015-2016
Enter variety of data from evaluation projects into SPSS, Qualtrics, and other databases; run descriptives for preliminary results	

Gender & Sexual Minority Women in Committed Relationships: Examining Patterns of Alcohol & Drug Use, Co-Investigator	2014- 2016
PI: Natasha Mendoza, Arizona State University. Assisted in designing, delivering, and analyzing mixed methods study.	
Phoenix LGBTQ Youth & Young Adult Needs Assessment, Principal Investigator	2015
Designed, delivered, and analyzed quantitative needs assessment of young adults (ages 14-28) receiving services.	
Researching Gender & Sexual Minorities in Arizona: An Enhanced Evaluation of a Community Level Investigation, Co-Principal Investigator	2013- 2014
Designed & delivered program evaluation and needs assessment related to alcohol-use harm prevention program serving the LGBTQ community.	

PRESENTATIONS

Refereed Presentations

28. Kattari, S., Ash, B., Kattari, L., **Harner, V.**, & Collins, C. (2022, January). Differential Experiences of Dating Violence and Sexual Violence Among Trans/Gender Diverse Youth. *Sexuality and Social Work Global Conference*. Virtual/Washington DC.
27. **Harner, V.**, Moore, M., Chrivoli, J., Casillas, B., & Lopez Olivares, A. (2022, January). “This is the easy stuff”: Trans patient preferences for gender-related data collection in healthcare settings. *Harborview Injury Prevention & Research Center Works in Progress*. Virtual.
26. **Harner, V.** & Collins, C. (2021, November). Differential experiences of dating violence and sexual violence among trans/nonbinary youth. *Council on Social Work Education Annual Program Meeting*. Orlando, FL
25. **Harner, V.** (2021, September). Trans Adults Amidst the COVID-19 Pandemic: Quality of Life, Pandemic Impact, & Vaccine Preferences. *Sexuality and Social Work Global Conference*. Virtual.
24. **Harner, V.**, Casillas, B., Chrivoli, J., & Moore, M. (2021, September). “This is the easy stuff”: Trans patient preferences for gender-related data collection in healthcare settings. *Sexuality and Social Work Global Conference*. Virtual.
23. **Harner, V.** (2021, September). TRANSgenerational: Knowledge & support sharing in trans communities. *Willst du mit mir gehen? ein Vernetzungstreffen für Wissenschaft, Kunst, Aktivismus und Leben*. Virtual.
22. **Harner, V.** (2021, August). Trans Adults Amidst the COVID-19 Pandemic: Quality of Life, Pandemic Impact, & Vaccine Preferences. *Harborview Injury Prevention & Research Center Works In Progress*. Virtual.
21. **Harner, V.**, Keo, B. S., Ovalle, C., Seelman, K. L., & Jenkins, G. T. (2021, January). Roundtable discussion: Dismantling cishnormativity in the development of social work research. *Society for Social Work and Research Conference*. Virtual.
20. Harrop, E., **Harner, V.**, & Bishop, A. (2020, November). Research Methods 101: Integrating a Social Justice Lens into Foundation Research Courses. *Council on Social Work Education Annual Program Meeting*. Virtual.
19. **Harner, V.** (2020, November). Trans Intracommunity (T4T) Support: a Scoping Literature Review. *Council on Social Work Education Annual Program Meeting*. Virtual.
18. **Harner, V.** & Lyrix-Astyriel, A. (2020, April). Speaking Up Isn’t Enough: Supporting Deaf/HOH Students. *University of Washington Teaching & Learning Symposium*.
18. **Harner, V.** (2019, April). Setting the Tone: Why Asking For Pronouns Isn’t Enough. *University of Washington Teaching & Learning Symposium*. [poster design finalist]

17. **Harner, V.** (2019, April). Introducing a Framework for Conceptualizing Trans Identities. *University of Washington Inaugural Interprofessional LGBTQ Health Conference.*
16. **Harner, V.** (2019, April). Let's Talk About Sex: Deconstructing the Category of "Biological Sex." *University of Washington Inaugural Interprofessional LGBTQ Health Conference.*
15. Shelton, J., Wagaman, A., Dziengel, L., Dodd, SJ, **Harner, V.**, McInroy, L. (2018, November). Cisgender, Transgender, Bigender, Nonbinary, Genderfluid in Social Work...What's it about? Let's Talk! *Council on Social Work Education Annual Program Meeting. Orlando, FL.*
14. **Harner, V.** (2018, April). Trans-Informed Teaching: Beyond Names and Pronouns. *University of Washington Teaching & Learning Symposium.*
13. **Harner, V.** & Mendoza, N. (2018, January). Gender/Sexual Minority Young Adults in the Southwest: Experiences of Violence and Mental Health. *Society for Social Work and Research Conference. Washington, DC.*
12. Mendoza, T., Thomas, D., **Harner, V.** & Ford, A. (2018, January). Substance Use and Relationship Satisfaction Among Sexual Minority Women. *Society for Social Work and Research Conference. Washington, DC.*
11. **Harner, V.**, Fredriksen-Goldsen, K., Kim, H-K., & Jung, H. (2018, January). An Equity Perspective to Investigate Identity, Social Relationships, and Work-Related Life Events Among Transgender Midlife and Older Adults. *Society for Social Work and Research Conference. Washington, DC.*
10. Kim, H-K., Jen, S., & **Harner, V.** (2017, October). Promoting Equality and Addressing Disparities among LGBTQ Aging Adults through Inclusive Programming. *Fabulous Aging Conference. Tukwila, WA.*
9. Mendoza, T., Wohler, B., & **Harner, V.** (2016, June). Social work practice with the LGBTQ community: Substance use and addiction. *Let's Get Better Together LGBTQ Behavioral Health Conference. Tucson, AZ.*
8. **Harner, V.** & Mendoza, N. (2016, April). The Unmet Social Support and Behavioral Health Needs of Youth & Young Adults. *Southwest Interdisciplinary Research Center's 13th Annual Research Conference. Phoenix, AZ.*
7. **Harner, V.** (2016, March). The Unmet Social Support and Behavioral Health Needs of Youth & Young Adults. *Annual Interdisciplinary Research Symposium, Arizona State University. Phoenix, AZ.*
6. **Harner, V.** (2016, February). Unbinding the binary: Exploring the construct of gender as professionals. *Queering Arizona Conference. Phoenix, AZ.*
5. Mendoza, T. & **Harner, V.** (2016, May). Women with women: Examining patterns of alcohol and drug use. *Let's Get Better Together LGBTQ Behavioral Health Conference. Tucson, AZ.*
4. **Harner, V.** (2016, April). The binary unbound: Serving the next generation of gender/sexual minorities. *12th Annual Cesar Chavez Behavioral Health Conference. Phoenix, AZ.*
3. Mendoza, T. & **Harner, V.** (2015, October). The needs and experiences of gender minority youth and young adults experiencing homelessness. *Council on Social Work Education Annual Program Meeting. Denver, CO.*
2. **Harner, V.** (2014, May). Beyond the binary: Identifying, embracing, and serving existing and emerging non-binary identities. *Let's Get Better Together LGBTQ Behavioral Health Conference. Tucson, AZ.*
1. **Harner, V.** & Vail Cruz, J. (2014, May). Moving Service to Science: Initial Findings of an LGBTQ Community-Level Intervention. *Let's Get Better Together LGBTQ Behavioral Health Conference. Tucson, AZ.*

Invited Presentations & Speaking Engagements

14. **Harner, V.** & Moore, M. (2022, July). Methodological Insights on Exploring Trans Patient Preferences Regarding Gender-Related Data Collection. *Oregon Health Authority Injury & Violence Prevention Section*. Portland, OR.
13. **Harner, V.** (2022, June). What even is coding? *HIPRC Qualitative Methods Series*. Seattle, WA.
12. **Harner, V.** (2022, June). [PhD Speaker](#). *UW SSW Graduation*. Seattle, WA.
11. **Harner, V.** (2022, June). [Keynote Address](#). *Lavender Graduation, UW Q Center*. Seattle, WA.
10. **Harner, V.** (2022, March). “Qualitative Methodology: Focus Groups vs Interviews.” *HIPRC INSIGHT REACH Summer Research Training Program*. Seattle, WA.
9. **Harner, V.** (2021, October). “Bleibe So Tapfer Wie Bisher”: Critical Social Work & the Duty to Stay Present. *UW School of Social Work Leading Lights Lecture*. Seattle, WA.
8. **Harner, V.** (2021, March). Reconsidering “Biological Sex”: Conceptual and Practical Traps. *UW International Clinical Research Center (ICRC)*. Seattle, WA.
7. **Harner, V.** (2020, November). The Next Step: Addressing Microaggressions as a TA. *UAW 4121 Third Thursday Anti-Discrimination Workshops*. Seattle, WA.
6. **Harner, V.** (2019, September). Presenting Information Effectively in the Classroom. *UW Center for Teaching and Learning Teaching Assistant Conference*. Seattle, WA.
5. **Harner, V.** (2019, September). Equity & Access: Teaching Practices in the Diverse Classroom. *UW Center for Teaching and Learning Teaching Assistant Conference*. Seattle, WA.
4. **Harner, V.** & Shelton, J. (2019, January). Pre-Conference Capacity Building Workshop: Conducting Research with Gender/Sexual Minorities. *Society for Social Work and Research Conference*. San Francisco, CA.
3. **Harner, V.** (2018, September). Teaching Your Own Class: The First Day and Beyond. *UW Center for Teaching and Learning Teaching Assistant Conference*. Seattle, WA.
2. Kennedy, M. & **Harner, V.** (2017, May). Reteaching Gender & Sexuality: Suicidality Among Trans and Queer College Students. *Jed Campus Program - Higher Education Conference*. Seattle, WA.
1. **Harner, V.**, Young, J., & Vega, J. (2016, February). Non-binary experiences and erasure. *Phoenix Anti-Capitalist Conference*. Phoenix, AZ.

Panels

Panelist, Writing Competitive Conference Abstracts, Cross-Cohort Doctoral Proseminar, UW School of Social Work	2021
Panelist, Self-Advocacy Conversation & Workshop: Showing up for Yourself & Others, University of Washington Dawg Daze	2021
Panelist, Universal Design for Learning against a Background of Injustice, University of Washington Department of Philosophy	2021
Organizer, Navigating the Academic Job Market while LGBTQ, LGBTQ Caucus of Faculty & Students in Social Work	2020
Organizer, Black & Trans: Showcasing Community Leaders, University of Washington School of Social Work Queer/Trans Group	2020
Panelist, Supporting Students from Underrepresented Groups & First-Generation Students, University of Washington Center for Teaching & Learning	2020
Panelist, iDENTity Beyond the Binary: Better Serving Trans/Nonbinary Patients, University of Washington School of Dentistry	2019
Panelist, Diversity Dialogue: AZ’s Transgender Community in the Media, <i>The Arizona Republic</i>	2016

Panelist, Experiences of Non-Binary Individuals, Phoenix College	2015
Panelist, Experiences & Needs of Gender Minorities in the Healthcare Field, Southwest Center for HIV/AIDS	2014

TEACHING EXPERIENCE

Intellectual & Historical Foundations of Professional Social Work Practice, Sole Instructor (MSW)	Fall 2018, 2019, 2020, 2021
Foundations of Social Welfare Research, Sole Instructor (MSW)	Winter 2020, 2021
Using Qualitative Methods to Explore Clinician Attitudes/Beliefs of Psychedelic Assisted Psychotherapy, MSW Independent Study Advisor	Summer 2020
Medical Social Work with Queer & Trans Communities, MSW Independent Study Advisor	Spring 2019
Social Work Practice with Trans & Queer Communities, Sole Instructor (BASW/MSW)	Spring 2018, 2019
Organizational Practice, Teaching Practicum (MSW)	Winter 2018
Intergroup Dialogue Facilitation, Teaching Assistant (MSW)	Fall 2017
Introduction to Social Work, Teaching Assistant (BASW)	Winter 2017
Evidence-Based Treatment of Substance Use Disorders, Teaching Assistant (MSW)	Spring 2016
LGBTQ Issues in Social Work, Teaching Assistant (BASW/MSW)	Fall 2014 - Spring 2016

FUNDING (SCHOLARSHIPS, FELLOWSHIPS, & GRANTS)

King County Regional Scholarship Recipient, Pride Foundation	2019
Top Scholar Award Fellowship, University of Washington Graduate School	2017
Gottlieb Award Fellowship, University of Washington School of Social Work	2017
Recipient of Bhatti Merit Based Scholarship, Arizona State University	2015
Recipient of Kettner Moroney Merit Based Scholarship, Arizona State University	2015
Co-PI (PI: Jason Vail Cruz). Safe Out: An enhanced evaluation of a community level intervention. SAMHSA Service to Science Initiative (\$21,450). Community Prevention, Terros Behavioral Health, Inc.	2013

In progress

Harborview Injury Prevention & Research Center 2023 CDC Competing Renewal (RFA-CE-24-001) (\$140,000)
American Psychological Foundation Wayne F. Placek Grant (\$9,000)

Not awarded/funded

UW School of Social Work Almgren Dissertation Award	2021
UW Magnuson Scholarship	2020, 2021
Point Foundation Scholarship	2017, 2018, 2020

AWARDS & HONORS

Recipient, Sexual Orientation, Gender Identity, & Expression (SOGIE) Scholarship Award, Council on Social Work Education	2021
Nominee, MLK Community Service Recognition Award, University of Washington School of Social Work	2021
Recipient, Excellence in Teaching Award, University of Washington	2020
Recipient, Husky 100 Merit Based Award, University of Washington	2020
Passed with Distinction, General Oral Exam, University of Washington	2020
Nominee, BASW Students' Choice Teaching Award	2019
Nominee, MSW Students' Choice Teaching Award	2019, 2021
Finalist, Poster Design Competition, Symposium of Teaching & Learning, University of Washington	2019
Finalist, Excellence in Teaching Award, University of Washington	2019
Awarded Outstanding Graduate, School of Social Work, Arizona State University	2016
Nominee, Trans* Leader Award, Trans* Spectrum of Arizona	2015
Recipient of Arijit Guha Advocacy Award, Arizona State University	2015

ADDITIONAL PROFESSIONAL EXPERIENCE

UW Department of Human Resources, SafeCampus, Training Specialist Work with a team to develop, implement, and evaluate a Prevention of Sexual Harassment training for academic student employees	2022- <i>present</i>
UW School of Social Work Office of Academic Affairs, Student Assistant Consult & support faculty/staff on accessible teaching methods in online instruction	2020, 2021

Ingersoll Gender Center, Interim Program Coordinator	2018
Lead the recruitment, training, and ongoing support of peer support group facilitators; lead community outreach efforts	
National Council on Alcoholism and Drug Dependence, Data Consultant	2015-2016
Consult on data collection systems and instruments (i.e., intake, tracking client outcomes)	
Integrated Mental Health Associates, Operations Support Coordinator	2015
Build policies & procedures, enhance efficiency of existing procedures, create billing tracking system	
Terros Behavioral Health Services, Lead Community Development Coordinator in Community Prevention	2012-2014
Coordinate Safe Out program, facilitate outreach and outreach activities, design and present variety of trainings (e.g., community education, responsible beverage serving), write quarterly and annual reports, conduct variety of data collection projects (e.g., community needs assessment, community readiness assessment, coalition functioning instrument)	
Everest University Online, New Student Coordinator, Student Services	2011-2012
Act as academic advisor to students from their point of enrollment through the first 30-60 days of class	
Arizona State University, Administrative Assistant, Leadership & Workforce Development, Human Resources	2010-2011
Arizona State University, Office Assistant, Service Center, Facilities Management Administration	2006-2010

CONSULTING & PROGRAM EVALUATION

The UW Resilience Lab, University of Washington	2020
Consult on disability and accessibility inclusion in “Well-Being in Life & Learning: a Guidebook for Advancing Student Well-Being at the University of Washington”	
School of Oceanography, University of Washington	2020
Deliver workshop on microaggressions and accountability to faculty	
School of Environmental and Forest Sciences, University of Washington	2018-2019
Design & deliver workshop series on microaggressions and accountability to doctoral students, post-docs, faculty, and staff	
School of Social Work, Arizona State University	2018
Update curriculum for SWU 461/SWG 561 – LGBTQ Issues in Social Work	
Ingersoll Gender Center	2017
Design process evaluation of transgender focused peer support group	
Transgender Affirming Practice in Medical Settings, A.T. Still University	2016-2017
Assist in creation of transgender affirming medical practice training to be delivered in a hospital setting	
Southwest Behavioral Health & Services	2016
Provide guidance, input, and resources for the creation of training regarding serving transgender clients	

Program Evaluation	2015
Logic model facilitation, program evaluation research design, & measurement consultation at the following agencies: Treehouse Recovery Center, Mulligan’s Manor, Integrated Mental Health Associates, Rebel & Divine UCC, Out the Box Arts Collective	
National Council on Alcoholism and Drug Dependence	2014-
Assist in creation of evaluation procedures and program evaluation research design	2015

PROFESSIONAL SERVICE

Field Instructor, EPIC Program, University of Washington	2022-present
Ad hoc reviewer, <i>Bulletin of Applied Trans Studies</i>	2022
Budget Workgroup, UAW 4121	2022
PhD Program Assistant Director Hiring Committee, UW School of Social Work	2021
Ad hoc reviewer, <i>Journal of Homosexuality</i>	2021
ASE Unit Chair, Union of Academic Workers (UAW 4121)	2021-2022
Ad hoc reviewer, <i>International Journal of Environmental Research and Public Health</i>	2021
Community Advisory Board member, the VITAL study (NIH-funded study examining the Vaginal Immune Effects of Testosterone in Transmasculine Individuals), University of Washington	2021-present
Community Advisory Group member, the Silberman Center for Sexuality & Gender (SCSG) at Hunter College, the City University of New York	2021-present
Ad hoc reviewer, <i>Journal of the Society for Social Work and Research</i>	2021
Award Selection Committee Member, Excellence in Teaching Awards, University of Washington Center for Teaching and Learning	2021
Organizer, Communications Workgroup, UAW 4121	2020-2022
Ad hoc reviewer, <i>Journal of Interpersonal Violence</i>	2020
Ad hoc reviewer, <i>American Journal of Preventive Medicine</i>	2020
PhD admissions reviewer, UW School of Social Work	2020
Ad hoc reviewer, <i>SSM Population Health</i>	2019
Ad hoc reviewer, <i>Transgender Health</i>	2019
Ad hoc reviewer, <i>Children and Youth Services Review</i>	2019
Communications Coordinator, LGBTQ Caucus of Faculty & Students in Social Work	2019-present
Planning Committee, UAW 4121 UW Trans Resource Fair	2019
All Gender Restroom Planning Committee, UW School of Social Work	2019
Organizer, Anti-Discrimination Workgroup, UAW 4121	2019-2022
MSW Admissions Committee, UW School of Social Work	2018, 2019
Planning Committee, UW Interprofessional LGBTQ Health Conference	2018-2019

Organizer, Trans Equity Workgroup, UAW 4121	2018-2019
Ad Hoc Committee to Rename Flagship Journal, LGBTQ Caucus of Faculty & Students in Social Work	2018-2019
Organizer, Queer/Trans Student Group, UW School of Social Work	2017-2022
Head Steward, Union of Academic Student Employees (UAW 4121), UW	2017-2021
Member, Social Justice Committee, UW School of Social Work	2017-2019
Student Representative, PhD Program Committee, UW School of Social Work	2017-2019
Peer Support Group Facilitator, Ingersoll Gender Center	2016-2021
Intern, Southwest Interdisciplinary Research Center, ASU	2015-2016
Kitchen Coordinator, Rebel & Divine UCC, Phoenix, AZ	2015-2016
Special Projects Coordinator, Rebel & Divine UCC, Phoenix, AZ	2014-2016
Intern, New Pathways for Youth, Phoenix, AZ	2014-2015
LGBTQ/GSM State Advisory Board, Arizona Dept of Health Services	2013-2014
Gender/Sexual Minority Advisory Committee, Arizona Coalition to End Sexual and Domestic Violence	2013-2014
Co-Founder & Co-Chair, InQUEERy Research Collaborative, Arizona State University	2013-2016
Public Relations Chair, LGBTQ Consortium of Arizona	2012-2014

TRAININGS & NON-CONFERENCE PRESENTATIONS

Harner, V., Identity, Social Relationships, and Work-Related Life Events Among Transgender Midlife and Older Adults

2018: Multi-Gen Brown Bag, School of Social Work, UW

Harner, V., Gender 101: Unbinding the Binary Workshop for Young Adults

2017: Ingersoll Gender Center Peer Support Group

2015: One N Ten Mesa Youth Group, One N Ten Scottsdale Youth Group, Trans* Spectrum Youth Group

Harner, V. Beyond the Binary: Identifying, Embracing, and Serving Existing and Emerging Non-Binary Identities

2016: CHEEERS Recovery Center

2014: Domestic & Sexual Violence Advocates at the Arizona Alliance for Community Health Centers, Southwest Center for HIV/AIDS, Chrysalis & Sojourner Domestic Violence Shelters, Department of Health Services Gender and Sexual Minority Advisory Board, Arizona Coalition to End Sexual and Domestic Violence

Harner, V. & Mendoza, T. , Collecting Queer Demographics

2016: ASU SIRC Evaluation & Partner Contracts, InQUEERy Queer Research Collaborative, Arizona State University

2014: InQUEERy Queer Research Collaborative, Arizona State University

Mendoza, T. & Harner, V., Logic Model Facilitation

2015: TreeHouse Learning Community

Harner, V. The Needs and Experiences of Gender/Sexual Minority Youth and Young Adults in Phoenix, Arizona

2015: Rebel & Divine UCC Steering Committee

Harner, V. Unbinding the Binary: Exploring the Construct of Gender in Our Profession

2015: InQUEERy Queer Research Collaborative, Arizona State University

Harner, V. & Vail Cruz, J. Safe Out: Safer Bar and Drinking Habits for Young Adults

2013, 2014: In10 Youth Community Center

Harner, V. & Vail Cruz, J. Improving Organizational Culture & Capacity to Treat LGBTQ Patients

2014: Arizona Alliance for Community Health Centers

Harner, V. & Vail Cruz, J. Invisible Populations: Serving Gender and Sexual Minority Domestic Violence Survivors

2014: Arizona Coalition to End Sexual and Domestic Violence

Harner, V. & Vail Cruz, J. Safe Out: Community Education for Adults

2013: Chicanos Por La Causa, Terros Together Programs, Youth & Families First, The Station Apartments, Public Allies

GUEST LECTURES

Gender Identity Construction & the Impact on Access to Services

2022: Cultural Diversity and Societal Justice, UWT School of Social Work & Criminal Justice

A Participatory Introduction to Quantitative Analysis Using SPSS

2022: Foundations of Social Welfare Research, UW School of Social Work

“Bodies are Never Singular”: Clinical Responsibility to Dismantle System-Level Ableism

2021: Diversity in Clinical Psychology, Washington State University

Trans Tensions: Connecting the Historical & Contemporary

2021: Social Welfare Policy, UW School of Social Work

The COVID Crisis in India: Organizing our communities to respond, with Vaidyanathan, A.

2021: Macro Social Work, UW School of Social Work

Interpreting Gender: Building Trans Competency as a Vehicle to Discuss Data Interpretation & Visualization

2019, 2020: Social Welfare Research & Evaluation, UW School of Social Work

Measuring Gender: Research & Measurement Design

2019: Social Welfare Research & Evaluation, UW School of Social Work

At the Intersection of Trans and Disabled

2020: Cultural Diversity & Justice, UW School of Social Work

2018: Intro to Disability Studies, UW Disability Studies

Trans Communities & Civil Rights

2017, 2018, 2019, 2020: Intro to Social Work, UW School of Social Work

Safe Out: Combatting LGBTQ Binge Drinking Through a Community Prevention Program

2018: Community Practice, UW School of Social Work

The Power & Framing of Marriage Equality as a Social Movement

2018: Community Practice, UW School of Social Work

Identity, Relationships, & Work-Related Life Events Among Trans Midlife & Older Adults

2018: Research Methods, UW School of Social Work

Trans 101 & Social Work's Role

2018, 2019: Cultural Diversity & Justice, UW School of Social Work

Trans & Queer Research Methodology

2017: Research Methods, UW School of Social Work

System-Engaged Trans and Queer Youth

2017: Intro to Social Work, UW School of Social Work

Working with LGBTQ High School Students

2016: Exploration of Education, ASU Division of Teacher Preparation

Gender/Sexual Minorities: Identities & Issues

2016: Social Work Administration, ASU School of Social Work

2015: LGBTQ Issues in Social Work, ASU School of Social Work

Violence & Hate Crimes Impacting LGBTQ Individuals

2015: LGBTQ Issues in Social Work, ASU School of Social Work

Bisexual & Transgender Emergence

2015: LGBTQ Issues in Social Work, ASU School of Social Work

LGBTQ Health Issues

2014: LGBTQ Issues in Social Work, ASU School of Social Work

MEDIA

UW doctoral student leads effort to change diploma name policy, demonstrating power of trans community , UW News	2022
UW Registrar Allows Chosen Names on Diplomas , UW Daily Student Newspaper	2022
Leading Lights Lecture: Critical Social Work & the Duty to Stay Present , UW SSW	2021
6000 strong: Student labor and community organizing with the UAW Local 4121 , UW Daily	2021
UW considers allowing chosen names on diplomas after petition garners widespread support , UW Daily	2021
Graduate student union renegotiates contract with UW administration , UW Daily	2021
Supporting Underrepresented Students , UW Center for Teaching and Learning	2020
Doctoral candidate Vern Harner receives Excellence in Teaching Award , UW School of Social Work	2020
From crowd-sourced maps to virtual coffee dates, graduate students support the community during COVID-19 , UW Grad School	2020
Trans Resource Fair at UW , UW Daily	2019

Podcast on Intersections of Trans Identity , Transform Podcast: Beyond Transition	2018
ASU's InQUEERy Fosters Inclusivity for the LGBTQ Community , My Local News	2016
2016 ASU College of Public Programs Outstanding Graduates , ASU	2016
Highlights from the AZ Republics Diversity Dialogue with Arizona's Transgender Communities , AZ Republic	2016
Pastor Redefines 'Church' For Transgender Youth , NPR	2016
Transgender Discrimination, Depression, Identity, and Resilience , North Star Post	2016
A Phoenix Church Practices Dinner, Not Worship , KJZZ	2015
InQUEERy: Networking Group Brings Together Queer Researchers, Professionals, and Academics in Phoenix , Echo Magazine	2015
Students Say ASU Application Leads To Discrimination , ASU State Press	2015
ASU Collaborative Explores Queer Research , ASU State Press	2015
LGBTQ Research Collaborative Holds Workshop on Non-Binary Views on Genders , ASU Downtown Devil	2015
LGBTQ Clothing Bank Sees Major Success Since Spring Opening , ASU Downtown Devil	2015

CURRENT AFFILIATIONS

Society for Prevention Research	2022-present
Social Development Research Group, University of Washington	2021-present
Harborview Injury Prevention & Research Center	2020-present
Sexualities, Relationships, & Gender Research Collective	2019-present
Society for Social Work and Research	2017-present
LGBTQ Caucus of Social Work Students & Faculty	2016-present
Council on Social Work Education	2016-present
National Association of Social Workers	2016-present