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Rights or Wrong? Perceptions of Trans People Among Undergraduate Students

By

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# PERCEPTIONS OF TRANS PEOPLE

Abstract

Transgender people are still facing discrimination and misconceptions regarding their lives and lived experience (Abraham, 2016; Clements-Nolle, Katz & Marx, 2006; Finkenauer et. al, 2012; Maclean, 2016; Pyne, 2011; Roussy, 2016). Few studies have examined public perceptions of transgender people. By surveying undergraduate students, this thesis hopes to examine perceptions of transgender people and trans rights. This thesis examines the discrimination and marginalization of trans people. Education about trans identities, rights and issues is crucial, and a study evaluating perceptions of university students at the Faculty of Social Sciences and Humanities is an important step towards research, as opposed to evidence-based policy development, that addresses gaps and deficiencies in education. Results of this survey reveal that the majority of respondents show understanding and support for trans people and trans rights. A notable number of respondents, however, show potential misunderstandings of trans people and trans rights, or hesitate to share a socially undesirable answer. This study can provide direction on future research that addresses gaps in education to foster better transgender awareness and understanding.

*Keywords:* Transgender, Transgender Theory, Perceptions of Trans People, Undergraduate Perceptions,

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## Chapter One: (Mis)Understanding Trans Identities

This thesis will study undergraduate student perceptions of trans individuals and support for trans rights. I will begin by examining topics such as the definitions and misconceptions that currently exist regarding trans individuals. I will also explore the unique difficulties and challenges faced by trans individuals. For the purpose of this thesis, the term trans is used as an umbrella term for transgender, which is typically used for those who are gender non-conforming. This includes, but is not limited to the following terms: transgender, gender queer, gender fluid, non-binary, genderf\*ck, a-gender, non-gender, third gender, two spirit, bi-gender, transman and transwoman. This thesis will begin with a discussion of misconceptions surrounding trans people, their unique challenges and public perceptions. It will then discuss the past and current state of trans rights and how the trans community has been at the forefront of the trans rights movement. Feminist, queer and trans theories will be analyzed in order to situate the thesis survey questions. The methodology chapter will overview the survey questions, then the results chapter will discuss the survey results in detail. Finally, the thesis will conclude with the limitations of this study and propose ideas for future research.

### **Sexual Orientation, Gender Identity and Common Misconceptions**

Trans identity is often mistaken for a form of sexual orientation. Within the LGBT acronym, T stands for transgender (gender identity) while LGB stands for lesbian, gay and bisexual (sexual orientations) (Curry, 2014). Sexual orientation describes romantic and sexual attraction to another person (Tate et. al., 2014), with some sexual

orientation identities including those of the lesbian, gay, bisexual (Curry, 2014) and pansexual communities. Including the transgender identity marker (T) within the LGB umbrella has obscured and distorted its meaning (Curry, 2014). The term transgender describes people whose gender identity is different than the one assigned at birth, whereas cisgender people are those whose gender identity matches the one assigned at birth (Tate, Youssef, & Bettergarcia 2014). There are a variety of identities that are different from the binary categories (male and female) assigned at birth (Tate et. al., 2014).

Within the LGBTQ community, it is important to note that some identities are privileged over other identities (Kacere, 2015). This is referred to as homonormativity, which privileges cisgender, white, middle-class gay people as the representation of all queer experiences (Kacere, 2015). The term homonormativity refers to assumptions, values and behaviours that harm and marginalize people within the LGBTQ community *by* the LGBTQ community (Kacere, 2015). There is an assumption that trans people identify as LGB (“The Center for Equality,” 2015). This misconception is often a result of the transgender identity marker “T” being included in the LGBTQ acronym, mistaking it as a sexual orientation (Curry, 2014). Many trans people identify as straight, as gender identity and sexual orientation are not linked (“Transgender 101,” 2015).

Another common misconception is that gender expression is linked to gender identity (Aleshire, 2016). Gender identity is what one feels their gender is (Aleshire, 2016). Gender expression is how a person shares their beliefs about their own gender in



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relation to masculinity and femininity (Henrichs-Beck & Szymanski, 2017). Gender expression can be done through clothing and other cultural cues (Aleshire, 2016). As gender expression can be done through clothing, it is important to note that cross-dressing is the act of dressing in clothing that is popularly perceived as appropriate for the opposite gender for either personal or sexual enjoyment (Curtis & Morris, 2015). People who cross-dress do not wish to permanently change their sex or live full-time as the opposite gender (“GLAAD Media Reference,” 2017). Gender expression can sometimes line up with gender identity, as some wish to align their gender identity (ie: woman) with their gender expression (ie: traditionally feminine clothing) (“GLAAD Media Reference,” 2017). However, cross-dressers express themselves for the enjoyment of it, not to align their gender expression with their gender identity (“GLAAD Media Reference,” 2017).

Another misconception that prevails is that trans people are confused about their gender (“Transgender 101,” 2015). This is often a result of the DSM’s Gender Identity Dysphoria diagnosis, which is defined as the conflict between one’s assigned gender and one’s gender identity (Beredjick, 2012). However, trans people have a gender that they identify with – it is just not cisgender (“Transgender 101,” 2015). The concept of gender dysphoria is related to the idea that trans people feel “trapped” in the “wrong” body (Talusán, Tobia, Milan & Fonseca, 2016). In fact, not all trans people feel trapped in the wrong body; the difficulties they face are a result of how society treats them (Talusán et al., 2016).

There is a pervasive misunderstanding that trans people pose a threat within public bathrooms, which has become the fuel for 'bathroom bills' across the United States (Brabaw, 2017). Bathrooms are where trans people need privacy protection the most as they face harassment, assault and denial of access (Drescher, 2016). Bathrooms are where trans people experience violence that can result in physical and psychologically debilitating harm (Schmidt, 2013). Trans people often avoid using the bathroom for fear of discrimination and violence, which can result in serious health problems such as bladder and kidney infections, cystitis, chronic dehydration and urinary stones (Schmidt, 2013).

This thesis will now shift to discuss the challenges faced by trans people. As with the U.S. bathroom bills being fuelled by misconceptions, the following section will examine in detail the multiple challenges that trans people face within Canada, the U.S. and internationally.

### **The Unique Challenges Faced by Trans Individuals**

It is important to recognize the challenges that trans people face as a result of social, economic and cultural marginalization. These challenges can intersect with poverty, disability and substance abuse (Abraham, 2016) Trans people are more likely to experience discrimination in both family and social structures, such as education and employment (Finkenauer et. al., 2012; Grant et. al., 2011; Landsittel, 2010).

Discrimination can lead to financial and economic difficulties, as trans people can lose their jobs due to pervasive discrimination (Finkenauer et. al., 2012). Prejudice against

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trans people exist in structures like housing, access to health care and law enforcement (Finkenauer et. al., 2012), leading to compounded difficulties. The erasure of trans identities is found within health care, specifically when it comes to intake forms (only having the identity of male or female available to choose) and needs assessment (lacking trans inclusion) (Pyne, 2011). Healthcare providers are often not educated in trans-related health care, which leads to issues such as mis-gendering patients and not taking their concerns seriously, as many healthcare professionals overlook symptoms experienced by trans people (Roussy, 2016). Symptoms are often overlooked as a side effect to trans-related medical care, such as hormone therapy (Roussy, 2016).

With regards to mental health, Bockting et. al. (2013) found higher levels of depression, anxiety, somatization and psychological stress in transgender respondents compared to their non-transgender respondents. These levels were also higher in transgender respondents compared to lesbian and gay respondents (Bockting et al., 2013). Clements-Nolle, Katz and Marx (2006) found that a history of attempted suicide was higher for trans respondents who were white, under the age of 25, recently unemployed and had been previously incarcerated. Attempted suicide rates were associated with depression, low self-esteem, history of drug or alcohol treatment, forced sex, and both verbal and physical discrimination (Clements-Nolle et al., 2006). Bockting et al., (2013) found that psychological distress levels in trans people were directly impacted by stress related to social stigma, prejudice and discrimination. These stresses can be a result of external and internal experiences (actual experiences of stigma, and discrimination or

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perceived/fear of stigma and discrimination) (Bockting et al., 2013). Social support and self-acceptance can reduce the impact of such stressors on the well-being of trans persons (Bockting et al., 2013).

Transgender people are 25 times more likely to commit suicide than the general population (Maclean, 2016). Forty-one percent of the trans community have attempted suicide, compared to 4.6% of the general population (Abraham, 2016). The transgender population is estimated to be between 0.3 – 0.5% of the U.S population, however it is important to note that the actual population is unknown (Reisner, et. al., 2016). A recent study estimates the population could be close to 1 million within the U.S (Meerwijk & Sevelius, 2017). Psychological risks in trans people is directly linked to the stress resulting from society's intolerance and aggressive attitude (Clements-Nolle et. al., 2006; Goldblum et. al., 2012, Kenagy & Bostwick 2005, Testa et. al., 2012; Testa et. al., 2013), which can increase the risk of homelessness, due to issues such as harassment in schools, employment discrimination, housing rejection and familial rejection (Grant et. al., 2011; Pyne, 2011). Trans people are also at higher risk of contracting HIV/AIDS (Finkenauer et. al., 2012). The higher HIV/AIDS risk is attributed to having condomless sex with men and sharing injection needles (for either drugs or hormone therapy) (Neumann, Finlayson, Pitts & Keatley, 2017). Trans youth face marginalization, as half of homeless youth in America identify as LGBTQ (Beck, 2015). LGB and trans youth are bullied 2-3 times more than straight youth, causing both emotional and physical harm ("Study examines

sexual orientation,” 2010), with 60% of trans respondents reported being physically abused (Kenagy & Bostwick 2005; Testa et. al., 2013).

Trans individuals still experience rejection, slurs, feeling unwelcome in public, unfair service given in restaurants or hotels and being treated unfairly by employers (“A survey of LGBT,” 2013). They also experience difficulty in obtaining or maintaining jobs post-transition (Irving, 2015), without the same protections afforded to sexual orientation. They are also more vulnerable to physical and sexual assault on the job, as well as other forms of emotional and physical harassment (Irving, 2015).

Homeless shelters are gender-specific and create unsafe spaces for trans men and trans women (Pyne, 2011). Trans visibility impacts the ability to ‘blend in’ for safety and inclusion in homeless shelters, as low-income trans people cannot afford access to gender affirming care (hormone therapy, surgery etc.,) (Pyne, 2011). For women’s shelters, the more a trans woman presents femininity, the better chance they have to be welcomed (Namaste, 2000; Strang & Forrester, 2005 as cited in Pyne, 2011). The practice of gender-specific shelters and trans people having to ‘blend in’ erases the identities of gender-queer people (Pyne, 2011) and can contribute to their depression.

Passing (or being perceived as cisgender) does not make social stresses easier to deal with – in fact the concealment of one’s identity can contribute to being ‘hypervigilant’ about hiding one’s identity and the fear of consequences if their identity is discovered (Bockting et al., 2013). Those who hide their identity are unable to experience social support and self-acceptance that can be experienced when ‘coming out’ (Bockting

et al., 2013). Overall, education and awareness on the challenges faced by trans people remains limited (Bockting et. al., 2013).

Bockting et. al. (2013) found that trans women experienced high levels of stress as a result of society's stigmas, which might reflect that gender non-conformity for men has higher stigma than gender non-conformity for women. Coming out to family and friends helped relieve these stresses (Bockting et. al., 2013). Society's stigmas are reflected in verbal harassment, difficulties obtaining employment, access to healthcare or substance abuse services; it is equally as difficult for trans men and trans women (Bockting et. al., 2013). Regular contact with peer support is a way to alleviate stresses (Bockting et al., 2013). More types of discrimination were reported for respondents who identify as a person of colour and have less income (Bockting et al., 2013). The rates of depression were much higher for trans women over trans men (Bockting et al., 2013). Once trans women do transition, they experience a loss of status and privilege, whereas trans men experience the opposite (Bockting et al., 2013). Many older trans people have difficult or non-existent family and social support (Finkenauer et. al., 2012) with 4 out of 10 surveyed trans adults reporting discrimination and rejection by their family ("A survey of LGBT," 2013).

Trans people also face extreme violence in society through disproportionately high rates of physical and sexual violence (Cook-Daniels & Munson, 2010; Finkenauer, Sherratt, Marlow & Brodey, 2012; Grant et. al, 2011; Kidd & Witten, 2008; Lombardi, Wilchins, Priesling & Malouf, 2011; Witten & Eyler, 1999). Between the years of 2008

and 2016 worldwide, 2,115 trans people were murdered (“TvT Research Project”, 2017). Within Central and South America, Brazil is the most dangerous place for trans people with 868 murders between the years of 2008 and 2016 (“TvT Research Project,” 2017). Mexico followed Brazil with 257 murders and the United States reported 146 between the years of 2008 and 2016 (“TvT Research Project,” 2017). Within the United States, 23 of the total 146 murders of trans women happened in 2015 alone, marking a crisis for trans people (Abraham, 2016). In Canada, there were five murders between 2008 and 2016 (“TvT Research Project”, 2017). The vast majority of trans people murdered were sex workers, who made up a total of 502 of the 2,115 total murders (“TvT Research Project,” 2017). The highest causes of death were shootings, stabbings and beatings, which often happened on the street or in homes (“TvT Research Project,” 2017).

There is still a way to go in obtaining equitable rights, and the following chapter focuses on how transgender rights have changed over time. There is still a long way to go in gaining equal rights for trans people, as this chapter has highlighted the difficulties they face. The focus of the next chapter will be on how laws and social acceptance have changed, including the current state of trans rights.

## Chapter Two: Transgender Rights

### **The Past and Current States of Trans Rights**

The following section looks at the history of transgender people and their communities, including important milestones. By documenting important historical moments, this section provides a timeline for the transgender movement. This section will also highlight the work that trans people have done to strengthen their own rights. Trans activists, academics, mental health educators and members of the community itself were the influencers for the push for trans rights (Stryker, 2008). For example, trans health educator Ari Kane founded the Fantasia Fair in 1975, a trans gathering, as well as the Outreach Institute of Gender Studies in the same year (Stryker, 2008). Trans activist Holly Boswell published the article ‘The Transgender Alternative’ in 1991, claiming the word transgender encompasses the whole spectrum of gender (Stryker, 2008). In 1992, trans activist and attorney Phyllis Frye organized the first transgender law conference called International Conference on Transgender Law and Employment Policy (Stryker, 2008). Trans activists worked alongside Jamison Green, a female-to-male (FTM) community leader, to document the human rights abuses towards the trans community between 1993 and 1994, with the help of San Francisco’s Human Rights Commission (Stryker, 2008).

These are some examples of how trans people have fought, and won, for their rights. Trans people are actors in the continuing trans rights movement, as will be



highlighted throughout this chapter. At each step, trans people were actors in the support of eliminating trans discrimination and fighting for their rights.

### **Rights Movements**

Many cultures recognize a third gender (Findlay, 1996). Indigenous cultures that recognize a third gender include the Arabian Omani, Manu in Tahiti and Indigenous North Americans who recognize Two-Spirited (2-Spirited) peoples (Findlay, 1996). In the Aboriginal Klamath nations, transgender women were given special ceremonies by their society (Feinberg, 1992). In Indigenous cultures, everything is seen as having a spirit (Williams, 2010). Within the North American Indigenous culture, Two-Spirited people are regarded in high respect as they are seen as having both the spirit of a man and woman (the source of two spirits) (Williams, 2010). As this has highlighted Indigenous' cultures, there are many other cultures that recognize third gender and transgender people, such as the Hijras of India (Kalra, 2012). Despite this, Western culture has seen a trend towards the medicalization of transgender people (Strkyer, 2008).

The medicalization of trans identities accompanied the pursuit of sex re-assignment surgery (Stryker, 2008). Harry Benjamin, an American endocrinologist, first defined the term 'transsexualism' as a mental syndrome in 1966, however the medicalization of the trans communities has been persistent from the nineteenth century and onward (Lee, 2008). Early sexologists focused on what they believed to be the 'criminality' over sexual deviancies, believing that there was a medical and scientific basis to the criminality of being a sexual deviant (Lee, 2008). This meant that trans

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people had to be labelled sick in order to access medical support (Stryker, 2008). Magnus Hirschfeld (a German doctor) developed the term ‘Sexual Intermediaries’ – the concept that each person had a unique combination of sex characteristics, sex-linked traits, erotic preferences, psychological inclinations, and culturally acquired habits and practices (Stryker, 2008). In 1910, he wrote *The Transvestites*, the first book about the transgender phenomenon (Stryker, 2008).

Increased understanding of trans identity led to Dr. Alan Hart, the first-documented trans man, to receive sex-reassignment surgery in 1917 (“Transforming Gender,” n.d.). Lili Elbe, a Danish painter, was the first documented trans woman to receive sex-reassignment surgery in 1930 (“Transforming Gender,” n.d.). In 1949, physician Harry Benjamin began providing hormone therapy and helped establish international guidelines for providing trans-related healthcare (Shultz, 2015). In 1950, Elmer Belt was the first-known physician to provide sex-reassignment surgery in the U.S. (Shultz, 2015). Christine Jorgensen, in 1952, was the first American trans woman to receive media attention after her sex-reassignment surgery (Shultz, 2015). The media attention brought significant awareness to transgender issues (Hadjimatheou, 2012). Stanford University Medical School opened the Center of Special Problems, which offered peer support, counselling, hormone prescriptions and sex re-assignment surgery (Stryker, 2008). The center also provided ID cards that matched the patient’s gender identity because without ID, it was more difficult for trans people to find legal employment (Stryker, 2008).

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By the 1960s, trans women seen walking the streets of San Francisco were arrested for suspicion of prostitution – even if they were walking to the store (Stryker, 2008). Living as an ‘out’ trans person began to gain more attention, even as the rights associated with being trans lagged behind. In America, those who were jailed were made to shave their heads and spend their time in solitary confinement (Stryker, 2008). Reed Erikson, a transgender millionaire philanthropist, funded research on transsexualism through the Erikson Educational Foundation in 1964 (‘Reed Erikson,’ 2016). Harry Benjamin published *The Transsexual Phenomenon* in 1966, arguing for clinical, medical and surgical support (Benjamin, 1966). In 1965, John Hopkins became the first academic institution to perform sex reassignment surgery (‘Hopkins Hospital,’ 2014). By 1966, the first-ever court case that argued for the change of sex on a birth certificate (Shultz, 2015). This took place in New York, where the court ruled that sex could only be changed if a mistake was made at the time of birth (Shultz, 2015). Virginia Prince published the *Transvestia* magazine in 1968, the longest-running trans-oriented magazine in the U.S. (‘Virginia Prince,’ 2016).

Trans people helped to shape the changing face of the LGBT movement in the late 1960s and 1970. The iconic Stonewall Inn riots in 1969 were started, in part, by two black trans women, Marsha P. Johnson and Sylvia Rivera (King, 2015; “Milestones,” 2015). On June 28, 1969, a police raid on a gay nightclub marked the historic Stonewall Inn riots (Stryker, 2008). The Queens Liberation Front (QLF) hosted the first Christopher Street Liberation Day March in commemoration of the Stonewall Inn riots (Strkyer,

2008). The March is now known as Pride Parade and takes place all over the world (Stryker, 2008). The black trans women of Stonewall are often forgotten, as the riots became an icon for white gay males (King, 2015). Thirty years later, in 1999, the first Transgender Day of Remembrance was held to honour victims of anti-transgender violence (Townsend, 2012). The transgender movement began as a riot to resist police brutality and oppression, which is now celebrated every year during pride month and has become a way to educate and celebrate trans identities (“Milestones,” 2015; King, 2015). A major part of the transgender movement was coming to terms with terminology – as identities shifted through labels such as transvestite, transsexual and transgender (Stryker, 2008). Society began to separate sex (biological) from gender (identity) to develop an understanding of transgender identities (Johnson, 2010; Stryker, 2008).

In 1973, homosexuality was removed from the DSM, however the following edition (DSM-IV) included Gender Identity Disorder (GDI) (Parry, 2013). Gender Identity Disorder is characterized as a conflict between one’s experience and expression of gender and assigned gender (Beredjick, 2012). GDI characterizes transgender people as mentally ill (Beredjick, 2012). In 1977, California allowed trans people to change their birth certificate following sex re-assignment surgery (Shultz, 2015). Mario Martino’s autobiography written in 1977, *Emergence*, was the first account of a female-to-male experience to be published (Martino, 1977). The 1980s brought routine procedures for trans people that required a diagnosis of GID (gender identity disorder – the DSM did not change disorder to dysphoria until 2013), which required a referral for hormone therapy

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and a year of living socially as one's gender identity (Stryker, 2008). The 1980s AIDS epidemic crossed over into trans communities – often those who relied on sex work for survival and sharing needles for hormone injections (Stryker, 2008). The trans community (especially the poor trans women of colour) has one of the highest HIV Infection rates (Stryker, 2008). It was not until 2002 that the National Institute of Allergy and Infectious Diseases led the first clinic trial on the interaction between hormone therapy and HIV/AIDS treatment (Stryker, 2008). Throughout the 1960s, 70s and 80s, the U.S saw state-wide changes to the legal change of sex on birth certificates, change of name and gender on a driver's license, and post-operative trans people to marry in their preferred gender identity (Stryker, 2008).

A big step in the trans movement was the term transgender being published for the first time in 1992 (Stryker, 2008). The trans academic and recording engineer Sandy Stone published *The Empire Strikes Back: A Posttranssexual Manifesto*, bringing the term transgender into academic and intellectual circles (Stone, 1992; Stryker, 2008). Transgender was becoming understood during this time in the same realm of identities linked to race, class or physical ability – it was something that cut across all sexual orientation categories (Stryker, 2008). In 1991, the first transgender conference took place in Atlanta, Georgia (Stryker, 2008). In 1992, Phyllis Frye organized the International Conference on Transgender Law and Employment Policy (Stryker, 2008). Trans people began to document their experiences through performance and visual art, using photography, stage shows and zines (Stryker, 2008). In 1999, the website

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Remembering Our Dead was launched by Gwen Smith – which put a spotlight on trans violence (that leaves an average of one trans person dead per month) (Stryker, 2008). The Transgender Day of Remembrance had its first vigil in 1999 (Smith, 2016). By the end of the 1990s, only three state municipalities offered legal protection for transgender people (Stryker, 2008).

The era of the new millennium marked increased progress within the United States. Monica Helms designed the transgender pride flag in 2000 (“Transforming Gender,” n.d.). In 2002 the Transgender Law Center opened (Shultz, 2015). By the next year the National Center for Transgender Equality had opened, calling for federal policy changes (‘Transgender Equality,’ 2015). In 2006, Kim Coco Iwamoto was elected to the Hawaii Board of Education (Shultz, 2015) and was appointed to the Hawaii State Civil Rights Commission in 2012 (Kim Coco Iwamoto, n.d.). In 2015, she was the highest elected openly transgender official (Shultz, 2015). By 2007, thirteen states and over a hundred municipalities offered protection for transgender people (Stryker, 2008). In the same year, the first federal legislation addressing hate crimes towards transgender people was passed (Stryker, 2008). Multiple legal organizations began to open: The Sylvia Rivera Law Project in New York, the Transgender Law Center in San Francisco, the National Center for Transgender Equality and the National Transgender Advocacy Coalition (Stryker, 2008). Finally, the T in LGB movements made a comeback as the National Gay and Lesbian Task Force and PFLAG lobbied for trans-inclusion (Stryker, 2008).

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In 2010, the U.S. State Department allowed for gender marker changes on passports without requiring surgery ('U.S Department of State,' 2010). In 2013, the DSM changed Gender Identity Disorder to Gender Identity Dysphoria (Beredjick, 2012). By changing disorder to dysphoria, it marks a temporary mental state rather than an encompassing disorder (Beredjick, 2012). Susan Stryker and Paisley Currah published *Transgender Studies Quarterly* in 2014, marking the first non-medical academic journal dedicated to trans issues (Stryker & Currah, 2014). Again in 2014, California was the first state to ban the use of 'trans panic defense' in murder trials (Shultz, 2015), a defence that was characterized by a defendant's ability to claim that the revelation of a person's prior gender identity was so shocking, it would lead them to kill in a state of sudden anger (Foresta, 2017). As of June 2017, the panic defence is still legal in 48 states in the U.S. (Foresta, 2017). It is important to note there is no official gay or trans panic defence, however the defense will be used in criminal law alongside other defenses such as temporary insanity, provocation and self-defence (Wodda & Panfil, 2015). The panic defense is rooted in transphobia, and the defendant may argue that they were deceived or "tricked" which resulted in rage and violence (Wodda & Panfil, 2015). In 2014, a U.S Marine used the trans panic defense when killing a trans woman out of repulsion, and argued he should therefore be innocent of his crime (Luk, 2017).

Canada has also seen significant changes recognizing trans rights. For instance, in 2015, the province of Ontario announced that inmates can be housed by their gender identity and not physical attributes ("Transforming Gender," n.d.). Susan Stryker became

the founding co-editor of the Duke University Press journals *TSQ: Transgender Studies Quarterly* (Abeni, 2015). In 2016, Prime Minister Justin Trudeau announced that Canada would create new federal legislation to protect transgender people (Wherry, 2016). Bill C-16 was passed on June 16, 2017 that updates the Canadian Human Rights Act (CHRA) and the Criminal Code of Canada (CCC), making it a hate crime to target someone based on their gender identity or expression (Kirkup, 2017; Tasker, 2017). The CHRA and CCC will include the terms 'gender identity' and 'gender expression' (Kirkup, 2017; Tasker, 2017).

While several countries are making strides to protect transgender people from discrimination, 2015 was the deadliest year for transgender women in the United States with 23 murders (Rivas, 2016). Conversion therapy to 'fix' gay and transgender youth is still legal within the United States (Rivas, 2016). Transgender people are forced to undergo various procedures in order to change legal documentation, and they include gender affirming surgery, psychiatric evaluation, lengthy waiting periods (some up to 2 years) and forced sterilization (Knight & Ghoshal, 2016). Within the U.S., the Department of Health and Human Services created a new rule under Section 1557 of the Affordable Care Act that bans discrimination based on gender identity (Holden, 2016). This bans any discrimination or denial of access to health care and health coverage (Holden, 2016). Despite these protections, President Donald Trump rescinded protection for transgender students in locker rooms and bathrooms (Smith & Redden, 2017). This leads us into the following discussion of the current state of trans rights.



### **Current State of Trans Rights**

This section looks at transgender rights across Canada, the U.S and across the globe as they currently stand. As transgender rights differ by provinces and states, this section examines how interpretations of protection laws can include or disregard transgender people.

Trans rights across Canada differ by each province or territory (“TESA,” 2016). British Columbia, Alberta, Ontario, Prince Edward Island, Nova Scotia and Newfoundland & Labrador, protect transgender people under both Gender Identity and Gender Expression (“TESA,” 2016). Beginning with Alberta, the province explicitly protects gender identity and gender expression in Bill 7, as a part of the Alberta Human Rights Act, on June 1, 2015 (“TESA,” 2016). British Columbia also protects gender identity and expression under The Human Rights Code of British Columbia, Section 7(1), Section 8(1) or (2), Section 9, Section 10(1) or (2), Section 11, Section 13(1), (2) or (3), or Section 14 (“TESA,” 2016). Newfoundland and Labrador protect gender identity and expression under The Human Rights Act of Newfoundland and Labrador in Part II of Section 9(1) (“TESA,” 2016). Nova Scotia explicitly protects gender identity and expression under The Human Rights Act of Nova Scotia in Section 5(1)(na) and Section 5(1)(nb). Ontario protects gender identity and expression under The Human Rights Code of Ontario under Part 1, Section 1, 2(1), 3, 5 (2), 6, 7(1) or (2) (“TESA,” 2016). Finally, Prince Edward Island under The Human Rights Act of Prince Edward Island protects gender identity and expression in Section 1(1)(d).

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Saskatchewan, Manitoba and the Northwest Territories protect transgender people only under Gender Identity (“TESA,” 2016). In Quebec, New Brunswick, Yukon Territory and Nunavut Territory, discrimination towards transgender people is covered through various other grounds (such as general human rights instead of explicitly protecting transgender identities) (“TESA,” 2016). Manitoba protects gender identity under Section 9(2)(g) of The Human Rights Code of Manitoba (“TESA,” 2016). Within the Northwest Territories, protections are under The Human Rights Act of Northwest Territories under Part 2, Section 5(1) (“TESA,” 2016). Finally, Saskatchewan protects gender identity within The Human Rights Act of Saskatchewan under Section 2(1)(m.01) (“TESA,” 2016). Prior to the amendments passed in 2014 for Saskatchewan, trans people were only protected under the basis of sex or disability (“TESA,” 2016).

The final remaining provinces and territories protect trans rights under different grounds that do not explicitly state gender identity or gender expression (“TESA,” 2016). The Human Rights Commission of New Brunswick, The Nunavut Human Rights Tribunal and the Quebec Commission state that trans people are protected under the grounds of ‘sex’. The Yukon Human Rights Commission protects under the grounds of ‘gender’ (“TESA,” 2016). Transgender people on a Federal level are protected under human rights within the section 7 of the Canada’s Charter of Rights and Freedoms (Kirkup, 2016), which states that everyone has the right to life, liberty and security of their person (“TESA,” 2016). Section 15 of the Charter of Rights and Freedoms states that everyone is equal before and under the law, without discrimination based on race,

national or ethnic origin, colour, religion, sex, age or mental or physical disability (“TESA,” 2016). Bill C-16 was passed on June 16, 2017 that updates the Canadian Human Rights Act (CHRA) and the Criminal Code of Canada (CCC), making it a hate crime to target someone based on their gender identity or expression (Kirkup, 2017; Tasker, 2017). Before this date, the Human Rights Act did not explicitly list gender identity or gender expression (“TESA,” 2016).

In the U.S, protection laws vary by state (“ACLU,” 2016). Protection laws cover employment, housing, hospitals and public spaces such as restaurants and stores (“ACLU,” 2016). The U.S has no specific federal law protecting transgender people (“ACLU,” 2016). They can be federally protected under the umbrella of discrimination stated in the Constitution (“ACLU,” 2016). Cruz (2014) argues that Title VII of the Civil Rights Act (that protects on the basis of gender discrimination) is enough to protect transgender people. He argues that discrimination on the basis of sex should also include discrimination on the basis of gender identity (Cruz, 2014). However, Feldblum (2013) recognizes the practical application of Title VII, as many transgender people still face discrimination. Transgender people do not receive protection under Title VII as their identity is argued on the basis of sex (biologically) instead of on their gender identity (Koch & Bales, 2008). Many lawsuits and court cases argue whether or not gender identity can be protected under the existing category of “sex” (Feldblum, 2013), with defendants often arguing that transgender people are not covered under Title VII based on sex versus gender identity (Feldblum, 2013).

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Policies and legislation in favour of protection are fuelled by both social support and the role of other states that create inclusive protection laws (Taylor, Lewis, Jacobsmeier & DiSarro, 2012). Once a state has adopted new protection legislation, other states follow its lead (Taylor et. al., 2012). Often times states offer protection laws because other states have, rather than on the basis of social justice. Currently, 48 states still allow the gay and trans panic defence to be used in legal defences (Foresta, 2017). President Donald Trump has revoked bathroom and locker room protection for transgender youth (Smith & Redden, 2017).

Across the globe, there are multiple countries that have been at the forefront of transgender rights (Pasquesoone, 2014). Nepal has supported transgender rights since 2007 and Bangladesh have given transgender people the right to vote in 2009 (Pasquesoone, 2014). India included a third gender marker on voter registration forms in 2009 and in the same year, Pakistan included a third gender on citizen identity cards (Pasquesoone, 2014). Argentina ruled in 2012 that anyone over the age of 18 can choose their gender identity, undergo sex reassignment surgery, amend legal documents without prior judicial or medical approval (Ghoshal & Knight, 2016). The country also ruled that children could do so with the consent of their legal guardians (Ghoshal & Knight, 2016). Colombia, Denmark, Ireland and Malta ruled in 2015 that people can change their gender marker on documents by filling in required forms – instead of countries that require surgery, psychiatric evaluation and other lengthy conditions to be met (Ghoshal & Knight, 2016). New Zealand ruled in 2012 to allow an “x” on passports – one that

transgender people can choose if they do not identify within the male or female binary (Pasquesoone, 2014).

In 2013, Germany was the first European country to recognize a third gender category on birth certificates (Pasquesoone, 2014). The importance of adding a third gender category (or in some cases an open-ended question) allows for people to identify as who they are, as opposed to only being able to identify as male or female on government issued identification (Rushowy, 2016). Australia ruled in 2014 to legally recognize third gender people (previously listing 'un-determinant' on passports for those who do not identify within the male or female binary) (Pasquesoone, 2014). New South Wales passed a law in 1996 that protects transgender people (Hooley, 2006). The Bill created a hierarchy of transgender people, those who are recognized to receive protection and those who are not (Hooley, 2006). Hooley (2006) explains that the hierarchy was based on those who have received sex reassignment surgery, as the protection laws are based on genitalia. While creating protection laws, it is important to recognize that people identify *as* transgender, not whether or not they *are* transgender (for example, whether or not a trans person has had sex re-assignment surgery) (Hooley, 2006).

While many countries have made vast improvements to the inclusion and safety of transgender people, there are still many countries that have laws and policies that are directly and deliberately hostile towards trans people. For example, Malaysia, Kuwait and Nigeria enforce laws that lead to arrests of transgender people, as 'posing' as the opposite sex is a crime (Ghoshal & Knight, 2016). Transgender people are also arrested under the

criminalization of same-sex conduct (Ghoshal & Knight, 2016). Ukraine requires people to undergo mandatory psychiatric evaluations (lasting up to 45 days), the diagnosis of transsexualism, coerced sterilization, medical tests and an in-person interview to determine the validity of the diagnosis (Ghoshal & Knight, 2016). In Japan, a diagnosis of Gender Identity Disorder is required before students can change their uniform, as schools have strict male/female uniform policies (Ghoshal & Knight, 2016). The diagnosis requirement has led to many students dropping out, repeated absences and extreme anxiety (Ghoshal & Knight, 2016). Uganda passed its Anti-Homosexuality Act in 2014 that allows both law enforcement and ordinary citizens to target transgender and LGB people (Ghoshal & Knight, 2016).

Transgender protections are more likely to succeed when paired with sexual orientation protections (Taylor et. al., 2012). Transgender rights are often seen as the ‘next step’ after sexual orientation protections have been met (Taylor et. al., 2012). Trans rights were also supported by the inclusion of gender identity in the U.S through the Matthew Shepard Hate Crimes Act and the Employment Non-Discrimination Act (CBC News, 2012 as cited in Taylor et. al., 2012). The uncertainty of protection under discrimination laws is why transgender people need to be explicitly named within them. It is important to recognize how perceptions of transgender people impact protection laws, as argued earlier, gender discrimination still continues. The following section will look at perceptions of transgender people by the public.

### **Public Understanding of Trans People and Trans Rights**

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Recognizing the issues that trans people face every day is imperative to educating the public to remove heteronormative and homonormative standards that marginalize them. Heteronormativity privileges heterosexual, cisgender people while homonormativity privileges cisgender, white, middle-class gay people (Herz & Johansson, 2015; Kacere, 2015). What do we currently know about public perceptions of transgender individuals and public support for trans rights? Certainly trans rights have increasingly become the focus of the public narrative in the last number of years worldwide through social media and news outlets (Ehren, 2017).

Since understandings (or definitions) of the term transgender varies, people often mistake the term when it is included in surveys on public opinions of trans people (Flores, 2015). The Public Region Research Institute (2011) found that in America, 76 percent of their respondents said they understood what the term transgender means – lower than the 91 percent of respondents who said they had heard the term before (as cited in Flores, 2015). A majority of respondents in a study conducted by Flores (2015) found that 67 percent of respondents feel they are not properly informed about transgender rights and issues. The more familiar people are with LGB issues, the more supportive they are of trans people (Flores, 2015; Tee & Hegarty, 2006). Awareness is a key component in changing attitudes in support of trans people (Flores, 2015). Knowing someone who is lesbian or gay can also increase positive feelings towards trans people (Flores, 2015; Norton & Herek, 2013).

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In a poll conducted by Vox within the United States, for the most part respondents agreed with laws protecting trans people from discrimination but are unsure of whether trans people should use the bathroom of their choice (Lopez, 2016). Respondents held more negative feelings towards trans people compared to their feelings on straight, LGB, Black and Hispanic people (Lopez, 2016). Regarding the concept of being born with or choosing one's identity, respondents felt that LGB people were born with their sexuality but transgender people chose to be trans (Lopez, 2016). Respondents also stated they would support their child if they were gay, lesbian or transgender; however, there were more respondents supporting gay and lesbian people than transgender people (Lopez, 2016). Respondents also supported the idea that there should be laws protecting trans people from discrimination when using the bathroom of their choice; however, this was a small margin at 48% in favour and 35% stating there is no need for protection laws (Lopez, 2016). Even in U.S politics, the bathroom debate continues as (former) presidential candidate Ted Cruz said that he does not believe trans people should be able to use public bathrooms ever (Roy, 2016).

Skipworth, Garner and Dettrey (2010) found that knowing someone who identifies as lesbian or gay increases the respondent's support for rights and marriage equality. Dyck and Pearson-Merkowitz (2013) explain that when in-groups perceive the out-groups in a positive way (without sacrificing their social standing), there are higher positive feelings for the out-group. To explain further, the example of heterosexual and LGBTQ groups will be utilized. The heterosexual in-group will perceive the LGBTQ out-



group more positively if their social standing is not in jeopardy (Lewis, 2011). Lewis (2011) explains that heterosexual groups may have LGB friends who pass as heterosexual. These friends only disclose their sexual orientation once friendship is established (Lewis, 2011), as friendship can help change anti-LGB prejudices through learning (Lewis, 2011; Pettigrew, 1998). This finding is supported by Herek and Glunt (1993) who found that prejudice towards gay men decreased when a respondent reported being friends with a gay man. Kimberly (2016) also found support for this finding and the idea that the highest factor for attitude change was whether or not the participant reported LGBTQ friendships. These results were supported in a study done by Herek and Capitanio (1996). They also found that when a friend disclosed their sexual orientation directly, there was a higher chance of acceptance than when respondents found out through a third party (Herek and Capitanio, 1996). Tee and Hegarty (2006) found that respondents with the least support for trans rights reported having little to no contact with trans people. Kimberly (2016) found that having friends in the LGBTQ community meant having a higher, positive impact on LGBTQ attitudes over factors such as religion, education and gender identity. Kimberly (2016) found that work-place legal protection was the most accepted change for lesbian, gay and transgender people. Those who said they had trans friends reported higher acceptance for parental and marital rights (Kimberly, 2016).

Tee and Hegarty (2006) found that respondents who had the least support for trans rights identified as male, engineering students, non-White, non-British, religious,

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authoritarian in political ideology and heterosexist. The more respondents believed in the gender binary, the higher prejudice found towards trans people (Norton & Herek, 2013). Norton and Herek (2013) also found that the more conservative a person identified (as opposed to more liberal), the more prejudice they demonstrated was towards trans people. Religion does play an important role in attitudes towards the LGBTQ community, as religious ideologies learned through political statements, political leaders or religious leaders can have an impact (Garner, 2015).

Carabez, Pellegrini, Mankovitz, Eliason and Dariotis (2014) studied nursing students and found that most respondents said they were comfortable using a person's preferred pronouns. However, 85 percent of respondents said that their nursing education did not provide knowledge on trans-related health care (Carabez, et al., 2014). Blackham (2006) studied perceptions on sexual assault and found that respondents perceived sexual assault against a trans person less seriously than other gender categories. Male respondents reported lowering their severity perceptions of sexual assault towards trans people (Blackham, 2006).

The media have created a connection between disgust and transgender people through its portrayal of character reactions when finding out another character is transgender (Jefferson, 2011). Films, such as *Ace Ventura: Pet Detective* (1994) and *Naked Gun 33 ½* (1994) portray the idea that something is weird, abhorrent and unpalatable about transgender people through its use of the word 'it' when referring to the trans character and vomiting/dry heaving (Jefferson, 2011). Repugnance is a

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reoccurring theme in media where trans people are the butt of the joke (Jefferson, 2011). These themes correlate to the fear that trans people are lying about their gender and trick men into having sex with them (Jefferson, 2011).

Shows such as *CSI*, *Sex and the City*, *Nip/Tuck*, *South Park* have come under fire for their negative portrayals of trans characters (Anderson, 2015). In the popular TV show *Pretty Little Liars* (2010 – 2017), the central villain is revealed to be a trans girl; playing into the stereotype that trans people are killers and/or deviant, abhorrent (Anderson, 2015). In 2016, the film titled *Anything* casted a cis-gender man playing a trans sex worker (Luk, 2017). The film *The Assignment* casted a cis-gender woman where the premise is her character was once a hit man forced to undergo sex reassignment surgery and is out for revenge (Luk, 2017). In addition to the negative portrayals, there have been landmark changes for trans representation in television and film. TV shows like *Orange is the New Black* (2013), *Transparent* (2014), *Orphan Black* (2014) have increased visibility for trans people, along with documentaries such as *Becoming Chaz* (2011), *I Am Jazz* (2015) and *I Am Cait* (2015) (Anderson, 2015). Despite some positive visibility for trans people in the media, the persistent negative stereotypes leads to some beliefs (Luk, 2017). The first is that being trans is a performance, that trans people are lying about who they are and that trans people are limited to stereotypical tropes (Luk, 2017). The results of these beliefs can lead to real world consequences including erasure of trans identities, violence and death (Luk, 2017).

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This chapter looked at transgender history and how the community developed over time. It provided a detailed review of the past and current state of trans rights. Finally this chapter looked at the perception of transgender people by the public. It included media representations of transgender individuals as the media undoubtedly impacts but also reflects public opinion. This thesis will now turn to a discussion of the theoretical frameworks that have shaped transgender theory, and the critiques that transgender theory has been able to provide.

### Chapter Three: Queer and Transgender Theory

In the current chapter, I will review the literature on queer theory and transgender theory. In doing so, I hope to place my research within context as I draw upon theories of gender identity, feminism and societal norms. The theories will help situate questions used in the survey for this thesis in order to discuss why particular questions were chosen and their importance within the survey. It is important to note that what follows is a historic timeline only tracing over the development of transgender theory and evolution. It follows a linear progression of trans theory, however it is important to note that feminist theory, queer theory and trans theory have all evolved together and within each other. The following theory review is a historic, linear explanation of how trans theory came to be.

#### **Feminist Theory, Queer Theory and Trans Theory**

Trans theory began as a critique of queer theory, and queer theory began as a critique of feminist theory (Harding, 1986). Feminist theory questions the cultural, historical and biological contexts of gender (Harding, 1986). Queer theory began as a critique of feminist theory, shedding light on ‘queer’ narratives, identities and discourses, meaning to challenge social and cultural norms (Doty, 1993; Edelman, 2004; Rumens, 2017; Sedwick, 1990; Warner, 1993). Transgender theory is aimed at studying anything that counters the gender binary – including gender presentation, performance and cultural norms (Strkyer, 2013).

To begin with understanding feminist theory we look at its understanding of gender. Gender is how we identify people and manage our relationships through our experiences (Harding, 1986). Theories of gender tend to argue that gender is a concept that analyzes power relationships and systems of inequality (as they relate to gender) (Hausman, 2011). Feminist theory focuses on how society uses positive and negative reinforcement (including legal, religious and cultural practices) to enforce gender binary roles (Connell, 2002). Lane (2009) explains that the theory argues that society gives gender differences a strong importance – as we frame heteronormativity as normal. Heteronormativity privileges heterosexual, cis-gender people (Herz & Johansson, 2015). Race is also privileged, as white people experience privileges and benefits from society (Riggs, 2007). Early feminist theories viewed transsexualism as an insult towards women and a way to subordinate them, though this argument has disappeared in recent times (Hausman, 2011). Hausman (2011) explains that feminism is critiqued for its concept of ‘woman’ that does not conceptualize gender as ‘queer.’

Early lesbian feminists created a new category of ‘woman-identified women’ that sought to liberalize (or free) social spaces from heterosexuality (Heyes, 2003). Heyes (2003) explains that the lesbian feminists emphasized self-definitions and separation from other feminist communities. Feminist theory was created to question gender roles, but ultimately, it was argued, grew into oppressing people based on the gender binary (Nagoshi et. Al., 2012). Second-wave feminists rejected transgender inclusion (Stryker, 2008). Radical feminists believed that trans women were socialized males who were

unable to understand women's oppression (Stryker, 2008). Second-wave feminists also believed that trans women were just men trying to 'infiltrate' women's movements (Stryker, 2008). By the 1990s, third-wave feminism rooted itself in academia and historical works (Stryker, 2008), which included the works of trans-writers Leslie Feinberg and Susan Stryker (Stryker, 2008). The third-wave also included works from writers Eve Kosofsky Sedgwick, Judith Butler, Judith Halberstam, Jose Esteban Munoz, Julia Serano and Patrick Califia (Stryker, 2008). Feminist and queer theories were created to intellectually challenge heteronormative structures (assumptions, beliefs and enforcements) in society (Nagoshi, 2014). The heteronormative structures socially subordinated women to men and discriminated anyone who did not fit into the heteronormative understandings of gender and sexuality (Nagoshi, 2014).

Queer theory was created to challenge feminist theories and it was first seen in academic circles in the 1990s (Nagoshi et. al., 2012; Nagoshi, 2014; Rumens, 2017). Queer theory is at odds with feminist theory because of its challenges to gender and sexuality (Jagose, 2009). Queer theory sought to shed light on 'queer' narratives, identities and discourses, meaning to challenge social and cultural norms (Doty, 1993; Edelman, 2004; Haperin, 1995; Rumens, 2017; Sedwick, 1990; Warner, 1993). At its core, queer theory challenges traditional norms and expectations of heterosexuality, femininity, masculinity, sex and gender (Krane, 2001). The theory allows for the inclusion of the range in which people identify, and challenges normalized categories of men and women (Krane, 2001; Rudy, 2000). It offers new ways of understanding texts

and by association, the world, and allows queer identities to be recognized in areas they would otherwise be invisible (McCann, 2016). By recognizing issues of social change, queer theory allowed feminists to push past the idea that they could only study 'women' focused concerns (Rudy, 2000). This expanded to areas such as gender differences and male dominance (Rudy, 2000).

Queer theory did not seek to offer new ways of managing norms, but undermine and challenge those norms (Rumens, 2017). By 1995, many trans scholars were associated with queer theories (Hausman, 2011). However, Stryker (2004) argues that queer theory has not developed to support a radical restructuring of gender. Queer studies remain focused on gay and lesbian experiences, exclusively studying sexual orientation and sexual identity (Stryker, 2004). Queer theory is critiqued through its limitations of gender, as the theory should expand to empirically study lived experiences (McCann, 2016). Lived experiences allow for the inclusion of the 'self', or including one's own identity and personhood into understanding gender (Nagoshi, 2014; Shotwell & Sangrey, 2009).

When queer politics and the LGBTQ movement became intertwined, the 'T' (transgender) was reduced to a sexual identity; however, transgender cuts across lines of sexual orientation, as well as race and class (Stryker, 2004). Transgender theory is aimed at studying anything that counters the gender binary – including gender presentation, performance and cultural norms (Stryker, 2013). The theory allows for the lived experiences of transgender people to be discussed, instead of simply theorizing them



(Nagoshi, 2014), with the aim to connect those lived experiences together (Nagoshi, 2014). The theory is fluid, recognizing identities as embodied, both socially and self-constructed, and can allow for an intersectional approach to understanding social identities (Nagoshi, 2014). Lived experiences would be understood through the way individuals recognize their own identity and how they negotiate those identities (Nagoshi, 2014).

Transgender theory has two strains of thought (Roen, 2002): one argues for acceptance of gender transition and gender ambiguity, explaining that human experience should determine gender, not the biological (or medical) construction of gender (Roen, 2002). The second thought focuses on acceptance for living as the other sex (for example accepting trans women as women, and trans men as men) (Roen, 2002). The main difference is the latter may include gender affirmation surgery whereas the former focuses on solely on identity (Roen, 2002).

Trans theory uses the term transgender to include a wide range of gender experiences, subjectivities and expressions that fall across, between or beyond the binary categories of male/man and female/woman (Stryker, 2013). Its main focus is on questioning 'embodied' differences and analyzes how those differences create social hierarchies (Stryker, 2013). It understands that society has different ideas about what 'bodies' means – and how representation of 'bodies' works (Stryker, 2013). The theory provides a critique of body, gender and sexuality conceptions that limit complex identities to simple ones (Elliot & Roen, 1998). It also incorporates queer theory as a way

of 'queering' gender to remove binary limitations (Elliot & Roen, 1998). Trans theory recognizes that gender is a spectrum and that trans identities can exist without transitioning between male or female (Roen, 2002). By separating trans theory from queer theory, it has allowed lesbian, gay and queer studies to be critiqued (Stryker, 2004). Transgender theory goes beyond sexual orientation as it intersects with identities such as disability and intersex (Stryker, 2004). Trans theory can study atypical identities without being reduced to a sexual identity (which dominates queer theory) (Stryker, 2004).

Transgender identities inherently challenged feminist and queer theories by challenging heteronormative beliefs about gender (Nagoshi, 2014). Trans theory is able to challenge feminist and queer theories because transgender identity conceptualizes gender outside of the two binaries (Roen, 2002). The theory was born out of the need to understand lived experiences of transgender people, not just focusing on the fluidity of gender or biology of the body (Monro, 2000). The focus on lived experiences recognizes that gender is a component of the self, and that it is an extension of who we are (Nagoshi, 2014). Shotwell and Sangrey (2009) state that the idea of self creates bodily experiences (meaning we reflect who we are in our bodies through gender).

Another important critique of feminist, queer and transgender theories is white privilege. The LGBT community maintains white privilege (Berube, 2001 & Riggs, 2007, as cited in Logie & Rwigema, 2014), and racialized LGBT men and women are often sexualized, fetishized, objectified and masculinized by white LGBT people (Cauthern, 1979; Green, 2000; Han, 2007; Teunis, 2007 as cited in Logie & Rwigema,

2014). LGBT people are often perceived (through white privilege) as white cisgender women who are passive and feminine (Logie & Rwigema, 2014). The representation of white LGBT people render LGBT women of colour invisible (Logie & Rwigema, 2014). When these white privileges shape LGBT spaces, it decides who can access support and the community (Logie & Rwigema, 2014).

This chapter looked at transgender theory and queer theory to ground the study's theoretical lens. Again, this is a brief historic summary of transgender theory, of how it evolved and came to be. This is not meant to ignore or obscure how feminist theory and queer theory have evolved, and how all three theories have evolved within each other and together. This theory review focused on the theories in a linear progression to showcase the development of trans theory, however it is important to note that all theories developed within each other and evolved together.

The literature review in this chapter and the previous chapter on trans rights informed the survey questions for this thesis. This thesis surveyed undergraduate students regarding their perception of transgender people. The questions used in the survey have been derived from the literature on trans-related issues. Questions were deliberately aimed at targeting perceptions of trans people, trans rights and trans individuals lived experiences. The following chapter will discuss the methodology used for current research.

## Chapter Four: Methodology

In this chapter, I discuss the sampling strategy of participants, collection of data and the methodology used for the study of undergraduate student perceptions of trans people and trans rights. This chapter also outlines the theory used to support the reasoning and construction of the study's survey questions. To my knowledge, this is the first Canadian study of its kind and will add to the growing but limited literature regarding public perceptions of trans individuals.

### **Data Collection & Procedure**

This study used quantitative data analysis that collected responses via an online survey. The survey was created on Survey Monkey and has a total of 27 questions, seven of which are demographic questions (see Appendix). The sample of participants is composed exclusively of undergraduate UOIT students, the majority of whom are in the Faculty of Social Sciences and Humanities (FSSH). To obtain student participants, an email was sent out to the entire FSSH teaching faculty explaining the study and seeking permission to attend classes to publicize the survey. The email also included a short description of the study, its purpose, the UOIT ethics board approval number and both the student lead (myself) and supervisor's contact information. Faculty could post the survey description and survey link on Blackboard to communicate with students.

Once faculty members contacted me, I arranged nine classroom talks. During the classroom talks, I introduced myself to the students and explained the purpose of my study. I also explained that the survey was anonymous and does not ask any identifying

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factors such as name or student ID number. Additionally, I explained that I was available to speak to about the consent requirement, ethics and purpose of the study at any time. Students were then told they could enter a draw for one (1) of five (5) \$20 Tim Horton's gift cards upon completion of the survey, and this was done to encourage student participation. The students could email me separately to ensure no link would be made to their survey responses. At the end of the survey was a competition code that respondents needed to include in the email in order to be entered for the draw. One faculty member offered a 3% grade bonus to students who completed the survey. There is a notable concern with offering grade bonuses, and while it was used to encourage participation, students could feel their anonymity was removed. Students had to show the faculty member a snapshot of their completed survey page, and while this does not reveal student answers, students may have felt coerced or uncomfortable if they did participate. Students could email me separately about their participation in order to keep their survey responses anonymous. Students were also aware that data collected from the survey would be used in the aggregate form in academic journal articles.

### **Survey Questions**

There were a total of 12 questions related to perceptions regarding trans people and 7 questions related to perceptions regarding trans rights. Survey questions were created purposefully to gain a wide range of respondents' perceptions and beliefs. The following will discuss the survey questions in depth, using literature and theoretical framework to support the reasoning behind why they were asked and their importance in

being included in the study. The questions are to determine whether or not the purpose of this thesis, which is to analyze participants beliefs towards trans people, their rights, and if there is a connection between these two, can be answered.

The first question regarding general beliefs of trans people is: ‘Cross-dressers are transgender’. This question was chosen to determine if respondents recognize that cross-dressers are not transgender (that they are not looking to permanently change their sex or live full-time as the opposite gender) (“GLAAD Media Reference,” 2017). The goal of this question is to determine if respondents note the difference between gender expression and gender identity. Respondents were then asked if: ‘Most transgender people are LGB (lesbian, gay, bisexual....)’. The goal of this question is to determine if respondents recognize the difference between sexual orientation and gender identity, as sexual orientation is the romantic or sexual attraction one has to another person while gender identity is what one feels their gender is (Aleshire, 2016; Tate et. al., 2014). Transgender theory discussed for the purpose of this thesis also helps support this question as the theory is fluid, allowing for individual identities (both socially and self-constructed) to be discussed (Nagoshi, 2014).

The third and fourth belief questions are: ‘There are only two genders (male and female)’ and ‘Transgender people should accept their gender assigned at birth’. These questions are aimed at determining if the respondent recognizes gender outside of the binary, or if they believe gender is limited to only male and female, and if trans people should accept what is assigned to them at birth. These questions were created alongside

the misconception that trans people are confused about their gender, and that they feel ‘trapped’ in the ‘wrong’ body (Talusán et. al., 2016; “Transgender 101,” 2015). The final belief question is ‘Transgender people have always existed’. This question is to determine if respondents know that the transgender identity has always existed, even being documented within indigenous cultures (Findlay, 1996). It is also rooted in trans theory as gender ambiguity should be accepted, and that human experience should determine gender identity, not the biological (or medical) construction (Roen, 2002).

The right based section /begins with: ‘Transgender people have higher rates of mental health issues’. Trans people do face higher rates of mental health issues such as depression, anxiety, somatization and psychological stress (Bockting et. al., 2013). It is important to note that these are often a result of society’s intolerance and aggressive attitude towards them (Clements-Nolle et. al., 2006; Goldblum et. al., 2012, Kenagy & Bostwick 2005, Testa et. al., 2012; Testa et. al., 2013). The second rights question: is ‘Being transgender is a mental disorder’. This question is aimed at discovering whether respondents believe that the transgender identity itself is a mental disorder. The purpose of asking this question in relation to the first rights question: ‘Transgender people face higher rates of mental health issues’ is to determine respondents that recognize the difference between trans people dealing with mental health issues (as a result of society or other factors), or whether or not they believe the trans identity *itself* is a mental disorder. The term mental disorder was specifically used to differentiate between mental illness (a temporary mental state) or disorder (all-encompassing) (Beredjick, 2012).

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The third and fourth rights questions are: ‘The transgender population faces higher rates of suicide’ and ‘Transgender people face higher rates of harassment and violence.’ These questions were proposed to determine if respondents recognize that trans people do, in fact, face disproportionately higher rates of suicide (25 times the general population), and harassment and violence (as 2,115 trans people were murdered between the years of 2008 and 2016) (“TvT Research Project,” 2017). The following question asked respondents if: ‘All transgender people should transition.’ With regards to transition, this question is rooted in the misconception that trans people are ‘trapped’ in the ‘wrong body’, and that there is a conflict between their assigned gender and gender identity (Beredjick, 2012; Talusan et. al., 2016) that they must change. It is important to note that the decision solely lies for the person themselves to decide if they wish to transition.

The final two questions ask if: ‘You can cure being transgender’ and ‘Transgender people should be referred to as they instead of he or she’. The former question is rooted in the misconception that being transgender is something to be fixed, or that it is a disorder (Beredjick, 2012). This question is related to the belief question that ‘Being transgender is a mental disorder’, as the hope is to follow whether or not respondents who disagree or strongly disagree to one question will (to follow the line of thought) agree or strongly agree to the other. The final question for the survey is in regards to pronouns. This question is aimed at whether or not respondents’ believe that the pronoun ‘they’ is valid and can be used if one chooses so.



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All of the questions used in the survey are rooted in trans theory. They seek out beliefs that counter the gender binary, which include gender presentation, performance and cultural norms (Strkyer, 2013). The theory includes a wide range of gender experiences that fall across, between or beyond the binary categories of man and woman (Stryker, 2013). Questions that are in line with countering the binary are questions such as: there are only two genders, transgender people should accept their gender assigned at birth, cross-dressers are transgender and all transgender people should transition. These questions are examples of how the survey is intended to discover what respondents feel, inherently challenging gender norms. The questions follow along the two strands of trans theory (Roen, 2002). The first, that the theory calls for acceptance of gender ambiguity and transition, and that lived experiences should determine gender not the biological construction (Roen, 2002). The second strand of thought calls for acceptance as living as the other sex (ie: accepting trans women as women) (Roen, 2002).

The questions then focused on the lived experiences of trans people (Monro, 2000; Nagoshi, 2014). Trans theory recognizes that gender is a component of the self, and that the idea of self creates bodily experiences (that we reflect who we are in our bodies through gender) (Nagoshi, 2014; Shotwell & Sangrey, 2009). It is society's intolerance and aggressive attitude towards trans people (ie: sharing their gender through bodily experiences) that results in psychological stress, increasing the risk of homelessness, harassment in schools, employment discrimination, housing rejection and familial rejection (Clements-Nolle et. al., 2006; Goldblum et. al., 2012; Grant et. al., 2011;

Kenagy & Bostwick, 2015; Pyne, 2011; Testa et. al., 2012; Testa et. al., 2013). Survey questions regarding trans rights look to see if respondents recognize what it means to be transgender, and what their lived experiences look like. These questions include: the transgender population faces higher rates of suicide, transgender people face higher rates of harassment and violence, and transgender people face higher rates of mental health issues.

### **Survey Content**

The total number of participants was 296 with 292 being the highest respondent count for any question. Participants had to read and provide agreement to an online consent form (see Appendix). Altogether, there were a total of 27 questions (see Appendix). Out of the 27 questions, 7 were demographic questions. The demographics collected were age, gender identity, race, sexual orientation, religion, program of study at UOIT and year of study. The majority of the sample was comprised of white, straight women. The remaining 20 questions asked participants about their views towards trans people and trans rights.

The questions related to trans people and trans rights were comprised of a 5-point Likert scale ranging from Strongly Agree, Agree, Neither Agree nor Disagree, Disagree and Strongly Disagree. The analysis of the data is largely descriptive, however it includes quantitative analyses of the relationships and correlations between key independent and dependent variables.

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There were three main research questions that the survey attempted to explore. First, what are students' general beliefs surrounding trans people? Second, what are student beliefs regarding rights? Finally, is there a connection between beliefs and support for trans rights? By exploring different perceptions regarding the lived experience of trans people and trans rights, areas in which education may be required can be identified. This will be discussed in the following results chapter that takes a detailed look into the results of the survey.

## Chapter Five: Results

### **Demographics**

The sample was comprised of 296 university students from the Faculty of Social Sciences. The online survey was conducted between March 20<sup>th</sup>, 2017 and April 5<sup>th</sup>, 2017. Following is a detailed description of the demographics of the sample.

The sample was overwhelmingly female (n = 215), white (n = 165) and straight (n = 247). There may have been a miscommunication in the original draft of the survey regarding sexual orientation (which was later corrected); therefore 13 respondents are believed to be straight (bringing the n total to 260). As discussed earlier, the sample collected for this thesis is in line with critiques of the LGBT community that privileges white women. An analysis of this is if the LGBT community privileges white women, the topic of this thesis is bound to attract those people, therefore leading to a higher respondent sample of white women. However, there is some variation in the sample, a description of which follows. Of the total sample, 23% (n = 69) were male respondents. 1% of the sample (n = 3) gender non-conforming respondents, and 1 (n = 0.3%) respondent for transgender and non-binary identity categories. The largest group of participants identified as white (n = 165), followed by South Asian (n = 51) and Black (n = 37). As the sample was overwhelmingly female, white and straight, it was not feasible to complete analyses on a number of demographics such as race, sexuality and gender identity. A larger, more diverse sample should be gathered to explore relationships

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between various ethnicities, religions, sexual orientations and genders on perceptions regarding transgender people and their rights.

The overwhelming majority for sexual orientation was straight (n = 260) (this 'n' total takes into account the 13 respondents believed to be straight due to an original survey draft miscommunication). Bisexual respondents were the next biggest category at 18, with pansexual (n = 6), gay (n = 4) and lesbian (n = 4) following. There was 1 respondent for the remaining categories of queer and asexual, respectively.

It is not surprising that the sample is a young group given that this was a university based sample and most of the sample are between the ages of 21 – 24 (n = 146, 50%). There was however, some variation in age with 34% between the ages of 18 – 21 years old (n = 100) and 16% 25 and over (n = 46). In terms of religious identity, 33% of respondents identified as agnostic (n = 96), followed by Catholic (17%, n = 50), Christian (15%, n = 46), Hindu (9%, n = 28) and Muslim (7%, n = 23). The year of study for participants was almost equally divided between all years, with the largest group being from Year 2 of their program of study with 34% (n = 100) and Year 3 33% (n = 99). Year 4 followed at 48 respondents or 25%, Year 1 at 11 respondents (3%) respondents and Masters at 8 or 2% respondents. Students from Criminology formed the largest group of students at 40% (n = 119), followed by Forensic Psychology at 28% (n = 83) and Legal Studies at 11% (n = 32).

### **Beliefs**

In reviewing the results on participant beliefs, it would appear that the majority of participants have some understanding regarding the lives of transgender individuals. However, results suggest that at least a quarter of the sample may hold mistaken views, or perhaps showing uncertainty in their understanding, as these respondents chose 'neither agree nor disagree' for many survey questions. Additionally, a significant amount of participants answered neither agree or disagree for each question. It is difficult to know how to interpret this. Perhaps participants did not know how to answer, or were unsure, or did not want to post a socially undesirable answer, however these are only some possibilities. Further research could incorporate qualitative methods to probe deeper into why respondents chose 'neither agree or disagree'.

One question asked participants to indicate their views on whether cross-dressers are transgender. The majority of participants would seem to understand that cross-dressers are not necessarily transgender (that cross-dressing is dressing in clothing of the opposite sex for personal or sexual enjoyment) (Curtis & Morris, 2015), as the majority responded that they disagreed or strongly disagreed with such a statement, (60%, n = 172). However, almost a quarter (25%, n=74) indicated they agree or strongly agree with the statement that cross-dressers were also transgender. A majority of participants also seem to demonstrate an understanding that gender identity and clothing are not linked (as clothing is linked to gender expression, not gender identity) (Curtis & Morris, 2015). For example, 60% (n = 20) indicated that they strongly disagree that that sexual orientation

and cross-dressing are related, which is in keeping with research that states gender and sexual orientation are not linked (“The Center for Equality,” 2015). Cross-dressers do not wish to permanently change their sex or live full-time as the opposite gender, as they express themselves for the enjoyment of it, not to align their gender expression with their gender identity (“GLAAD Media Reference,” 2017).

Similarly, most respondents appear to understand that gender identity is different from sexual orientation. Almost half of the respondents (45%, n=133) disagree or strongly disagree with the statement that most transgender people are LGB (lesbian, gay or bisexual). Respondents who agree or strongly agree with the statement make up a third of the remaining sample (24%, n=68). Research suggests that gender identity and sexual orientation are different and that one does not explain the other, nor are they linked (Curry, 2014). The findings of this survey seem to suggest that respondents’ perceptions are consistent with previous research on gender identity and sexual orientation. The trans community is often misunderstood as a group of the gay community (Curry, 2014), which is what at least one third of the sample seem to believe. However, many of the respondents do understand that being trans gender does not mean one identifies as LGB.

As discussed in the literature review for this thesis, trans individuals experience high rates of mental health issues, are subject to high rates of violence and higher rates of suicide (Abraham, 2016; Irving, 2015; Maclean, 2106). One area of strong agreement within this study is that respondents recognize that trans people face higher rates of

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mental health issues (65%, n=189 agree or strongly agree) and higher rates of suicide (75%, n=362, agree or strongly agree). The participants overwhelmingly seemed to recognize the challenges faced by trans individuals as 91% (n = 263) agreed or strongly agreed that trans people face higher rates of harassment and violence, and that trans people face higher rates of suicide. This is in line with research that shows trans people are 25x more likely to attempt suicide than the general population, and experience higher rates of harassment and violence (Abraham, 2016; Maclean, 2016). The survey seems to suggest a broad understanding of trans lives. With regard to the statement that being transgender is a mental disorder, the overwhelming majority (79%, n =229) disagree or strongly disagree. The majority of respondents (79%, n=231) also disagree or strongly disagree that being trans can be cured. Presumably this response suggests that participants do not hold the belief that being trans is a form of illness requiring a medical intervention.

One of the biggest areas of variation in participant responses is in regard to the belief that all transgender people should transition. Almost half or 51% (n=148) of respondents said they neither agree nor disagree with the statement. This may be because participants genuinely are unsure of how to respond, or possibly are afraid of answering in a socially inappropriate manner. Another reason is that the respondents may believe it is up to the trans person to decide whether or not they wish to transition. A substantial number of participants (41%, n = 121) also disagreed or strongly disagreed (41%, n=121) with the statement regarding trans individuals transitioning. This response could be interpreted in two manners. The first is that respondents believe that trans person should



be able to choose transitioning or not for themselves. The other is that they do not believe that trans individuals should have the right or ability to do so (i.e. suggesting a bias or prejudice against transitioning or trans people generally). These responses are likely a mixture of both sentiments. Support for trans people to choose whether or not they wish to transition can be explained by the use of trans theory. The theory roots itself in the lived experience to determine what gender is, not what is assigned at birth or along the gender binary (Roen, 2002). Therefore, participants that show support for the trans person to choose if they transition may show that participants respect the choice that one's lived experience is one's gender identity.

Another area of variation in responses amongst participants is in regard to the use of pronouns. This question asks if transgender people should be referred to as 'they' instead of 'he' or 'she'. Based on responses, some respondents may have thought 'they' was a means by which to 'other' trans individuals instead of a valid pronoun to use. The majority of respondents (55%, n=164) said they disagree or strongly disagree with the statement. The second largest category of responses was for the neither agree nor disagree category, with 102 (n=35%) respondents. It is not clear that participants entirely understood the question as it was aimed at discovering beliefs around pronoun use and the idea that gender-neutral pronouns can be supportive. Some respondents may have interpreted 'they' as being a way to distance, label or stigmatize trans people as "other". Some participants may not be aware of the current debate surrounding pronoun use within the community. Pronouns are often used when interacting to assume a person's

gender (Moser & Devereux, 2016). Gender-neutral pronouns (such as ‘they’) can lessen the frustration when the wrong pronoun is used (Moser & Devereux, 2016). Gender-neutral pronouns could help gender nonconforming individuals avoid having to declare a gender for the purpose of pronouns (Moser & Devereux, 2017). The use of gender-neutral pronouns allows for people to choose pronouns they prefer, and to respond with pronouns they prefer (Moser & Devereux, 2016). On the other hand, gender-neutral pronouns may contradict the relationship between pronouns and gender identity (Jones & Mullany, 2017). This would appear to be an area in which further public education or discussion could be useful.

### **Rights**

One topic that is currently part of public debate is regarding the use of public bathrooms. Respondents were overwhelmingly in favour of trans people using the bathroom that matches their gender identity, as 70% (n=201) agreed or strongly agreed with that statement. However, there is variation within a similar question regarding whether public washrooms should be ‘all gender.’ Many of the respondents disagree or strongly disagree with the statement (39%, n=113), followed by 29% (n=82) who neither agree nor disagree with the statement. The variation in this question regarding support for all gender washrooms is in keeping with the research on public bathroom use. Lopez (2016) found that while the majority of respondents in a survey supported protection for bathroom use, this was only by a small margin (48% in favour versus 35% not in favour). The ambiguity in responses to washrooms being all-gender may be a result of participants

supporting the choice of using a bathroom that matches ones' gender identity, but feeling uncomfortable at the prospect of an all-gender washroom. Perhaps respondents feel uncomfortable at the idea of sharing a washroom with people of any gender identity. Another possible interpretation is that respondents show support for the choice so long as it does not change their own comfort and experience with current gender-specific washrooms. There is a misconception that trans people pose a threat within public washrooms when in fact, bathrooms are where trans people face harassment, assault and denial of access (Brabaw, 2017; Drescher, 2016). Respondents seem to show their support for trans people using the bathroom of their choice, however their ambiguity regarding all-gender washrooms is a place for further analysis. The relationship between these two questions will be discussed further in the following section on relationships between key variables.

Another belief in which there was variation was regarding health-care benefits and whether or not it should cover trans-related medical care (such as surgery, hormones and counselling). Though a majority of respondents agree or strongly agree with the statement (53%, n=152), a significant number, 23% (n=65) neither agree or disagree. Variation in this belief may be a result of not wanting to contribute to healthcare costs, or uncertainty in how Canada currently manages trans-related medical costs. The question for which there was little to no disagreement was regarding equal rights. An overwhelming majority agree or strongly agree that trans people should have equal rights (93%, n=265). This high response seems to coincide with participants' strong agreement

regarding the fact that violence against trans people is a hate crime, as 89% (n=256) agree or strongly agree that it is.

### **Relationships between Key Variables**

#### General beliefs

There are a number of relationships between key variables that are notable and worth further examination. Perhaps it is not surprising to note that there is a strong correlation between respondents' beliefs regarding transgender being "curable" and transgender being a mental disorder (.537,  $p < .001$ ). Examining this relationship in more detail, of the respondents who disagreed or strongly disagreed that transgender could be cured 92% disagreed that being trans gender was a medical disorder ( $p < .001$ ). This finding would suggest that people's perceptions regarding trans individuals are likely related to whether they believe being a trans individual is a "condition" or not, and therefore is a pathology requiring treatment.

Perhaps one of the strongest correlations was in regard to respondent's beliefs regarding gender and accepting one's gender. There is a strong and significant correlation (.633,  $< .001$ ) between participants beliefs regarding whether or not there are only two genders and whether people should accept their gender assigned at birth. This relationship seems fairly straightforward, 91% (N = 153) of those who disagreed or strongly disagreed that there are only two genders also disagreed that people should accept the gender assigned to them at birth (see Table 1). Conversely, 26% (n = 19) of those who strongly agreed or agreed that there are only two genders also strongly agree or

agree that people should accept the gender assigned at birth. An interesting relationship is among the respondents who strongly agreed or agreed that there are only two genders but disagree that people should accept the gender assigned at birth. Presumably, these are the respondents who support trans individuals but do not understand that gender can be non-binary. There exist a variety of identities that are different from the binary categories (male and female) assigned at birth (Tate et. al., 2014). Trans people have a gender that they identify with – it is just not cis-gender (“Transgender 101,” 2015).

**Table 1: Relationship between Beliefs on Two Genders and Accepting Gender<sup>1</sup>**

	<b>Beliefs Regarding TWO GENDERS</b>		
	Strongly Disagree or Disagree	Neither Agree nor Disagree	Strongly Agree or Agree
<b>Beliefs Regarding ACCEPTING GENDER</b>	% (n)	% (n)	% (n)
Strongly Disagree or Disagree	91% (n =153)	62% (n = 28)	41% (n = 35)
Neither Agree nor Disagree	6% (n = 11)	33% (n = 15)	33% (n = 25)
Strongly Agree or Agree	3% (n = 4)	5% (n = 2)	26% (n =19)
Total	100% (n = 168)	100% (n = 45)	100% (n = 75)

Another interesting though modest correlation, (.148, p.<. 05) given the relationship described above, was found between the belief that cross-dressers are

<sup>1</sup> 1 cell (11%) has an expected count less than 5. The expected minimum count is 3.91 therefore the chi square statistic of <.001 cannot be considered reliable, though it is clear the relationship is strong, and with a larger sample would likely be statistically significant.

transgender and whether or not there are only two genders (i.e. male and female). Again, examining this relationship in more detail, of those respondents who disagreed or strongly disagreed that cross-dressers are transgender, 64% (n = 110) disagreed or strongly disagreed that there are only two genders (see Table 2) and this relationship is statistically significant (p. <.05).

However, of those who disagreed or strongly disagreed that cross-dressers are transgender, 22% (n = 38) actually agree or strongly agree that there are only two genders. This relationship is notable; as this particular group of respondents understand that cross-dressing is not linked to gender identity, however still only believe that there are two genders. As noted previously, one interpretation is that some respondents may be unaware that non-binary or gender queer identities exist under the transgender umbrella, or that the respondent only sees transgender as male or female (for example one can be trans but a trans woman or trans man, not gender queer).

Additionally, it is important to note that of those that agree or strongly agree that cross-dressers are transgender, a non-trivial 36% (n=27) agree or strongly agree that there are two genders (see Table 2). This finding would suggest that there are a number of respondents who may be confused or may not fully understand what it means to be a trans individual or perhaps even what the term “trans” conveys, or perhaps, even harbour certain prejudices or biases.

### **Table 2: Relationship between Beliefs on Cross-dressing & Beliefs on Gender**

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	<b>Beliefs Regarding CROSS-DRESSING</b>		
	Strongly Disagree or Disagree	Neither Agree nor Disagree	Strongly Agree or Agree
<b>Beliefs Regarding TWO GENDERS</b>	% (n)	% (n)	% (n)
Strongly Disagree or Disagree	64% (n = 110)	51% (n = 22)	49% (n = 36)
Neither Agree nor Disagree	14% (n = 24)	26% (n = 11)	15% (n = 11)
Strongly Agree or Agree	22% (n = 38)	23% (n = 10)	36% (n = 27)
Total	100% (n = 172)	100% (n = 43)	100% (n = 74)

(p. <.05)

Finally, in regard to respondents' general beliefs, there is a strong though moderate correlation (.394, p.<.001) between participants beliefs regarding transgender people's rates of suicide and their beliefs regarding the harassment or violence faced by the trans community. 96% (209) of respondents who believe that trans people face high rates of suicide agree or strongly agree that they also face harassment and violence.<sup>2</sup> This suggests that the many respondents appreciate the challenges and vulnerabilities experienced by trans people. Respondents may also understand that higher levels of suicide can be a result of social rejection (as opposed to personal pathologies). Interestingly, of those who strongly disagree that trans people experience a high level of suicide, 54% (n = 7) agree or strongly agree that trans people experience a higher level of harassment and violence. This could reflect the fact that people may mistakenly believe that because being trans is not related to mental illness, trans people would not have

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<sup>2</sup> Note that there is one cell with less than expected counts, therefore a chi square cannot be reported for this cross tab or a level of significance.

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higher rates of suicide, despite the fact they may experience higher rates of harassment and violence.

The relationship between respondent’s beliefs or perceptions regarding transgender people and gender beliefs can be represented in the correlation matrix in Figure 1. There are moderate to strong correlations for most of these relationships and they are statistically significant at the  $.p < .01$  level. For example, respondents beliefs regarding acceptance of ones gender at birth are strongly correlated to beliefs regarding the existence of only two genders, the belief that trans is a disorder (or not) and whether it is “curable”. It is clear that further investigation into the relationship between these beliefs is warranted in order to unpack exactly how these beliefs are connected and what are people’s underlying assumptions.

**Figure 1: Correlations Amongst Beliefs Variables**

Pearson’s Correlation Table					
	BELIEF VARIABLES				
	Accept Gender	Two Genders	Trans People Are LGB	Transgender is a Mental Disorder	Transgender Can Be Cured
Accept Gender					
Two Genders	.633**				
Trans People are LGB	.331**	.354**			



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Transgender is a Mental Disorder	.648**	.490**	.203**		
Transgender Can Be Cured	.620**	.496**	.254**	.619**	

**\*\* Significant at the .p <.01 level**

There are also a number of important correlations between respondents' beliefs about trans people and their perceptions of transgender rights. It is to that subject that this thesis will now turn.

### Trans Rights

Across the board, respondents reported strong support for the rights of transgender people and this is represented by the very strong correlation (.533) between allowing transgender people to use the bathroom that matches their gender identity and affirming that healthcare benefits should cover trans-related medical care. These are two key rights the trans community is currently fighting for. Looking at this relationship in more detail, of the people who agree or strongly agree that trans people should have access to the bathroom that matches their gender identity, 75% (n = 66) agree or strongly agree that health care benefits should cover trans-related medical care (see Table 3). Conversely, of those who disagree or strongly disagree with trans people having access to the bathroom that matches their gender, almost 40% (n = 45) disagree or strongly disagree that health care benefits should cover trans-related medical care (see Table 3). This finding is in line with current research on public acceptance for bathroom rights, as

there is a misunderstanding that trans people pose a threat within public bathrooms (Brabaw, 2017).

**Table 3: Relationship between Bathroom rights and Health care rights**

	<b>Beliefs Regarding BATHROOM RIGHTS</b>		
	Strongly Disagree or Disagree	Neither Agree nor Disagree	Strongly Agree or Agree
<b>Beliefs Regarding HEALTHCARE RIGHTS</b>	% (n)	% (n)	% (n)
Strongly Disagree or Disagree	40% (n =45)	15% (n = 12)	10% (n = 9)
Neither Agree nor Disagree	22% (n = 25)	33% (n = 27)	15% (n = 13)
Strongly Agree or Agree	38% (n = 43)	52% (n = 43)	75% (n =66)
Total	100% (n = 113)	100% (n = 82)	100% (n = 88)

(p. <.001)

There is a strong correlation (.544, p<.001) between participant’s beliefs that transwomen should be able to access women’s shelters and beliefs that trans people should have equal rights. Once again, looking at this relationship in more detail, of the respondents of respondents who agree or strongly agree that transwomen should be able to access women’s shelters 98% (n = 88) agree that trans people should have equal rights. Examining the belief between the belief that violence against trans people is a hate crime and trans people should have equal rights, there is a moderately strong correlation (.414, p<.001) between the two. Of those who strongly agree that violence against trans people is a hate crime, 97% (n = 247) agree or strongly agree that trans people should have

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equal rights. This suggests that respondents have strong support for trans people, understanding that violence faced within society is a hate crime (and that trans people are victims due to negative societal beliefs). These findings also suggests that respondents understand what a hate crime is. Thus, generally there appears to be a connection between rights based beliefs amongst participants. These inter-correlations are illustrated in Figure 2.

**Figure 2: Correlations regarding Rights Variables**

Pearson's Correlation Table				
	BELIEF VARIABLES			
	Access to Women's Shelters	Equal Rights	Hate Crime	Bathroom Rights
Access to Women's Shelters				
Equal Rights	.544**			
Hate Crime	.304**	.414**		
Bathroom Rights	.494**	.412**	.429**	

**\*\* Significant at the .p <.01 level**

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In examining the beliefs between transgender people using the bathroom that matches their gender identity and that public washrooms should be all-gender, there is a moderately strong correlation (.400,  $p < .001$ ). Looking at this relationship in closer detail, of the respondents that strongly disagree trans people should be able to use the bathroom that matches their gender identity, 100% ( $n=113$ ) also strongly disagree or disagree that public washrooms should be all-gender. Respondents that strongly agree or agree trans people should be able to use the bathroom that matches their gender identity, 100% ( $n=88$ ) also strongly agree or agree that public washrooms should be all-gender. Finally, respondents that neither agree nor disagree to trans people using the bathroom that matches their gender identity, 100% ( $n=82$ ) neither agree nor disagree that public washrooms should be all-gender. These findings are in line with current research surrounding public washrooms and the misconception that trans people pose a threat within them (Brabaw, 2017). The ambiguity with respondents who chose neither agree nor disagree is an area for further research, as to discover the potential reasons behind their choice. These findings are particularly interesting as there is a close amount of respondents that chose strongly agree or agree ( $n=88$ ) and neither agree nor disagree ( $n=82$ ). Given the closeness, these findings are in line with research on the public debate of washrooms, and how people are divided (Brabaw, 2017). These variables could form the basis of future research to uncover the reasons behind respondents supporting or not supporting access of gender-specific washrooms, and making washrooms all-gender. Table 4 shows the relationship between the variables.

**Table 3: Relationship between Public Washrooms (All-Gender) and Bathroom Rights**

	<b>Beliefs Regarding ALL-GENDER BATHROOMS</b>		
	Strongly Disagree or Disagree	Neither Agree nor Disagree	Strongly Agree or Agree
<b>Beliefs Regarding BATHROOM RIGHTS</b>	% (n)	% (n)	% (n)
Strongly Disagree or Disagree	100% (n =113)	0% (n = 0)	0% (n = 0)
Neither Agree nor Disagree	0% (n = 0)	100% (n = 82)	0% (n = 0)
Strongly Agree or Agree	0% (n = 0)	0% (n = 0)	100% (n =88)
Total	100% (n = 113)	100% (n = 82)	100% (n = 88)

(p. <.001)

This section examined the various relationships between respondents’ beliefs on transgender people and transgender rights. The quantitative data analysis focused on notable areas where relationships showed support for trans rights, misunderstanding for trans people and confusion towards the survey questions. The data seem to suggest that respondents do support trans people and trans rights, and show some awareness towards the realities of being transgender. There were areas of confusion or variance among responses and these are areas in which either further education of the public may be required and or need to be further investigated in future research. This assertion will be discussed further in the following conclusion.

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Further analysis suggests that there is strong internal consistency between a numbers of the belief measures (i.e. that they are highly related and could form a reliable “scale” regarding beliefs). For example, the survey questions which probe beliefs on whether or not transgender people are LGB, whether there are only two genders, whether you can cure being transgender, whether being transgender is a mental disorder, and whether transgender people should accept their gender assigned at birth, show a strong and reliable internal consistency ( $\alpha = .81$ ). This suggests that these questions do appear to come together to measure participants’ beliefs regarding trans individuals.

Additionally, there is also a strong internal consistency between numbers of rights measures. Questions that measure rights based beliefs on the use of bathrooms (either based on using the bathroom that matches gender identity or having gender neutral bathrooms), access to shelters and health care benefits, equal rights for transgender people and hate crimes against transgender people also show a strong and reliable consistency ( $\alpha = .78$ ). This suggests that these questions do appear to come together to measure participant’s beliefs regarding the rights of transgender people.

The fact that these two sections of questions could potentially form a “beliefs” scale and a “rights” scale is important, because if there is a relationship between these sets of questions, it would lead credence to the suggestions that there may be a relationship between people’s general beliefs on transgender people and their beliefs regarding trans rights. This would appear to be the case, as there are a number of significant correlations between measures of respondent’s beliefs and measures of

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respondent's rights. For example, there is a moderately strong but significant (inverse) relationship between respondent's beliefs regarding there only being two genders, and rights based beliefs on health care benefits (-.450), equal rights (-.327), the use of shelters (-.375), hate crime (-.308), and the use of all gender bathrooms (-.462) or bathrooms that match identity (-.457). Each of these is significant at the  $<.001$  level. This suggests that views of people that disagree or strongly disagree with the belief that there are only two genders seem to be related to views that agree or strongly agree with several rights based beliefs around healthcare, hate crime, the use of bathrooms and equal rights. Conversely, it suggests that views of people that agree or strongly agree that there are only two genders are related to views that disagree with several rights based beliefs around health care, hate crime, the use of bathrooms and equal rights.

Another illustration of these relationships is that there is a strong (inverse) relationship between respondent beliefs regarding whether transgender can be cured (-.526), whether transgender is a mental disorder (-.524), and if transgender people should accept their gender assigned at birth(-.512) and the right to access to women's shelter. Each of these is significant at the  $<.001$  level. This suggests that the views of people who strongly disagree or disagree with the belief that transgender persons can be cured, that transgender is a mental disorder or that transgender people should accept their gender assigned at birth, are related to views that strongly agree or agree that transgender women should have access to shelters.

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As noted previously, this study has uncovered that there are a number of nuances in the general beliefs around transgender and around rights beliefs that need to be explored further in order to draw firmer conclusions regarding the relationships between people's general beliefs and rights beliefs. However, the results of this survey do seem to reveal some important but tentative conclusions. It is to this discussion that this thesis will now turn.



## Chapter Six: Conclusion

This thesis explored perceptions of transgender people and trans rights by surveying undergraduate students. The contribution this thesis has made to research is in the exploration of perceptions on transgender people and rights. The majority of survey respondents showed an understanding of trans people and trans rights. Participants showed an understanding that gender identity and sexual orientation are different. The question for which there was little to no disagreement was regarding equal rights. An overwhelming majority agree or strongly agree that trans people should have equal rights. This high response seems to coincide with participants' strong agreement regarding the fact that violence against trans people is a hate crime. The vast majority also seem to agree that trans people face higher rates of violence and harassment. The focal point of this research however, is not only to discover undergraduate understanding of trans people and rights, but to see how those understandings relate to current public perceptions. The goal is to see where education, research or social understanding can promote trans awareness.

Areas in which there was a notable amount of ambiguity or misunderstanding appeared to be around the use of pronouns, and whether transgender people should be referred to as he or she and gender identification on identification. In the case of pronouns and gender identification, allowing a third gender category or no gender category at all allows for people to identify as who they are (Rushowy, 2016). People should be allowed to identify as who they are, whether that is identifying as a woman and

using she pronouns, or identifying as gender non-conforming and using they pronouns (Pasquesoone, 2014; Rushowy, 2016).

Another area in which education appears to be needed is in regard to whether all transgender people should transition. Gender transition looks different for every person, as there is no necessary ‘step’ to complete (“Frequently Asked Questions,” 2016). Transitioning is a matter of what is right for each person, and may or may not include changing clothing, appearance, name or pronoun (“Frequently Asked Questions,” 2016). Some people change gender identity on identification documents (such as a driver’s licence), and some undergo hormone therapy and medical procedures (“Frequently Asked Questions,” 2016). Again, it is important to state that transitioning looks different for each person and there is no ‘right’ way to transition – it is a matter of what is right for each person (“Frequently Asked Questions,” 2016). Though people appear to support the use of bathrooms that match a person’s identity, there appears to be less un-certainty regarding all-gender bathrooms. This is in line with many politicians that argue all-gender bathrooms will open the possibility to people who are not using the bathroom for the right purpose (Schilt & Westbrook, 2015). However, men and woman use the same bathroom in homes, and it is commonplace in Europe, such as France, that there are all-gender bathrooms (Schilt & Westbrook, 2015). By requiring explicit gender and body criteria, it forces trans people into restrictive gender norms based on the belief that gender and genitals are linked (Schilt & Westbrook, 2015). All-gender bathrooms, or gender-neutral bathrooms, provide relief to trans people who would otherwise experience

violence or harassment in gender-separated bathrooms (Enochs, 2016). There was variation in how respondents felt about health care benefits. It is important to note that within the U.S., most people have healthcare insurance through their employer or spouse (Lombardi, 2010). However, health care access for trans people is difficult given the economic exclusion, employment discrimination and non-recognition of marriage (Lombardi, 2010). For those who are insured, many companies deny trans-related health care such as hormone therapy or sex reassignment surgery (Lombardi, 2010). Trans people also face discrimination or lack of care from health care providers who refuse to work with them (Sperber, Landers & Lawrence, 2008). These are clearly areas in which education of the public is required.

Education could also focus on understanding gender, as 26% (n = 19) of participants who strongly agree or agree that there are only two genders also strongly agree or agree that trans people should accept their gender assigned at birth. These are areas where research can focus in on people who may not understand that gender is not binary, and may hold prejudicial views towards trans people regarding transitioning.

This study has engaged people to reflect on their beliefs and understanding towards trans people and trans rights. It has asked respondents to engage in a multitude of questions ranging from transgender people, their rights and lived experiences. The importance of this study was gain insight into perceptions, but has perhaps also encouraged respondents to continue self-education and self-awareness. This study has learned that respondents demonstrate an understanding and support for trans rights, but

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also shows key areas of uncertainty or misunderstanding. Future research, community organizations and education can focus on these areas.

In light of this thesis' findings, awareness can be promoted in a number of ways. As the survey questions focused on trans people and trans rights, connecting with student social groups and community organizations can be ways of increasing awareness. Holding community-wide information sessions can be a key way to educate the public on current trans rights and offer a space for newcomers to learn about trans people. Student clubs can promote information sessions and peer-to-peer talks. Both community groups and student clubs can work together to promote provincial or state-wide education, and even work together with elected officials to expand its reach

This research can also support academic research and future studies. Qualitative questions should be added to a mixed methods study in order to provide better context and understanding to respondents' answers. Future research could also work within and engage LGBT centers by offering focus groups and one-on-one interviews with people who access the services to compare the responses from college or university students. Connecting with LGBT centers and transgender people specifically can help further develop appropriate questions. As the trans panic defence is still being used in criminal law cases, Blackham's (2006) study on perceptions of sexual assault (finding that respondents perceived sexual assault against a trans person less serious) would be an interesting future research project.

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A suggestion for awareness and education is to target schools and community groups. By focusing wide spread education (grade schools, colleges, universities, community classes, community centers and so forth) it would expand trans awareness by targeting community members who may not have another means of exposure. Schools can provide mandatory diversity classes that focus on a multitude of identities, including transgender awareness. Communities could work closely with LGBT centers to prepare seminars on education, allowing a safe space to learn and ask questions.

Trans theory was used to connect the lived experiences of transgender people to research. Focusing on the lived experiences allows for the growth in both legal acceptance and social acceptance. Having transgender people use their own words, terms and pronouns helps them cope with discrimination and encourages social acceptance (Singh, Hays & Watson, 2011). Connecting with supportive communities (e.g., LGBT, religious, performance, feminist) allows trans people to build strength and resilience (Singh et. al., 2011). Access to healthcare and financial support is also important to resilience, as it strengthens handling discrimination (Singh, 2013). All of these factors can encourage research to continue promoting awareness and education.

There are contextual factors to this study worth noting. This study was conducted at the University of Ontario Institute of Technology in the Faculty of Social Sciences and Humanities (FSSH) and is therefore not generalizable. FSSH students are more exposed to learning and thinking about human rights and social justice issues. This means FSSH students could be more likely to be educated and support trans rights, as this survey data

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has found majority of participants are supportive. The setting for the research was conducted in university classrooms with undergraduate students taking classes in criminology, legal studies and communications. This means the social justice theme in courses and instructors is important to the supportive outcome of this study. The sample was also a diverse population in demographics such as religion and ethnicity, however was overwhelming white and straight. Future research could examine different faculties through data analysis and cross-examination between a social sciences faculty and, for example, engineering where students may not learn the same approach to social issues. The survey demographics were also limited to young people who are educated. Future research should look beyond university students to wider communities and could cross-examine how young, educated students view trans rights alongside those who are not exposed to social justice learning. This research could be expanded to include other faculties, universities and beyond to the wider community.

It is also important to note that the theoretical discussion of feminist, queer and trans theory was conducted in a linear fashion, which is not reflective of the development of the theories. Transgender theory was discussed along a historic timeline to showcase how the theory developed. The theory discussion used in this thesis focused solely on its development and it should be noted that feminist, queer and trans theories have all evolved within each other and alongside each other.

Participation in the survey was voluntary, and therefore there is likely a selection bias. As the LGBT community privileges white women, it is important to note that this

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survey is most likely overwhelmingly female, white and straight as the topic of the LGBT community attracts that sample of people. It is likely that students who already had some interest in trans issues were more likely to participate and also were more conversant on trans issues. Another limitation is that the study collected quantitative data, whereas this research could benefit from qualitative data in order to place the findings in context and help provide a richer interpretation. This data could also benefit from face to face interviews to expand on respondent's perceptions. There was a key point of confusion for respondents regarding the pronoun debate, and therefore making the questions clear to respondents could benefit this research. The research questions could be guided by trans people themselves and focus in on issues or areas of discussion that they see important. By including trans people, the questionnaire could include lived experiences to help guide a richer, more thorough range of questions.

As discussed earlier, stigmas and fears faced by the trans community can result in violence. Trans people face social, economic and cultural marginalization, intersecting with poverty, disability and substance abuse (Brabaw, 2017). Society often shows intolerance and aggressiveness towards trans people (Clements-Nolle et. al., 2006; Goldblum et. al., 2012, Kenagy & Bostwick 2005, Testa et. al., 2012; Testa et. al., 2013). As seen with the bathroom bills across the U.S. (Abraham, 2016), stigmas and fears can impact policy development. This thesis hopes to use education as a way of protecting ensuring trans rights. If policies, such as the bathroom bills, are being impacted by a lack

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of proper education, I believe promoting trans education can help to support and strengthen the policies and laws in place to protect trans people.

Ultimately, the goal of this research is to promote trans awareness to continue the betterment of their lives. By contributing perceptions, this research hopes to encourage future research in this area. Understanding what people think or what people know about transgender rights is crucial to education. Without understanding the gaps, education cannot be correctly targeted. This research should be continued outside university settings and expand to include municipalities, provinces and countries. It is vital to creating a world where transgender people are not only understood, but are whole-heartedly accepted.



Appendix

Dear Professors,

My name is Victoria Ginsley and I am a Criminology Master's student here at UOIT. I am conducting a study on perceptions of undergraduate students towards trans people and trans rights. It is an online survey and is anonymous. The survey is short and should only take 5 minutes to complete. Students will be required to sign an electronic consent form before you begin the survey. The survey asks a few demographic questions (such as religion, sexual orientation and program at UOIT) but is nothing that will be able to identify them individually. They will be asked questions about your opinion on several topics concerning the lives of transgender people and their rights. This will be done using a 5 Point Likert Scale ranging from Strongly Agree, Agree, Neither Agree nor Disagree, Disagree and Strongly Disagree. Upon completion of the survey, students will have the opportunity to win 1 of 5 Tim Hortons gift cards. I hope that you will consider sharing this survey on perceptions of trans people and trans rights. You will find the link below to my survey.

<https://www.surveymonkey.com/r/722DJZJ>

Please contact me if you would like anymore information regarding the survey. You may reach me at victoria.ginsley@uoit.ca or my supervisor at carla.cesaroni@uoit.ca

Any questions regarding your rights as a participant, complaints or adverse events may be addressed to Research Ethics Board through the Research Ethics Coordinator – researchethics@uoit.ca or 905.721.8668 x. 3693. This study has been approved by the UOIT Research Ethics Board REB #14239 on March 20, 2017.

Warm regards,  
Victoria Ginsley

# PERCEPTIONS OF TRANS PEOPLE

## Welcome to My Survey

**Thank you for participating in our survey. Your feedback is important.**

**Perceptions of Transgender People**  
Victoria Ginsley – victoria.ginsley@uoit.ca

Student's Supervisor: Dr. Carla Cesaroni, PhD  
Title: Associate Professor, Assistant Dean, Graduate Studies  
Mailing Address: Faculty of Social Science and Humanities  
University of Ontario Institute of Technology  
55 Bond Street East  
Oshawa, Ontario  
L1G OAS  
Telephone: (905) 721-3111 Ext. 2517  
Fax: (905) 721-3372  
E-Mail: carla.cesaroni@uoit.ca

### **Dear Prospective Participants in this research:**

You are being asked to participate in a research project that will quantitatively explore perceptions of transgender people. This form has been provided to help you make an informed decision about whether or not to participate.

### **Research Question and Research Purpose:**

The research question for this study is as follows: What are the perceptions of undergraduate students regarding trans individual's and trans rights? The study's purpose is to gather perceptions about trans people and their rights in order to inform policy decisions relating to trans people, as well as encourage future research in this area of study.

We appreciate your willingness to provide data that will assist us in exploring public sentiments concerning this issue. This exploratory study will provide insights into how students at UOIT feel about this important issue.

### **Researcher:**

This study is being conducted by Victoria Ginsley, a second year Master's student at UOIT. Should you have any questions, please feel free to contact me at victoria.ginsley@uoit.ca. Or my supervisor at carla.cesaroni@uoit.ca

**Any questions regarding your rights as a participant, complaints or adverse events may be addressed to Research Ethics Board through the Research Ethics Coordinator – researchethics@uoit.ca or 905.721.8668 x. 3693. This study has been approved by the UOIT Research Ethics Board REB # 14239 on March 20, 2017.**

### **What's Involved?**

If you agree to participate in this study, you will be asked to complete an online survey regarding your views on transgender people. This survey will require approximately 5 minutes of your time. This study will help contribute to research on perceptions of transgender people and their rights. By exploring undergraduate perceptions, this study hopes to encourage policy to explore the millennial view of these topics and discuss broader social awareness. This study uses a 5-Point Likert Scale (ranging from Strongly Agree, Agree, Neither Agree nor Disagree, Disagree and Strongly Disagree) to gauge perceptions. Upon completion of the survey, you will have the opportunity to enter a draw for 1 of 5 Tim Horton's gift card. Your participation in this survey is greatly appreciated.

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## **Confidentiality**

This study has been approved by the UOIT Research Ethics Board REB #14239 on March 20, 2017. Participation in this study is completely voluntary. If you choose to participate, your privacy and confidentiality will be protected. All information you provide in the questionnaire will remain private and confidential, and only accessible by the researcher and his research supervisors. Identifiers (codes that link your name to your responses) will not be used. Every precaution has been taken to ensure confidentiality and anonymity. Your name will never appear in any report or publication about this study.

If you decide to participate in the study and then decide to stop participating, you may do so at any time, without explanation, and with no consequences of any kind. If you choose to stop participation at any time you may exit the survey with no consequences. The data will only be uploaded when the entire survey is completed as no information is saved after each individual question. Any data you have given will be destroyed. The data will be disposed of in keeping with the discipline's practice.

## **Potential Risks**

There are minimal risks in participating in this project. Participants of this survey are encouraged to complete the survey in a private space to. Risks include potential minimal psychological or emotional discomfort (such as feeling embarrassed, uncomfortable, anxious or upset with the subject matter). For any minimal risk you experience and would like to speak to someone, please see the following:

### **UOIT Student Mental Health Services**

- 905-721-3392
- Drop-in hours: North Oshawa location in the U5 Building from 10:30am to 4:30pm. Downtown Oshawa location is 61 Charles St Building, Room 225 on Wednesdays and Thursdays from 3pm to 4:30pm
- UOIT-Baagwating Indigenous Student Center - Drop-in Tuesdays between 3pm to 4:30pm.

### **Durham Crisis Line**

- 905-666-0483

### **Distress Center Durham**

- 905-430-2522.

The results of this study may be published in academic journals. A summary of the findings will be made available to all participants on request. The results of this study will be available approximately August 2017. You can request a copy of the findings, when available, by emailing me at: [victoria.ginsley@uoit.ca](mailto:victoria.ginsley@uoit.ca) or the study's supervisor [carla.cesaroni@uoit.ca](mailto:carla.cesaroni@uoit.ca).

Given these safeguards, this research has been reviewed and approved by the UOIT Research Ethics Board. The REB number assigned by UOIT is #14239 on March 20, 2017.

If you have further questions regarding any aspect of this study, please do not hesitate to contact me at [victoria.ginsley@uoit.ca](mailto:victoria.ginsley@uoit.ca). Any questions regarding your rights as a participant, complaints or adverse events may be addressed to Research Ethics Board through the Research Ethics Coordinator – [researchethics@uoit.ca](mailto:researchethics@uoit.ca) or 905-721-8668 x. 3693.

Regards,

Victoria Ginsley  
Principal Researcher

1. I AM VOLUNTARILY MAKING A DECISION WHETHER OR NOT TO PARTICIPATE IN THIS RESEARCH STUDY. MY SIGNATURE CERTIFIES THAT THE CONTENT AND MEANING OF THE INFORMATION ON THIS CONSENT FORM HAVE BEEN FULLY EXPLAINED TO ME AND THAT I HAVE DECIDED TO PARTICIPATE HAVING READ AND UNDERSTOOD THE INFORMATION PRESENTED. MY SIGNATURE ALSO CERTIFIES THAT I HAVE HAD ALL MY QUESTIONS ANSWERED TO MY SATISFACTION. I WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP. BY GIVING MY CONSENT I DO NOT WAIVE ANY LEGAL RIGHT OR RECOURSE.

---

**Consent to Participate**

If you would like to consent to participate in this study, please click accept to start the questionnaire. If you do not consent to participating, please click decline.

By clicking accept, you agree that you have read and understood the above information about the research conducted by Victoria Ginsley. You are willing to be a participant in this research.

- Accept
- Decline

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## 2. Age:

- Under 18
- 18-20
- 21-24
- 25+

## 3. I identify as:

- Female
- Male
- Transgender
- Non-binary
- Gender non-conforming
- Other

## 4. I identify as:

- Black, African Canadian, Caribbean
- Middle Eastern, Arabic
- South Asian (i.e., India, Pakistan)
- East Asian (i.e., China, Japan)
- Southeast Asian (i.e., Thailand, Philippines, Malaysia)
- Hispanic, Latinx
- White, Caucasian
- Native
- Other

## PERCEPTIONS OF TRANS PEOPLE

### 5. I identify as:

- Lesbian
- Gay
- Bisexual
- Pansexual
- Queer
- Asexual
- Other
- Straight

### 6. What is your religion, if any?

- Protestant
- Catholic
- Christian
- Wiccan
- Jewish
- Muslim
- Hindu
- Buddhist
- Agnostic/Atheist/Non-religious
- Other

### 7. Program at UOIT:

- Criminology
- Forensic Psychology
- Political Science
- Communications
- Legal Studies
- Other

## PERCEPTIONS OF TRANS PEOPLE

### 8. Year of study:

- Year 1
- Year 2
- Year 3
- Year 4
- MA
- PhD
- MSc

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9. Cross-dressers are transgender. (Cross-dressing refers to men who wear clothes, makeup and accessories associated with women. Transgender is an umbrella term for people whose gender identity differs from the sex they were assigned at birth).

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

10. Most transgender people are LGB (lesbian, gay, bisexual...). (Transgender is an umbrella term for people whose gender identity differs from the sex they were assigned at birth).

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

11. There are only two genders (male and female).

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

12. Transgender people should accept their gender assigned at birth.

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree



## PERCEPTIONS OF TRANS PEOPLE

13. Transgender people have always existed.

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

14. Transgender people have higher rates of mental health issues. (Mental health issues refer to feelings that are prolonged and negatively impact everyday life).

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

15. Being transgender is a mental disorder. (Mental disorders include anxiety disorders, bipolar disorder, depression, mood disorders, personality disorders and psychotic disorders (including schizophrenia)).

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

16. The transgender population faces higher rates of suicide.

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

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17. Transgender people face higher rates of harassment and violence.

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

18. All transgender people should transition.

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

19. You can cure being transgender.

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

20. Transgender people should be referred to as 'they' instead of 'he' or 'she'.

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

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21. Transgender people should be able to use the bathroom that matches their gender identity (ie: A transwoman using the women's bathroom).

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

22. Healthcare benefits should cover trans-related medical care (surgery, hormones, counselling).

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

23. Gender identity should be on identification cards (passport, driver's licence).

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

24. Transgender people should have equal rights.

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

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25. Transwomen should be able to access women's shelters.

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

26. Public washrooms should be 'all gender'.

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

27. Violence against trans people is a hate crime. (Hate crimes are defined as crimes committed against a person based on their race, ethnic origin, language, sexual orientation, religion, skin color, age and other identifying factors).

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

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## Thank You Letter and Debriefing

Thank you very much for taking the time to participate in my research. Your input is highly valued and provides insight into how people feel about this important and emerging issue.

If you have experienced any emotional discomfort in completing this survey and would like to speak to someone, please see the following:

### UOIT Student Mental Health Services

- 905-721-3392
- Drop-in hours: North Oshawa location in the U5 Building from 10:30am to 4:30pm
- Downtown Oshawa location is 61 Charles St Building, Room 225 on Wednesdays and Thursdays from 3pm to 4:30pm
- UOIT-Baagwating Indigenous Student Center - Drop-in Tuesdays between 3pm to 4:30pm.

### Durham Crisis Line

- 905-666-0483

### Distress Center Durham

- 905-430-2522.

## Thank You Letter and Debriefing

If you wish, you can enter the draw for (1) one of (5) five \$10 Tim Horton's Gift Card by emailing [victoria.ginsley@uoit.net](mailto:victoria.ginsley@uoit.net)

Please include in this email:

- Completion Code: Thank You So Much! I truly appreciate the time and input you provided for this research.
- An email address I can email should you win one of the prizes

The results of this study may be published in academic journals. A summary of the findings will be made available to all participants on request. The results of this study will be available approximately August 2017. You can request a copy of the findings, when available, by emailing me at: [victoria.ginsley@uoit.ca](mailto:victoria.ginsley@uoit.ca) or the study's supervisor [carla.cesaroni@uoit.ca](mailto:carla.cesaroni@uoit.ca). All data relating to this study will be disposed of in keeping with the Social Sciences discipline.

The results of this study will only be used for my thesis research and may be published in an academic journal. Confidentiality and anonymity are of paramount importance to me and the university. Names will not be used in any way when discussing the data collected in this study.

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### Thank You Letter and Debriefing

Any questions regarding your rights as a participant, complaints or adverse events may be addressed to Research Ethics Board through the Research Ethics Coordinator – [researchethics@uoit.ca](mailto:researchethics@uoit.ca) or 905.721.8668 x. 3693. This study has been approved by the UOIT Research Ethics Board REB # 14239 on March 20, 2017.

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