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Virginia Wyatt Wharton
Gender Variance and Mental
Health: A National Survey of
Transgender Trauma History,
Posttraumatic Stress, and
Disclosure in Therapy

ABSTRACT

This exploratory study aimed to investigate rates of trauma and posttraumatic stress in the lives of transgender individuals and to gather data on this population's accessing of mental health services and willingness to disclose trauma history in therapy. It was hypothesized that as a marginalized population, transgender individuals are at increased risk for victimization and posttraumatic stress. It was also hypothesized that while a high number of transgender individuals access mental health services, many choose not to disclose trauma history to a therapist.

A web-based anonymous survey of trauma history, posttraumatic stress, and disclosure of trauma history in therapy was implemented to test this hypothesis. Using snowball and convenience sampling techniques, 300 transgender individuals from Washington, DC and 39 different states across the US were recruited to participate in the research project. Participants experienced a range of different types of trauma across the lifespan, and one in four participants in this study met criteria for posttraumatic stress disorder (PTSD). Most participants had talked to a mental health care professional about an experience of trauma or violence, and many chose not to disclose trauma history to a therapist for a variety of reasons including lack of trust and fear of not being granted a letter of recommendation for gender reassignment services. Implications for policy and practice are considered in this research report.

GENDER VARIANCE AND MENTAL HEALTH:
A NATIONAL SURVEY OF TRANSGENDER TRAUMA HISTORY,
POSTTRAUMATIC STRESS, AND DISCLOSURE IN THERAPY

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2007

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CHAPTER I

INTRODUCTION

The research being presented in this report anonymously surveyed transgender individuals about posttraumatic stress, trauma history, and willingness to discuss trauma histories with mental health service providers. In line with the field of social work's commitment to serving marginalized communities including people of diverse gender expression and identity (Lev & Moore, 2000), this study aimed to assess trauma-specific mental health needs of a nonclinical sample of transgender individuals.

Gender variance is of particular interest to the field of social work considering the historical conflict between mental health fields and transgender communities (Vitale, 1997). While individuals seeking surgical intervention to resolve gender dysphoria are dependent on the written support of mental health professionals, mental health professionals possess the power to deny such support and many do (Vitale, 1997). The relationship between mental health care fields and transgender communities is further complicated by the inclusion of Gender Identity Disorder (GID) in the Diagnostic and statistical manual of mental disorders (DSM-IV-TR) (American Psychiatric Association, 2000). The conceptualization of gender variance as a diagnosable disorder is inconsistent with the National Association of Social Workers (NASW) pledge of nonjudgment toward gender diversity (Lev & Moore, 2000). While this inconsistency reveals a conflict between the values of the field of social work and the values communicated by the DSM-

IV-TR (American Psychiatric Association, 2000), it also presents an opportunity for leadership. By conducting collaborative and non-pathologizing research on the needs of transgender communities, the field of social work can begin to build alliances with these communities.

The American Psychiatric Association (2000) conceptualizes gender identity disorder (GID) as a cross-gender phenomenon, whereby an individual feels that she or he was born in the wrong sex. Conceptualizing GID as a cross-gender experience presupposes binary gender and sex systems. Transgender and intersex individuals expose the limitations of binary constructions of gender and sex (McPhail, 2004). Born with reproductive or sexual anatomy that is not “typically” male or female, intersex individuals demonstrate that sex and gender are not one and the same (Intersex Society of North America, n.d.). Similarly, many individuals in lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities conceptualize gender identity as something that is not fixed by biological (i.e. phenotypical) sex. Instead, gender is an identity that may or may not correspond to the gender one is assigned at birth based on one’s anatomy. Fluid, gender may change in time (Lev, 2004).

Transgender is a word used to encompass a diversity of individuals whose identities reflect the notion that gender is not always determined by biology, some of whom may meet criteria for Gender Identity Disorder (GID), some of whom may not, and many of whom will not seek professional assistance with gender reassignment. Transsexuals are transgender individuals who undergo or have undergone hormonal and/or surgical treatment so that their physical body reflects their gender identity. Some

transgender people identify as intersex, and some intersex people identify as transgender, but these two identities are not synonymous.

Intersex and transgender identities are not only distinct from one another but also from sexual identity (Lev, 2004). In fact, efforts have been made by lesbian, gay, bisexual, and queer communities to be inclusive of transgender and intersex individuals, and many transgender and intersex individuals have resisted this inclusion on the premise that intersex and transgender identities are unrelated to sexual orientation. Nevertheless, many transgender-identified individuals identify at some point in their lives as lesbian, gay, bisexual, or queer, and many people who identify as lesbian, gay, bisexual, or queer are gender variant. While transgender is its own identity it is also an umbrella term encompassing many gender identities that are variant from binary categories of gender, such as transsexual, transvestite, cross-dresser, drag king, drag queen, genderqueer, and transvestite (Lombardi et al., 2001; Maguen et al., 2005).

Tragically, transgender individuals' variance from binary and static conceptualizations of gender places them at risk for violence both nationally (Dworkin & Yi, 2003; GenderPAC, 1997; Keuhnle & Sullivan, 2001; Lombardi et al., 2001; Maguen et al., 2005; Moser, 2003; Welch & Shipherd, 2004; Witten & Eyler, 1999; Xavier et al., 2005) and internationally (Dworkin & Yi, 2003). While a discussion of the psychology of transphobic hate violence is beyond the scope of this paper, the very fact of this violence demonstrates that the true diversity of human gender expression and identity is unacceptable and threatening to those who commit this type of violence. The phenomenon of hate violence is one that sends waves of fear through the entire transgender community and greatly compromises transgender individuals' sense of safety

(Mallon, 1999; Moser, 2003; National Coalition of Anti-Violence Programs, 2001; Schwartz et al., 2006). Just as a woman who fits the profile of a serial rapist's victims walks alone with fear or may avoid leaving her home entirely, a transgender person who hears that another transgender individual has been attacked wonders whether she, he, or ze (a personal pronoun used by some transgender individuals) is next. In this way, violence directed toward a single transgender individual communicates a message of hate to all gender variant people as an act of "gender terrorism" (Witten & Eyler, 1999).

Given the violence faced by transgender communities, the purpose of this exploratory study was to investigate rates of trauma and posttraumatic stress in the lives of transgender individuals and to gather data on this population's accessing of mental health services and willingness to disclose trauma history in therapy. As predicted, this study's participants had significantly higher rates of posttraumatic stress disorder than the general population (See Chapters IV and V). While the lifetime prevalence of posttraumatic stress disorder (PTSD) is less than 8% for the general population (American Psychiatric Association, 2000), one in four of this study's participants met criteria for PTSD (see Chapter IV).

The following literature review (see Chapter II) describes existing research on trauma in the lives of transgender individuals. In the ensuing chapters is a description of this study's methodology (see Chapter III) and findings (see Chapter IV), in addition to a discussion of the implications of findings for future research and clinical practice (see Chapter V).

CHAPTER II

LITERATURE REVIEW

This chapter provides an overview of the literature on violence in the lives of transgender individuals. The lack of adequate research on transgender individuals will be outlined, and the research that does exist will be presented and critiqued. The concept of gender control or gender “policing” will be considered, as will the phenomenon of transphobic police brutality. A discussion of barriers to assessing trauma in the lives of transgender people will be offered, and differential diagnosis and transgender individuals’ accessing of mental health services will be addressed. Finally, the research questions and hypotheses for this project will be provided.

An Under-Researched Population

Despite reports of violence against transgender individuals, the transgender experience of trauma is underrepresented in the posttraumatic stress disorder (PTSD) and Gender Identity Disorder (GID) literature (GenderPAC, 1997; Witten & Eyler, 1999). Transgender people are under-researched in general (Burgess, 1999; Mallon, 1999; Meezan & Martin, 2003), especially nonclinical samples (Mathy, 2001) and female-to-males (FTMs) (Rachlin, 2002). The published research that exists on violence in the lives of transgender people is often limited to examinations of childhood experiences of trauma in small samples of mostly male-to-female (MTF) transsexuals, with very few female-to-male (FTM) participants (Gehring & Knudson, 2005; Lombardi et al., 2001).

Violence in Childhood and Adulthood

Presenting data on the higher-than-average prevalence of childhood trauma in the lives of those diagnosed with GID, a number of researchers suggest that GID may be a dissociative response to trauma and warn clinicians to consider a differential diagnosis of Dissociative Identity Disorder (DID) (Devor, 1994; Kersting et al., 2003). Other researchers reporting similar findings have suggested a reverse causality: individuals may abuse a transgender child in an effort to punish or control the young person for challenging traditional gender norms (Gehring & Knudson, 2005; Lombardi et al., 2001). Although causality is difficult to establish without longitudinal data, the idea that abuse causes transgenderism is based on the notion that transgenderism is unhealthy and abnormal—an idea perpetuated in the mental health field by GID’s inclusion in the *Diagnostic and statistical manual of mental disorders, 4th edition, text revision* (DSM-IV-TR) (American Psychiatric Association, 2000).

Some researchers have attempted to depathologize transgenderism by presenting evidence that individuals with GID are psychologically average compared to the general population (Cole et al., 1997). While such research is well intentioned, it obscures transgender experiences of trauma, thereby avoiding a particularly salient issue for clinicians who work with transgender clients. In clinical practice and in research with transgender individuals, trauma history and posttraumatic symptoms must be examined, particularly in the context of other potentially related mental health concerns such as increased suicidality (Clements-Nolle et al., 2001; Kenagy, 2005; Mathy, 2002; Mathy et al., 2003) and heightened substance abuse (Cole et al., 1997; Mathy, 2001; Mathy, 2002; Mathy et al., 2003; Risser et al., 2005).

The studies that do investigate transgender experiences of violence provide compelling evidence that transgender individuals are at increased risk of emotional, sexual and physical violence in childhood (Devor, 1994; Gehring & Knudson, 2005; GenderPAC, 1997; Kersting et al., 2003; Lombardi et al., 2001; Wyss, 2004) and in adulthood (GenderPAC, 1997; Kenagy, 2005; Lombardi et al., 2001; Risser et al., 2005; Welch & Shipherd, 2004; Witten & Eyler, 1999; Xavier et al., 2005). In childhood, perpetrators are often school peers (Wyss, 2004).

When provided with an opportunity to speculate on perpetrators' motivations, transgender survivors often cite homophobia or transphobia (GenderPAC, 1997; Lombardi et al., 2001; Welch & Shipherd, 2004; Wyss, 2004; Xavier et al., 2005). Furthermore, data suggest that features of violence to members of this population are often unique to transgender experience, such as sexual assault motivated by curiosity about a person's sexual anatomy (Gehring & Knudson, 2005), public ridicule through rumor-spreading about a person's gender and anatomy (Wyss, 2004), and rape or assault motivated by hatred of both the person's femaleness, either in anatomy or in gender presentation, as well as the person's transgenderism (Witten & Eyler, 1999).

Gender Control

An example of violence that aims to control the expression of person's gender is Gender Identity Developmental Repressive Abuse (GIDRA), which specifically targets the development of an individual's gender identity (Israel, 1997). GIDRA is defined as efforts to socialize children to adopt binary gender norms by forcing youth to repress questions about gender identity, cross-gendered play and dress, and self-identification as transgender (Israel, 1997). Although no empirical research has assessed the prevalence

of GIDRA, this researcher's clinical experience with transgender individuals suggests that this type of abuse occurs during the childhoods of many transgender individuals.

Gender Identity Developmental Repressive Abuse (GIDRA) is an example of the myriad forms of "gender policing" that occur in both the private and public sectors. Individuals who transgress binary gender boundaries are "policed" both figuratively and literally (Namaste, 1996; Moran & Sharpe, 2004). Figuratively, gender variant individuals are "policed" through homophobic hate violence based on assumptions that masculine women are lesbians and that feminine men are gay (Namaste, 1996; Moran & Sharpe, 2004). Literally, gender variant individuals are "policed" through police brutality (Moran & Sharpe, 2004; National Coalition of Anti-Violence Programs, 2001). Historically, anti-cross-dressing laws called for police intervention of gender variance, making it illegal to wear fewer than a designated number of "gender appropriate" clothing items (Namaste, 1996). Transgender individuals continue to be targeted by the police, especially in cases of transgender sex workers and prisoners (Edney, 2004; Human Rights Watch, 2001; Namaste, 1996; Petersen et al., 1996; Valera et al., 2000; Valera et al., 2001).

Police Brutality and Violence in Prison

Sex workers and prisoners tend to be without adequate financial means, and research suggests that the poorest segment of the transgender community may be most at risk for victimization (GenderPAC, 1997; Lombardi et al., 2001). People who are homeless or imprisoned and those who make money by performing illegal acts such as prostitution are at the mercy of police officers, many of whom are transphobic. For instance, law enforcement officers committed approximately 50% of reported acts of

violence against transgender individuals in the San Francisco Bay Area for three years in a row (National Coalition of Anti-Violence Programs, 2001).

Police brutality is a particularly significant issue for transgender prostitutes, who are seen as criminals in the eyes of the law and are therefore easy targets. Because prostitution is one of the only lines of work consistently open to transgender women and men, and because prostitution is illegal, transgender sex workers are at risk for victimization at the hands of law enforcement, prison staff, prisoners, clients and pimps (Cohan & Lutnick, 2006; Namaste, 1996; Valera et al., 2000; Valera et al., 2001).

In prisons, there is evidence that inmates possessing “feminine” characteristics such as high voice or long hair are significantly more likely than other prisoners to be sexually assaulted by other inmates (Human Rights Watch, 2001). Despite these data, many correctional services departments deny that transgender prisoners are at increased risk for assault and prisons may heighten the risk of victimization by denying transgender individuals their hormonal treatments and placing male-to-female (MTF), woman-identified transgender prisoners in men’s living divisions (Petersen et al., 1996).

Researching Trauma in Nonclinical Samples: Barriers to Assessment

Although data are being collected on experiences of trauma among transgender individuals in clinical and prison samples, there are few data on traumatic experiences in nonclinical transgender populations (Mathy, 2001). Furthermore, no research to date has assessed whether the prevalence of posttraumatic stress disorder (PTSD) in this population is higher, lower, or comparable to the lifetime prevalence of approximately 8% for the general population (American Psychiatric Association, 2000). One challenge to compiling data on this is underreporting of PTSD and trauma history by transgender

individuals. In this researcher's clinical and personal experience it has come to light that many transgender individuals do not inform their mental health service provider of their trauma histories in fear of either being denied a letter of recommendation for gender reassignment or delaying their recommendation process. Because clinicians who provide letters to gender clients have the role of both therapist and "gatekeeper" for sex reassignment services, a legacy of mistrust has developed between mental health fields and transgender communities (Vitale, 1997). The duality of the gender therapist's role presents a dilemma for the client, especially when deciding how much to disclose (Rachlin, 2002). In fact, I have encountered anecdotal evidence that many transgender individuals avoid mental health services altogether for this reason. These conjectures have appeared in literature on the subject (Israel, 1997; Transgender Sexual Violence Project, 2005).

Underreporting of trauma history by transgender individuals may be explained by the policy of some gender clinics to deny gender reassignment recommendation to individuals with a psychiatric diagnosis besides Gender Identity Disorder (Israel, 1997; Rivera, 2002) and by gender therapists' responsibility to rule out a differential diagnosis of Dissociative Identity Disorder (DID) (Rivera, 2002). Because DID is associated with childhood sexual abuse (American Psychiatric Association, 2000), clinicians may be reluctant to approve gender reassignment when a transgender person has a trauma history. Clinicians' heightened sensitivity to trauma history in transgender clients compounds the power differential inherent in the gender therapist's "gatekeeping" role, diminishing the safety of the therapeutic relationship for working through sensitive issues such as trauma history (Bockting, W. et al., 2004; Israel, G., E., 1997; Riviera, M., 2002).

DID: The Differential Diagnosis

Evidence suggests that diagnostic issues arise when clinicians screen transgender clients for a differential diagnosis of Dissociative Identity Disorder (DID) (Kersting et al., 2003; Rivera, 2002). For example, there is some evidence that a gender identity disorder (GID) diagnosis predicts high levels of posttraumatic stress following rape (Darves-Bornoz et al., 1998), but poor differentiation between measures of DID and GID (Kersting et al., 2003) make this data confusing to interpret. It becomes unclear whether GID or dissociative response to trauma predicts high levels of PTSD. Because dissociation measures pick up, amongst other things, disconnect between one's mind and one's body, transgender individuals often score high on these measures (Kersting et al., 2003). On the other hand, it is common for individuals with DID to develop alternate personalities of a different gender (Kersting et al., 2003; Rivera, 2002). The critical difference between transgender individuals and those with DID is that while individuals with DID may experience cross-gender "alternates," with treatment they will identify with their birth gender, while transgender individuals with DID will not (Rivera, 2002).

Mental Health Treatment

Despite concerns about differential diagnosis and "gatekeeping" in gender therapy, research suggests that a high percentage of transgender individuals have a history of mental health treatment (Mathy, 2002; Mathy et al., 2003; Rachlin, 2002) and are more likely than the general population to access both therapy and psychiatric medication services (Mathy, 2001). Although many transgender clients seek services in pursuit of a sex reassignment recommendation letter, clients seek services for a plethora of mental health and personal growth needs as well (Rachlin, 2002). Numerous

transgender individuals declare a need for mental health services but are unable to pay for these services (Kenagy, 2005; Kenagy & Hsieh, 2005). Of those who are able to access mental health services, few are formally surveyed about their satisfaction with services (Bockting et al., 2004). Given the field of social work's commitment to advocating for oppressed populations, and considering the lack of research on transgender issues, it is critical that transgender individuals are surveyed about their mental health needs and their experiences in therapy.

The Research Project

It becomes clear that in order to provide the culturally-competent services this population deserves (Lombardi, 2001; Mathy, 2001), the mental health field needs accurate, quantitative data on transgender experiences of trauma and posttraumatic symptoms, including answers to the following questions:

- What is the prevalence of trauma in childhood and adulthood in the transgender population?
- What is the prevalence of posttraumatic symptoms for this population?
- What is the likelihood that transgender survivors of violence will report their lifetime trauma histories to a mental health service provider?

This exploratory study aimed to begin formulating answers to these questions with a web-based survey of trauma history, posttraumatic stress, and disclosure in therapy. A relatively new way of doing research, there is already evidence that web-based designs are effective for studying underrepresented populations such as transgender individuals (Mathy et al., 2002). Inquiring about a variety of traumatic experiences in childhood and adulthood, this research was the first to address a true diversity of

traumatic events specific and nonspecific to transgender identity. Asking participants to speculate whether or not traumatic events were related to gender identity, sexual orientation, or race, this research builds on the existing literature on transgender individuals' experiences of hate crimes (GenderPAC, 1997; Lombardi et al., 2001; Welch & Shipherd, 2004; Wyss, 2004; Xavier et al., 2005) and is the first to address the roles race and sexual orientation play in transphobic hate violence. The data participants provide will answer questions about whether they *interpreted* the violent events as hate based, information which is more relevant to clinicians who work with transgender victims than whether or not the perpetrator was *actually* motivated by hate. Finally, questioning transgender individuals about their willingness to reveal trauma history to therapists, this research is the first to collect data on disclosure of this nature and reasons for nondisclosure.

These data will begin to test the hypothesis that although transgender individuals comprise an oppressed group and are therefore at increased risk for victimization and posttraumatic stress, many feel unsafe to disclose trauma history. When a person does not feel free to disclose trauma history and symptoms of posttraumatic stress to a therapist, an opportunity for intervention is missed. If this hypothesis is supported by this study and future research, it signifies that therapists need to improve efforts to establish safety and trust when assessing and building relationships with transgender clients. This type of research raises the awareness of clinicians who work with transgender clients and provides transgender communities with an opportunity to educate the mental health field.

CHAPTER III

METHODOLOGY

The purpose of this exploratory study was to investigate rates of trauma and posttraumatic stress in the lives of transgender individuals and to gather data on this population's accessing of mental health services and willingness to disclose trauma history in therapy. The research design, described below, was approved by the Human Subjects Review Committee at the Smith College School for Social Work (See Appendix A). Utilizing web-based list serves and constructing a website for the study were useful strategies for recruiting a nonclinical sample of transgender people living across the United States. The web-based nature of recruitment and participation maximized respondents' anonymity as much as possible—a critical factor considering the sensitive nature of transgender identity, trauma history, and history of psychiatric treatment. The anonymous online questionnaire (see Appendix B) was accessed through the study's website: The Trans Study Website (www.transstudy.com; see Appendix C). This website provided information about the researcher including contact information, the intent of and the nature of the research, referrals for trans-specific and trans-friendly support services across the United States, and a link to the questionnaire. The website also notified participants of the researcher's intent to post the results of the study on the website after the termination of data collection and the completion of data analysis.

Sample

Three-hundred individuals from thirty-nine different states and Washington, D.C. participated in this study. Individuals of every ethnic, religious, and cultural group were invited to participate. People were also invited to participate if they lived in the United States and identified with one of the following transgender identities: transgender, transsexual, trans, transgenderist, bigender, FTM (Female-To-Male), MTF (Male-To-Female), genderqueer, gender variant, agender, cross-dresser, two spirit, kothi, hijra, drag queen, drag king, or non-identification with a particular gender. Intersex individuals were invited to participate as long as they also identified as transgender. Age requirements were not specified anywhere in the recruitment materials, and participants were not asked their ages. People were asked not to participate if they lived outside of the United States, if they identified as intersex but not transgender, or if they had never questioned their gender identity or identified as transgender.

A self-selected sample of convenience was used along with a snowball recruitment strategy. I recruited indirectly by sending a letter (see Appendix D) and recruitment flyer (see Appendix E) to friends and colleagues via email, which asked recipients to forward the email and post the flyer. I also circulated flyers (see Appendix E) at a gender therapist conference in Northampton, Massachusetts and at a transgender conference in Milwaukee, Wisconsin. Although I intended to recruit directly by emailing the webmasters of transgender websites and requesting that they post a link to this study's website (www.transstudy.com; see Appendix C) on their own websites, I decided not to use this recruitment method because of the high rate of participation from the beginning of the data collection process.

Recruited individuals were first directed to the web address for The Trans Study Website (www.transstudy.com; see Appendix C), which provided information about the research and the researcher, listed mental health service referrals, and linked people to the informed consent form (see Appendix F) and questionnaire on a web-based research site called Survey Monkey (www.surveymonkey.com; see Appendix B for the survey). The first page participants were directed to on the Survey Monkey website was the informed consent page. In the Informed Consent (see Appendix F), participants were notified of their right to skip questions and discontinue participation at any time. Participants provided informed consent by clicking “next” at the bottom of the informed consent page. Doing so, participants were directed to the first page of the questionnaire. At the end of the questionnaire participants were directed back to the Trans Study website.

Data Collection

Data were collected anonymously online through an internet research service called Survey Monkey (www.surveymonkey.com). The questionnaire (see Appendix B) was posted on the Survey Monkey site, prefaced by the informed consent form (see Appendix F). Participants were able to access the survey by first visiting The Trans Study Website (www.transstudy.com; see Appendix C) —the home page for this research project. The Trans Study website invited individuals meeting participation criteria to click on the “survey” link to participate in the study. After clicking on “survey,” participants were directed to the informed consent form (see Appendix F) on the Survey Monkey website (www.surveymonkey.com). Participants were informed of a number of benefits and risks of taking part in the study, and they were instructed that by clicking “next” at the bottom of the web page they were providing their informed consent. At any

point in answering survey questions, participants had the option to skip questions or exit the survey. Either by clicking “exit” to exit the survey or by clicking “finish” after the last question, participants were redirected to The Trans Study Website (www.transstudy.com; see Appendix C).

The research instrument, titled “The Violence, Stress, and Therapy Questionnaire,” has four sections: Demographics, Traumatic Events, Stress, and Therapy (see Appendix B). The Demographics and Therapy sections were original designs, while the Traumatic Events and Stress sections were based on preexisting instruments (see Appendix G for the Traumatic Events Questionnaire—Civilian and see Appendix H for Posttraumatic Stress Disorder Checklist—Civilian).

Demographics

The first section of the survey, the demographics section, inquired about sex assignment at birth, gender identity, racial identity, sexual orientation, and demographic location.

Traumatic Events

The second section of the survey inquired about trauma history using a particular scale titled “Traumatic Events Questionnaire—Civilian” (TEQ) (see Appendix G) with the permission of its creator. This instrument inquires about a number of various types of traumatic events that a person might experience in his, her, or hir (a possessive pronoun used by some transgender individuals) lifetime, including: domestic violence, sexual assault in adulthood, sexual abuse in childhood, robbery, car accident, natural disaster, and witnessing violence to another person. I revised the wording of several questions for the purpose of clarification and amended the survey with questions specific to the

questions addressed by this study and the population being researched. For example, “Have you received news of a hate crime committed against someone in your community?” was added to the survey because hate crimes send a message of fear to everyone belonging to the community of the victim. I also added sub-questions to several existing questions, asking participants whether they interpreted violent events to be related to the victim’s perceived gender, perceived sexual orientation, or perceived race. These questions were added to assess if participants perceived a hate crime to have taken place—valuable information for an exploratory study inquiring whether and why transgender individuals may be at increased risk for traumatization. For several items, I also asked whether the crime was committed by a law enforcement officer, due to the frequent reports of transphobic violence and harassment by police officers and in jails and prisons (Moran & Sharpe, 2004; National Coalition of Anti-Violence Programs, 2001).

Stress

The third section of the survey inquires about symptoms of posttraumatic stress present in the last month. With the permission of The National Center for PTSD the researcher used the original version of the Posttraumatic Stress Disorder Checklist—Civilian (PCLC) (See Appendix H) in order to assess posttraumatic stress. I did not make any changes to this instrument.

Therapy

The final section of the survey inquires about contact with mental health professionals and disclosure of trauma history. I asked about number of contacts and whether or not the participant disclosed their history of trauma to the therapist.

Participants who did disclose were asked to rate the therapist's helpfulness on this issue on a 7-point Likert scale. Participants who did not disclose were asked to state why not, and they were given multiple reasons to choose from in addition to an open-ended space to write their reasons.

Data Analysis

All data were coded by me and analyzed with the assistance of the statistics support services at Smith College School for Social Work. In the coding process, each participant's responses to the posttraumatic stress section of the survey were compiled and scored according to the recommendations of The National Center for PTSD (See Appendix H). This posttraumatic stress score was then analyzed with and correlated to the other data. Responses to open-ended questions were coded thematically by the researcher.

Descriptive statistics were used to describe and summarize the demographics of the participants. Inferential statistics such as chi-square were used to determine statistically significant differences between demographic groups in the participant pool, thereby evaluating association, if any, between/among demographic variables and other research variables such as trauma, posttraumatic stress, and disclosure. While the number of participants is high enough to make internal statistics possible, generalizability is not possible because the sample was recruited through non-random methods. Nevertheless, the study yielded many interesting results with implications for practice (see Chapters IV and V).

CHAPTER IV

FINDINGS

This exploratory study sought to assess rates of trauma and posttraumatic stress disorder (PTSD) in a sample of transgender-identified individuals living in the United States, and it aimed to determine these individuals' willingness to disclose trauma history to a mental health care professional as well as reasons for not disclosing. One in four participants in this study met criteria for PTSD, and most participants had talked to a mental health care professional about an experience of trauma or violence. In this chapter, the characteristics of the sample will be discussed and various descriptive and inferential statistics will be provided regarding prevalence of trauma, PTSD, and disclosure among the study's participants.

Demographics

The demographic data requested from participants included sex assigned at birth (SAB), current gender identification, sexual orientation, racial identity, and place of residence. Demographic findings are provided below according to category of information.

Sex Assigned at Birth (SAB)

There was a relatively equal representation of participants who were assigned female at birth (AFB) and those who were assigned male at birth (AMB). Out of 300 participants, 132 AFB, 163 were AMB, one was assigned intersex at birth (AIB), and

four people chose not to answer this question. Because only one person selected an intersex assignment at birth (AIB), and because this person did not additionally indicate a female or male sex assignment at birth, this individual was not included in statistical analyses made related to SAB.

Gender identification

Participants were invited to provide their own written answer to the open-ended question: “How do you identify your gender now?” Participants used between one and four different words or phrases to describe their genders, and 51 different words were used. The vast majority of responses were either “female” (used 92 times in this sample) or “male” (used 80 times in this sample), but other frequently indicated gender identities were “transgender, transgendered, or TG” (used 33 times in this sample), “genderqueer” (used 25 times in this sample), and “FTM” (used 24 times in this sample). “Transsexual” was only used 12 times and “MTF” was only used nine times by this sample. It is evident that while most individuals in the sample use a distinct term to self-identify gender, other participants self-identify gender in complex and unique ways.

Racial Identities

Although a diversity of racial groups is represented in this sample, the vast majority of participants in this study (N=241) identify themselves as White or Caucasian. Fifteen individuals selected the response “Other,” and the most frequently specified “other” identity was Jewish. Because no groups of participants besides White/Caucasian-identified participants were large enough for meaningful inferential statistical tests, inferential statistics related to race compare White/Caucasian-identified participants with all other groups who, for the purposes of this study, were grouped together as “People of

Color” (POC). Although this term is problematic in that it obscures differences between diverse groups of people, it is also useful for addressing commonality in being targeted by racism.

Table 1: *Racial identification.*

	Frequency	Valid percent
Biracial	18	6.1%
Multiracial	16	5.4%
Native American or American Indian	12	4.1%
Black or African American	15	5.1%
Latino/a or Hispanic	16	5.4%
Asian	5	1.7%
Middle-eastern	2	.7%
White or Caucasian	241	81.4%
Other	15	5.1%

Sexual Orientation

As is indicated in Table 2, the 297 people who indicated their sexual orientation from a multiple-choice list of possibilities most frequently indicated an identity of bisexual/bi (26.3%) or queer (27.3%). Of the 33 participants who selected “other,” 30 specified their identity in the space provided using one or more words or phrases. Twenty-nine different words were used, and the most common word used, pansexual, was indicated by four different participants. Clearly, the range of sexual identity in this sample is very broad.

Table 2: *Sexual orientation.*

	Frequency	Valid percent
Straight or heterosexual	47	15.8%
Bisexual or Bi	78	26.3%
Gay	13	4.4%
Lesbian or Dyke	32	10.8%
Queer	81	27.3%
Asexual	13	4.4%
Other	33	11.1%

Geography

People from all across the United States participated in this research project. Represented in this study were residents from Washington, D.C. and every state *except the following*: Arkansas, Hawaii, Kentucky, Minnesota, Missouri, Nevada, New Mexico,

Oklahoma, South Carolina, South Dakota, and Wyoming. For the 293 individuals who specified their place of residence, the states most frequently represented are California (23.4%), Massachusetts (18.3%), and Texas (10.3%). Because other states were represented in much smaller numbers, inferential analyses by geographic location compare the three most represented states.

Prevalence of trauma

Although the research instrument inquired about a vast range of traumatic experiences, this report highlights some of the most common traumatic and violent events participants had experienced in their lifetimes. These types of trauma are discussed below.

Common Traumas

Some of the most common traumas experienced by participants were not specific to interpersonal violence or gender identity. For example, just over 50% (N=151) of 293 participants answered “yes” to the question, “Have you been in or witnessed a serious industrial, farm, or car accident, or a large fire or explosion?” When asked, “Have you been in a natural disaster such as a tornado, hurricane, flood or major earthquake?” just under 50% (N=138) of the 284 participants who answered this question answered “yes.”

Rape, robbery, or assault

Many participants indicated that they had been the victim of a violent crime such as rape, robbery, or assault, and most of those who had were victimized in this way more than once. Of the 283 participants who answered the question, “Have you been a victim of a violent crime such as rape, robbery, or assault?” 43.1% answered yes. Almost 20% (N=55) of the total sample indicated that they had been victimized once, 8.2% of the total

sample indicated that they had been victimized twice, and 15% of the total sample indicated that they had been victimized 3 or more times. Chi-square was used to assess whether there was a difference in the experience of rape, robbery, or assault by respondents' sex assigned at birth (SAB) and no significant differences were found.

Of the people who had experienced rape, robbery, or assault, 44.9% specified that they had suffered multiple types of attack and 12% specified that the assailant was a law enforcement officer. When asked to speculate the reasons for the attack, 53.2% (N=67) of those who answered yes (N=122) specified gender as the reason for the attack, 38.9% (N=49) specified sexual orientation, and 9% (N=12) specified race. Thus, rape, robbery, and assault were common for this sample, but the specifics of each attack experienced are unique.

Childhood sexual or physical abuse

A number of participants experienced abuse in childhood and attributed the abuse to their gender. Of the participants who answered the question, "As a child, were you the victim of either physical or sexual abuse?" just over 40% (N=110) responded yes. Of those who reported that they had experienced physical or sexual abuse in childhood, 43.2% speculated that they were victimized because of their gender.

Chi-square was used to determine whether there was a difference between participants assigned female at birth (AFB) and those assigned male at birth (AMB) for this question, and a significant difference was found (chi-square (1,N=272)=6.021, p=.014, continuity corrected). Just under a third (32.7%) of those assigned male at birth (AMB) reported sexual or physical abuse in childhood, compared to almost half (48%) of those assigned female at birth (AFB). In other words,

while both AMB and AFB participants experienced high rates of abuse in childhood, AFB participants were significantly more likely than AMB participants to have experienced this type of violence.

Unwanted forced sexual experiences in adulthood

A lesser percentage of the sample experienced forced sexual experiences in adulthood, but participants assigned female at birth (AFB) were more likely than participants assigned male at birth (AMB) to have experienced this type of trauma. Of the participants who answered the question, “As an adult, have you had any unwanted sexual experiences that involved the threat or use of force?” 14.8% responded “yes.” Chi-square was run to determine whether there was a difference between AFB participants and AMB participants for this question, and a significant difference was found (chi-square (1,N=269)=4.342, p=.037, continuity corrected). Just over twenty percent (N=25, Total N=124) of those assigned female at birth (AFB) reported that they had suffered at least one unwanted forced sexual experience in adulthood compared to just over 10% (N=15 out of Total N=145) of those assigned male at birth (AMB). In terms of participants’ impressions of perpetrators’ motivations, 69.4% believe that it was because of gender, 52.6% believe that it was because of sexual orientation, and 7.9% believe that it was because of race.

Abusive relationship in adulthood

Less than a third (30.1%) of participants had experienced an abusive relationship in adulthood, and for this sample, neither those assigned male at birth (AMB) nor those assigned female at birth (AFB) were significantly more likely to report victimization by a

partner. Of the 259 participants who answered the question, “As an adult, have you ever been in a relationship in which you were abused either physically or otherwise?” just over 30% (N=78) answered yes. Chi-square was used to assess whether there was a difference in the experience of abusive relationship in adulthood by respondents’ sex assigned at birth (SAB), and no significant differences were found.

News of a hate crime against someone in community

The majority of participants had heard news of a hate crime committed against a community member. Of the 252 participants who answered the question, “Have you received news of a hate crime committed against someone in your community?” 56.7% answered yes and most people who answered yes (60%) indicated that they had received such news three or more times. When asked to speculate why the victim of the crime(s) was victimized, 82.7% said because of gender, 90.8% said because of sexual orientation, and 28.2% said because of race.

Prevalence of PTSD

The Posttraumatic Stress Disorder Checklist—Civilian (PCLC) (see Appendix H) was used to screen participants for posttraumatic stress disorder (PTSD) and more than one in four participants met criteria. The criteria used to determine PTSD were those provided by the National Center for PTSD: moderate to severe symptoms during the previous two weeks for at least one re-experiencing item, at least three avoidance items, and at least two hypervigilance items. According to these recommendations for scoring the research instrument, just over 25% (N=76) of the sample were symptomatic of PTSD.

Chi-square was used to determine whether there are differences in rates of posttraumatic stress disorder for this sample determined by sex assigned at birth (SAB),

race (white/other race) and by the three states most represented in this study (Massachusetts, Texas, and California). While no significant differences were found for any of these variables, the rates of PTSD did vary by state. The rate of PTSD among participants from Massachusetts was 35.8% (N=19), as compared to 30% (N=9) among participants from Texas and 19.1% (N=13) among participants from California. Thus, the rates of PTSD for this sample varied between three regionally distinct states but not in a statistically significant way.

Disclosure

Most participants had met with a therapist and those who had were likely to have disclosed a traumatic incident if they had experienced one. Of the 243 participants who answered the question, “Have you ever met with a therapist or mental health professional?” the vast majority (88.5%) responded yes. Of the people who answered yes, most (67.8%) indicated they had discussed an experience of trauma or violence with a therapist. Then, those who had discussed an experience of trauma or violence with a therapist were asked to rate how helpful the therapist had been in response to this trauma on a 7-point Likert scale. As Figure 1 indicates the most common (23.6%) response was “7” (indicating extremely helpful).

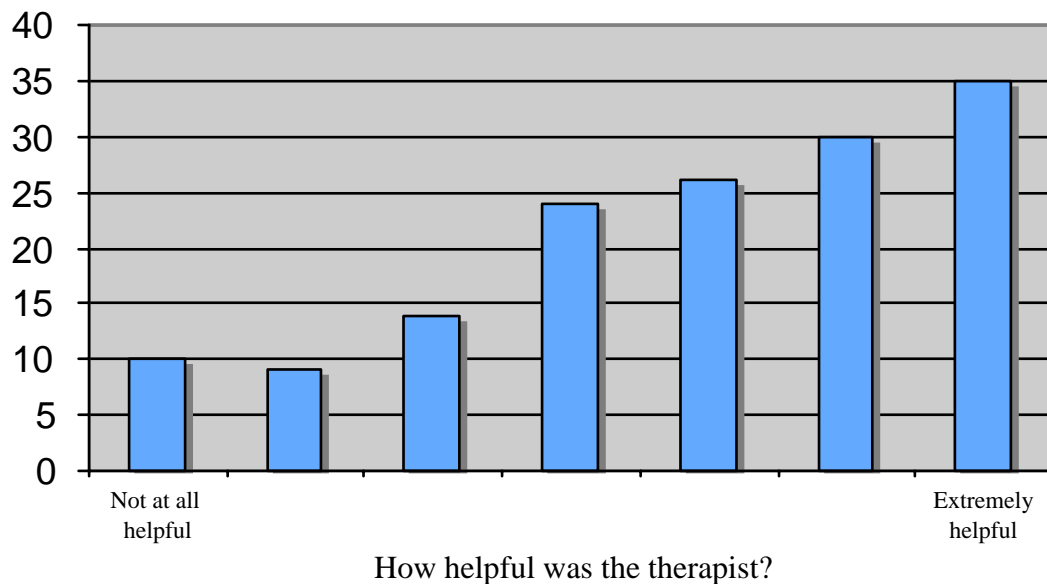


Figure 1. Participants' ratings of therapists' helpfulness with trauma issues.

People who chose not to disclose an experience of trauma or violence with a therapist were asked to indicate why not. While 40.8% of people who had met with a therapist did not disclose because they had not experienced trauma or violence, the most common reason why people with a trauma history chose not to disclose was because they did not trust the therapist (21.1%). Over a third (36.6%) of people who answered this question indicated an “other” reason why they chose not to disclose. Of those who answered “other,” the two most common reasons were “not relevant to treatment” and “never came up,” although these responses were few: six and four respondents, respectively.

In summary, the people who participated in this study had experienced a range of traumatic incidents throughout their lifetimes. One in four met criteria for posttraumatic stress disorder (PTSD) at the time of study, and of those who had met with a mental health care professional, most of them had in fact discussed their trauma history with that professional.

The following chapter discusses the findings as they relate to the literature reviewed in Chapter II, comparing and contrasting the results of this study against existing knowledge. Implications for practice are then offered. The strengths and limitations of the study are identified. Suggestions for future study are given, and the chapter closes with an overall conclusion.

CHAPTER V

DISCUSSION

The purpose of this exploratory study was to investigate rates of trauma and posttraumatic stress in the lives of transgender individuals and to gather data on this population's accessing of mental health services and willingness to disclose trauma history in therapy. As predicted, the results demonstrate elevated levels of posttraumatic stress disorder (PTSD) in this sample. While the lifetime prevalence of PTSD in the general population is less than 8% (American Psychiatric Association, 2000), one in four participants in this study met criteria for PTSD. This study is the first to document rates of PTSD in transgender populations, but it is not the first to suggest that transgender populations are at risk for traumatization. The data support existing literature suggesting high rates of childhood sexual and physical abuse in the lives of transgender individuals, particularly in the lives of those assigned a female sex at birth (Devor, 1994; Gehring & Knudson, 2005; GenderPAC, 1997; Kersting et al., 2003; Lombardi et al., 2001; Wyss, 2004). However, as opposed to existing literature that focuses on violence either in childhood (Devor, 1994; Gehring & Knudson, 2005; Kersting et al., 2003; Wyss, 2004) or adulthood (Risser et al., 2005; Welch & Shipherd, 2004; Witten & Eyler, 1999; Xavier et al., 2005), this study documents a wide range of traumatic events experienced by transgender individuals throughout the lifetime. Furthermore, the data show that trauma history is not limited to acts of violence. Transgender individuals experience traumatic

incidents having nothing to do with gender identity, such as car accidents and natural disasters.

As predicted by previous research (Mathy, 2002; Mathy et al., 2003; Rachlin, 2002), the vast majority of participants had at some point in their lives accessed mental health services. Surprisingly, given the history of tension between transgender communities and mental health fields (Vitale, 1997), most participants who had seen a therapist had also discussed trauma history with the therapist.

Implications

These data have significant implications for social work practice, policy, and research. These implications will be discussed below.

Assessment

Given the high prevalence of posttraumatic stress disorder (PTSD) in this sample, it is critical that gender therapists and all therapists working with transgender individuals carefully and compassionately assess trauma history with their clients. Furthermore, given that majority of participants had been notified of a hate crime committed against a community member, it is important that therapists consider the impact of community hate violence on transgender clients. This is imperative when working with transgender clients of color and lesbian, gay, bisexual, and queer transgender clients, who may feel terrorized not only by transphobic hate crimes but also by racist and homophobic hate crimes. The therapeutic encounter is an opportunity for trauma-focused intervention, and this is an opportunity that should not be missed.

Trauma-focused therapy

As the data illustrate, transgender individuals experience a diversity of traumatic incidents across the lifespan. Many participants in this study who had been targeted by violence stated the opinion that their gender was a factor in their victimization, and a number of people also attributed their victimization to sexual orientation and race. For this reason, it is critical that transgender-specific trauma services such as therapy groups be established by mental health clinics so that gender variant survivors feel supported and safe to explore the complicated relationship between trauma and gender identity. Some transgender individuals may blame themselves for being gender variant and thus for the victimization, and others may wonder whether victimization is the reason for their gender variance (Rivera, 2002). Transgender survivors of violence deserve to have a space to explore these complex issues in a safe and affirming environment.

When working with transgender individuals, it is important to be aware of the violence targeted at transgender communities and it is just as critical to not jump to conclusions. Transgender individuals experience a range of traumas, not just those related to gender. Therefore, it is misguided to see all transgender people as victims of transphobic hate violence. A transgender client may or may not feel the impact of hate violence, and even if she, he, or ze (a pronoun used by some transgender individuals) does, this may not be the most troubling trauma in his, her, or hir (a possessive pronoun used by some transgender individuals) life. Furthermore, just because a transgender client has a trauma history does not mean she, he, or ze wants trauma-focused therapy. The client has the right to refuse treatment.

Gatekeeping versus collaboration

The fact that a number of participants chose to not disclose trauma history out of fear of being denied a letter of support for surgery or having their letter delayed illustrates the fear many clients feel of saying the wrong thing and not getting their needs met. Unfortunately, this dynamic replicates the silencing that is so often present in abusive relationships. Meanwhile, the therapist is faced with her, his, or hir (a possessive pronoun used by some transgender individuals) own dilemma: in providing both mental health services and being a gatekeeper of transgender-specific medical services (either granting or refusing a request for a letter), she, he, or ze (a personal pronoun used by some transgender individuals) has a dual relationship with the client. This duality maximizes the power differential between client and therapist and interferes with the sense of partnership and honesty required for effective collaboration. One of the most common reasons why participants chose not to disclose trauma history to a therapist was lack of trust. In order to facilitate the client's trust, the therapist also needs to trust that clients know what is best for themselves.

In order to create an atmosphere of safety for the client, whereby she, he, or ze (a personal pronoun used by some transgender individuals) feels supported to be forthcoming with the therapist, the therapist also needs to be forthcoming. One recommendation is that therapists be transparent with clients about the process of letter writing, clearly stating what factors will and will not delay or interfere with the client getting a letter according to the standards of care the therapist is following, be they those provided by the World Professional Association for Transgender Health (WPATH) or

others. The client has the right to provide fully informed consent for treatment, and the client also has the right to seek a letter elsewhere.

In order to work collaboratively on a systematic level, mental health clinics and social work schools need to invite consultation and education from transgender individuals and organizations. Formal relationships need to be established between transgender organizations (not just LGBT ones) and as social workers we need to familiarize ourselves with transgender-specific resources and build relationships with the providers of these resources. Peer leadership can be established by supporting transgender individuals to facilitate therapy and support groups for gender variant individuals and their significant others. Universities need to train therapists to be culturally competent at working with transgender populations by educating students about gender variance and the complexity of providing mental health treatment to transgender individuals.

Labels

As represented by the sample of participants in this study, gender variant individuals self-identify their genders and sexual orientations in a wide variety of ways. This is important information for social workers who work with, create programs for, and study transgender populations. It is recommended that gender-variant research participants and clients be provided with as many opportunities as possible to self-identify gender, sexual orientation, and race. Furthermore, it is suggested that programs serving gender variant populations consider the multiplicity of transgender identities when creating documentation about services offered and when conducting intake assessments.

Anti-violence policy

Violence against gender variant people is a social justice issue. Just as the National Association of Social Workers (NASW) admirably pledged to provide nonjudgmental care to individuals of a diversity of gender identities and expressions (Lev & Moore, 2000), the time has come for the NASW to commit to combating transphobic violence and its effects on transgender communities. In doing so, the NASW would demonstrate leadership to all mental health fields and social workers everywhere, and the field of social work would be one step closer establishing collaborative ties with transgender individuals, families, and communities.

Limitations and strengths

The stated research findings cannot be generalized to all transgender people because the participants were recruited through non-random methods. Comparisons between this sample and other groups are made based on previously published data and not a control group. Furthermore, primarily white individuals participated in this study. The range of racial representation is extremely limited in this study.

The research instrument has a number of flaws. The demographic portion of the survey fails to ask the age of participants. The Traumatic Events Questionnaire (TEQ) (see Appendix G), although adapted by this researcher to include questions regarding transgender-specific experiences and perceived motivations of perpetrators, has limited usefulness for studying this population. Selected for its ability to gather information about a wide range of traumas in a relatively short amount of time, its questions are broad and the wording of questions is frequently confusing. Furthermore, the TEQ only screens for abusive incidents that the participant considers to be abusive. For example, it may

under-detect domestic violence in the lives of participants who experienced violence in intimate relationships but do not label it as such. Also, the wording of the question regarding number of times participants have accessed mental health services is unclear and can be interpreted in multiple ways. When a participant answers that he, she, or ze (a personal pronoun used by some transgender individuals) has seen a therapist three or more times, is he, she, or ze referring to three or more different therapists or three or more different therapy sessions?

Finally, the study relied on retrospective reports of trauma and experiences in therapy. Research shows that retrospective self-report is imperfect, and trauma may alter memory function (Kuyken et al., 2006). However, data support the general consistency and accuracy of retrospective reports and suggest that such reports tend to under-represent rather than over-represent trauma history (Krinley et al., 2003).

Despite its limitations, this research design has a variety of strengths. First of all, the recruitment strategies and web-based survey enabled 300 people from across the United States to participate anonymously in this study. This is particularly significant for researching a population that may be mistrusting of researchers and may feel unsafe to identify themselves as gender variant. By setting up a website with information about the researcher including contact information, participants were able to provide feedback over the course of the study. This type of collaboration is aligned with feminist research methodologies emphasizing the importance of collaborating with participants. The positive response this researcher received from participants via email regarding the study demonstrates the effectiveness of this collaboration. A number of participants expressed gratitude to this researcher for recognizing the impact of trauma in the lives of

transgender people, and many participants offered their assistance with recruitment. One advantage of snowball sampling methods is its ability to put the research into the hands of participants. In fact, this study was really conducted by its participants. To complete the partnership between this researcher and the participants, a summary of the results and a copy of this research report will be posted on the Trans Study Website (www.transstudy.com; see Appendix C), and the same effort that was made to recruit participants will be made to notify people of the results of the study.

Future research

Future research has the opportunity to expound upon the strengths of this study and eliminate some of its weaknesses. To begin with, future research might use randomized methods to recruit an even larger and more racially diverse sample of transgender individuals as well as non-transgender lesbian, gay, bisexual, and heterosexual/straight control groups. In the future, the research instrument can be edited to clarify the wording of questions and an alternate and improved survey might be developed. Qualitative research that inquires about traumas experienced by a diversity of transgender individuals may inspire new types of questions to ask as well as new ways of asking them. For example, future research may examine Gender Identity Developmental Repressive Abuse (GIDRA), which specifically targets the development of an individual's gender identity and is documented in theory and practice but not in empirical study (Israel, 1997). Future research may be done even more collaboratively with leaders in transgender communities, and more and more transgender researchers will hopefully choose to conduct this research.

Finally, coping mechanisms and resiliency factors could be highlighted and explored by future studies. This type of research would be particularly useful for gender therapists supporting transgender clients to heal from effects of trauma from a strengths-based perspective. The fact is, despite widespread transphobic violence, gender variant people survive and thrive and have done so across culture and time (Feinberg, 1996).

Conclusion

The aim of this study was to explore rates of trauma and posttraumatic stress disorder (PTSD) in the lives of transgender individuals, and to better understand the decision to disclose or not disclose trauma history to a therapist as well as what factors impact this decision. Participants in this sample experienced a wide range of traumas over the lifespan, had higher rates of PTSD than what is seen in the general population, and were likely to disclose trauma history to a therapist. This report is intended to provide guidance to mental health service providers and policy makers for navigating relationships with gender variant individuals, families, and communities.

References

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, DC: Author.
- Bockting, W., Robinson, B., Benner, A., & Scheltema, K. (2004). Patient satisfaction with transgender health services. *Journal of Sex & Marital Therapy, 30*, 277-294.
- Burgess, C. (1999). Internal and external stress factors associated with the identity development of transgendered youth. *Journal of Gay & Lesbian Social Services: Issues in Practice, Policy & Research, 10*(3), 35-47.
- Clements-Nolle, K., Marx, R., Guzman, R., & Katz, M. (2001). HIV prevalence, risk behaviors, health care use, and mental health status of transgender persons: Implications for public health intervention. *American Journal of Public Health, 91*(6), 915-921.
- Cohan, D., & Lutnick, A. (2006). Sex worker health: San Francisco style. In *Sexually Transmitted Infections, 82*, 418-422. Retrieved January 25, 2007, from *Expanded Academic ASAP* via Thomson Gale:
[http://find.galegroup.com/itx/infomark.do?&contentSet=IAC-
Documents&type=retrieve&tabID=T002&prodId=EAIM&docId=A156303994&s
ource=gale&userGroupName=mlin_w_smithcol&version=1.0](http://find.galegroup.com/itx/infomark.do?&contentSet=IAC-Documents&type=retrieve&tabID=T002&prodId=EAIM&docId=A156303994&source=gale&userGroupName=mlin_w_smithcol&version=1.0)
- Cole, C. M., O'Boyle, M., Emory, L. E., & Meyer, W. J. (1997). Comorbidity of gender dysphoria and other major psychiatric diagnoses. *Archives of Sexual Behavior, 26*(1), 13-26.
- Darves-Bornoz, J. M., Lépine, J. P., Choquet, M., Berger, C., Degiovanni, A., & Gaillard, P. (1998). Predictive factors of chronic post-traumatic stress disorder in rape victims. *European Psychiatry, 13*(6), 281-287.
- Devor, H. (1994). Transsexualism, dissociation, and child abuse: An initial discussion based on nonclinical data. *Journal of Psychology & Human Sexuality, 6*(3), 49-72.
- Dworkin, S. H., & Yi, H. (2003). LGBT identity, violence, and social justice: The psychological is political. *International Journal for the Advancement of Counselling, 25*(4), 269-279.
- Edney, R. (2004). To keep me safe from harm? Transgender prisoners and the experience of imprisonment. *Deakin Law Review, 9*(2), 327-338.
- Feinberg, L. (1996). *Transgender Warriors: Making History From Joan of Arc to Dennis Rodman*. Boston: Beacon Press.

- Gehring, D., & Knudson, G. (2005). Prevalence of childhood trauma in a clinical population of transsexual people. *International Journal of Transgenderism*, 8(1), 23-30.
- GenderPAC. (1997). *First National Survey on Transgender Violence*. New York: GenderPAC.
- Human Rights Watch. (2001). *No escape: Male rape in United States Prisons*. Retrieved June 30, 2006, from <http://www.hrw.org/reports/2001/prison/report4.html>
- Israel, G. E. (1997). *Childhood and gender identity developmental repressive abuse (GIDRA)*. Retrieved January 7, 2007, from <http://www.firelily.com/gender/gianna/gidra.html>
- Intersex Society of North America. (n.d.). *What is intersex?* Retrieved August 2, 2006, from http://www.isna.org/faq/what_is_intersex
- Kenagy, G. P. (2005). Transgender health: Findings from two needs-assessment studies in Philadelphia. *Health & Social Work*, 30(1), 19-26.
- Kenagy, G. P., & Hsieh, C. (2005). Gender differences in social service needs of transgender people. *Journal of Social Science Research*, 31(3), 1-21.
- Kersting, A., Reutemann, M., Gast, U., Ohrmann, P., Suslow, T., Michael, N., et al. (2003). Dissociative disorders and traumatic childhood experiences in transsexuals. *Journal of Nervous and Mental Disease*, 191(3), 182-189.
- Krinsley, K. E., Gallagher, J. G., Weathers, F. W., Kutter, C. J., & Kaloupek, D. G. (2003). Consistency of retrospective reporting about exposure to traumatic events. *Journal of Traumatic Stress*, 16(4), 399-409.
- Kuyken, W., Howell, R., & Dalgleish, T. (2006). Overgeneral autobiographical memory in depressed adolescents with, versus without, a reported history of trauma. *Journal of Abnormal Psychology*, 115(3), 387-396.
- Lev, A. I. (2004). *Transgender Emergence: Therapeutic guidelines for working with gender-variant people and their families*. New York: The Haworth Press, Inc.
- Lev, A. I., & Moore, B. (2000). *Social work embraces transgender*. Retrieved June 15, 2007, from <http://www.choicescounseling.com/areas/transgender/tgsocialwork.html>

- Lombardi, E. (2001). Enhancing transgender health care. *American Journal of Public Health, 91*(6), 869-872.
- Lombardi, E. L., Wilchins, R. A., Priesing, D., & Malouf, D. (2001). Gender violence: Transgender experiences with violence and discrimination. *Journal of Homosexuality, 42*(1), 89-101.
- Maguen, S., Shipherd, J. C., & Harris, H. N. (2005). Providing culturally sensitive care for transgender patients. *Cognitive and Behavioral Practice, 12*(4), 479-490.
- Mallon, G. P. (1999). Knowledge for practice with transgendered persons. *Journal of Gay and Lesbian Social Services: Issues in Practice, Policy & Research, 10*(3-4), 1-18.
- Mathy, R. M. (2001). A nonclinical comparison of transgender identity and sexual orientation: A framework for multicultural competence. *Journal of Psychology & Human Sexuality, 13*(1), 31.
- Mathy, R. M. (2002). Transgender identity and suicidality in a nonclinical sample: Sexual orientation, psychiatric history, and compulsive behaviors. *Journal of Psychology & Human Sexuality, 14*(4), 47.
- Mathy, R. M., Schillace, M., Coleman, S. M., & Berquist, B. E. (2002). Methodological rigor with internet samples: New ways to reach underrepresented populations. *CyberPsychology & Behavior, 5*(3), 253-266.
- Mathy, R. M., Lehmann, B. A., & Kerr, D. L. (2003). Bisexual and transgender identities in a nonclinical sample of North Americans: Suicidal intent, behavioral difficulties, and mental health treatment. *Journal of Bisexuality, 3*(3/4), 93-109.
- McPhail, B. A. (2004). Questioning gender and sexuality binaries: What queer theorists, transgendered individuals, and sex researchers can teach social work. *Journal of Gay & Lesbian Social Services, 17*(1), 3-21.
- Meezan, W., & Martin, J. I. (2003). Exploring current themes in research on gay, lesbian, bisexual and transgender populations. *Journal of Gay & Lesbian Social Services: Issues in Practice, Policy & Research, 15*(1), 1-14.
- Moran, L. J., & Sharpe, A. N. (2004). Violence, identity and policing: The case of violence against transgender people. *Criminal Justice: International Journal of Policy and Practice, 4*(4), 395-417.
- Moser, B. (2003). 'Disposable people.' *Intelligence Report, 112*, 10-20.

- Namaste, K. (1996). Genderbashing: sexuality, gender, and the regulation of public space. *Environment and Planning D: Society and Space*, 14, 221-240.
- National Coalition of Anti-Violence Programs (2001). *Anti-lesbian, gay, transgender and bisexual violence in 2000: A report of the National Coalition of Anti-Violence Programs*. San Francisco: Author.
- Petersen, M., Stephens, J., Dickey, R., & Lewis, W. (1996). Transsexuals within the prison system: An international survey of correctional services policies. *Behavioral Sciences & the Law*, 14(2), 219-229.
- Rachlin, K. (2002). Transgender individuals' experiences of psychotherapy. *International Journal of Transgenderism*, 6(1), 1.
- Risser, J. M., Shelton, A., McCurdy, S., Atkinson, J., Padgett, P., Useche, B., Thomas, B., & Williams, M. (2005). Sex, drugs, violence, and HIV status among male-to-female transgender persons in Houston, Texas. *International Journal of Transgenderism*, 8, (2/3), 67-74.
- Rivera, M. (2002). Informed and supportive treatment for lesbian, gay, bisexual and transgendered trauma survivors. *Journal of Trauma and Dissociation*, 3(4), 33-58.
- Schwartz, L., Ulit, I. T., & Morgan, D. (2006). Straight talk about hate crimes bills: Anti-gay, anti-transgender bias stalls federal hate crimes legislation. *The Georgetown Journal of Gender and the Law*, 7(2). 171-186.
- Transgender Sexual Violence Project (2005). *Final Review*. Retrieved July 27, 2006, from http://www.forge-forward.org/transviolence/docs/FINAL_narrative_implications.pdf
- Valera, R. J., Sawyer, R. G., & Schiraldi, G. R. (2001). Perceived health needs of inner-city street prostitutes: A preliminary study. *American Journal of Health Behavior*, 25(1), 50-59.
- Valera, R. J., Sawyer, R. G., & Schiraldi, G. R. (2000). Violence and posttraumatic stress disorder in a sample of inner city street prostitutes. *American Journal of Health Studies*, 16(3), 149-155.
- Vitale, A. (1997). The therapist versus the client: How the conflict started and some thoughts on how to resolve it. In G. Israel & E. Tarver (Eds.) *Transgender Care* (pp. 251-255). Philadelphia, PA: Temple University Press.
- Welch, L. P., & Shipherd, J. C. (2004). *Rates of violence and sexual orientation in the transgender community*. Poster session presented at the annual meeting of the Association for Advancement of Behavior Therapy, New Orleans, LA.

- Witten, T. M., & Eyler, A. E. (1999). Hate crimes and violence against the transgendered. *Peace Review, 11*(3), 461.
- Wyss, S. E. (2004). 'This was my hell': The violence experienced by gender non-conforming youth in US high schools. *International Journal of Qualitative Studies in Education, 17*, (5), 709-730.
- Xavier, J. M., Bobbin, M., Singer, B., & Budd, E. (2005). Needs assessment of transgendered people of color living in Washington, DC. *International Journal of Transgenderism, 8*(2), 31-47.

Appendix A

Human Subjects Review Approval Letter

January 21, 2007

Virginia Wharton
119 Haight Street, #1
San Francisco, CA 94102

Dear Virginia,

Your amended materials have been reviewed and you have done an excellent job in attending to all of the requested revisions. We are, therefore, able now to give final approval to this most interesting project. We hope you get lots of participants. You never really know what you will get when you cast your net out into cyberspace.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain signed consent documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your very useful and I would imagine, underserved population.

Sincerely,

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: Dominique Steinberg, Research Advisor

Appendix B

The Violence, Stress, and Therapy Questionnaire

The Violence, Stress, and Therapy Questionnaire

Informed Consent

Dear Participant,

Thank you for your interest in this survey on transgender experiences with violence, stress, and mental health services. I am a queer-identified Masters in Social Work (MSW) candidate at the Smith College School for Social Work. I am doing this research because I think it is important that there is accurate information about what transgender people need from the mental health service providers. The data I collect from this survey will be used for my MSW thesis, and may also be used by LGBTQ organizations or publications.

I ask you not to participate if no one has ever questioned your gender identity, including yourself. I invite you to participate if you identify as transgender, transsexual, trans, bigender, FTM, MTF, transgenderist, genderqueer, gender variant, agender, cross-dresser, two spirit, kothi, hijra, drag queen, drag king, or if you do not identify with a particular gender. I invite you to participate if your current gender identification is different from the one your parents or guardians gave you. I invite you to participate if people see you as androgynous, or if you or other people question your gender identity. I invite you to participate if you clearly pass, as long as you have had the experience of not clearly passing at some point in your life.

Participating in this study means anonymously answering a series of questions online having to do with mental health and gender identity. Some of the questions in this survey are very personal, and have to do with gender identity, sexual orientation, experiences with violence, and feelings of stress. These questions may be easy to answer or they may be uncomfortable to think about. You might find yourself thinking about difficult times in your past. If any of these feelings or thoughts are overwhelming, please refer to the "resources" section of the website (www.transstudy.com) and you will see a list of trans-friendly support services you can call for free and low-cost help.

That said, your participation means that your experience is represented in this study. Too many generalizations are made about trans people—I appreciate your willingness to help represent the diversity of transgender experiences.

As stated above, your participation is completely anonymous—there is no way for anyone to trace your participation in this survey. Your participation is also totally voluntary—you can stop answering questions at any point and you can skip questions you do not want to answer. Please keep in mind that if you complete any part of the survey and click "next" at the bottom of the page, and then you decide to end the survey early, I may use the information you provide before you stop. In other words, there is no way to "take back" answers to the questions once you click "next" at the bottom of any page of the survey.

If you have any questions about this study, or you want to get involved in spreading the word about this research or its results, please feel free to contact me at virginia@transstudy.com. Also, the results of this study will be posted online by August 1, 2007 at this same web address.

YOUR CONTINUING ON WITH THE SURVEY INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Thank you!

The Violence, Stress, and Therapy Questionnaire

Demographics

This survey has 35 questions and takes approximately 10-20 minutes to complete. The questions are divided into 4 sections: Demographics, Traumatic Events, Stress, and Therapy. Please feel free to skip any questions you do not want to answer. Your truthful answers are much appreciated!

1. What sex were you assigned at birth? (select all that apply)

- Female Male Intersex

2. How do you identify your gender now?

3. How do you identify your race? (select all that apply)

- Biracial
 Multiracial
 Native American or American Indian
 Black or African American
 Latino/a or Hispanic
 Asian
 Middle-eastern
 White or Caucasian
 Other (please specify)

4. How do you identify your sexual orientation?

- Straight or Heterosexual
 Bisexual or Bi
 Gay
 Lesbian or Dyke
 Queer
 Asexual
 Other (please specify)

5. What state do you live in?

- Alabama

The Violence, Stress, and Therapy Questionnaire

- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina

The Violence, Stress, and Therapy Questionnaire

- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

5a. Do you live in Washington, D.C.?

- Yes No

Traumatic Events

DIRECTIONS: Questions 6-17 ask about a variety of traumatic events that you may have experienced. For each of the following "numbered" questions, indicate whether or not you experienced the event. If you have experienced one of the events, select "Yes" and complete the "lettered" items immediately following it that ask for more details. If you have not experienced the event, select "No" and click on "next" at the bottom of the page to go to the next "numbered" question.

6. Have you been in or witnessed a serious industrial, farm, or car accident, or a large fire or explosion?

- Yes No

a. How many times?

- once twice three +

b. How old were you at that time(s)?

1st	<input type="text"/>
2nd	<input type="text"/>
3rd	<input type="text"/>

c. Were you ever injured in the event(s)?

Not at all

Severely

The Violence, Stress, and Therapy Questionnaire

--> | | | | | | | |

d. Did you ever feel your life was threatened in the event(s)?

Not at all

Extremely

--> | | | | | | | |

e. How traumatic was the event(s) for you at that time?

Not at all

Extremely

--> | | | | | | | |

f. How traumatic is the event(s) for you now?

Not at all

Extremely

--> | | | | | | | |

g. What was the event(s)?

The Violence, Stress, and Therapy Questionnaire

Traumatic Events 7

DIRECTIONS: This section of the questionnaire is comprised of a variety of traumatic events that you may have experienced. For each of the following "numbered" questions, indicate whether or not you experienced the event. If you have experienced one of the events, select "Yes" and complete the "lettered" items immediately following it that ask for more details. If you have not experienced the event, select "No" and click on "next" at the bottom of the page to go to the next "numbered" question.

7. Have you been in a natural disaster such as a tornado, hurricane, flood or major earthquake?

Yes

No

a. How many times?

Once

Twice

Three +

b. How old were you at that time(s)?

1st

2nd

3rd

c. Were you ever injured in the disaster(s)?

Not at all

Severely

-->

d. Did you ever feel your life was threatened in the disaster(s)?

Not at all

Extremely

-->

e. How traumatic was the disaster(s) for you at that time?

Not at all

Extremely

-->

f. How traumatic is the disaster(s) for you now?

Not at all

Extremely

-->

The Violence, Stress, and Therapy Questionnaire

g. What was the disaster(s)?

Traumatic Events 8

DIRECTIONS: Questions 6-17 ask about a variety of traumatic events that you may have experienced. For each of the following "numbered" questions, indicate whether or not you experienced the event. If you have experienced one of the events, select "Yes" and complete the "lettered" items immediately following it that ask for more details. If you have not experienced the event, select "No" and click on "next" at the bottom of the page to go to the next "numbered" question.

8. Have you been a victim of a violent crime such as rape, robbery, or assault?

Yes

No

a. How many times?

Once

Twice

Three +

b. How old were you at that time(s)?

1st

2nd

3rd

c. Were you ever injured when the crime(s) took place?

Not at all

Severely

-->

d. Did you ever feel your life was threatened when the crime(s) took place?

Not at all

Extremely

-->

e. How traumatic was the crime(s) for you at that time?

The Violence, Stress, and Therapy Questionnaire

Not at all Extremely

-->

f. How traumatic is the crime(s) for you now?

Not at all Extremely

-->

g. What was the crime(s)?

h. Was any one of the persons who victimized you a law enforcement officer?

Yes No

i. In your opinion, were you victimized because of your perceived gender?

Yes No

j. In your opinion, were you victimized because of your perceived sexual orientation?

Yes No

k. In your opinion, were you victimized because of your perceived race?

Yes No

The Violence, Stress, and Therapy Questionnaire

Traumatic Events 9

DIRECTIONS: Questions 6-17 ask about a variety of traumatic events that you may have experienced. For each of the following "numbered" questions, indicate whether or not you experienced the event. If you have experienced one of the events, select "Yes" and complete the "lettered" items immediately following it that ask for more details. If you have not experienced the event, select "No" and click on "next" at the bottom of the page to go to the next "numbered" question.

9. As a child, were you the victim of either physical or sexual abuse?

Yes

No

a. How old were you when it began?

b. How old were you when it ended?

c. Were you ever injured when the abuse took place?

Not at all Severely

-->

d. Did you ever feel your life was threatened when the abuse took place?

Not at all Extremely

-->

e. How traumatic was the abuse for you at that time?

Not at all Extremely

-->

f. How traumatic is the abuse for you now?

Not at all Extremely

-->

g. Was the assailant male or female? (select all that apply)

Female

Male

The Violence, Stress, and Therapy Questionnaire

h. Was any one of the persons who victimized you a law enforcement officer?

Yes

No

i. Select all categories that describe the experience . . .

physical abuse

sexual penetration of the mouth, anus and/or vagina

no sexual penetration, but the assailant attempted to force penetration

there was some other form of sexual contact [e.g., touched my sexual organ(s), I was forced to touch the assailant's sexual organ(s)]

no sexual contact but the assailant attempted to touch my sexual organ(s) and/or make me touch his/her sexual organ(s)

j. In your opinion, were you victimized because of your perceived gender?

Yes

No

k. In your opinion, were you victimized because of your perceived sexual orientation?

Yes

No

l. In your opinion, were you victimized because of your perceived race?

Yes

No

The Violence, Stress, and Therapy Questionnaire

Traumatic Events 10

DIRECTIONS: Questions 6-17 ask about a variety of traumatic events that you may have experienced. For each of the following "numbered" questions, indicate whether or not you experienced the event. If you have experienced one of the events, select "Yes" and complete the "lettered" items immediately following it that ask for more details. If you have not experienced the event, select "No" and click on "next" at the bottom of the page to go to the next "numbered" question.

10. As an adult, have you had any unwanted sexual experiences that involved the threat or use of force?

Yes No

a. How many times?

once twice three +

b. How old were you at that time(s)?

1st
2nd
3rd

c. Were you ever injured when the incident(s) took place?

Not at all Severely
-->

d. Did you ever feel your life was threatened when the incident(s) took place?

Not at all Extremely
-->

e. How traumatic was the incident(s) for you at that time?

Not at all Extremely
-->

f. How traumatic is the incident(s) for you now?

Not at all Extremely
-->

The Violence, Stress, and Therapy Questionnaire

g. Was the assailant(s) male or female? (select all that apply)

Female

Male

h. Was any one of the persons who victimized you a law enforcement officer?

Yes

No

i. Select all categories that describe the experience . . .

physical abuse

sexual penetration of the mouth, anus and/or vagina

no sexual penetration, but the assailant attempted to force penetration

there was some other form of sexual contact [e.g., touched my sexual organ(s), I was forced to touch the assailant's sexual organ(s)]

no sexual contact but the assailant attempted to touch my sexual organ(s) and/or make me touch his/her sexual organ(s)

j. In your opinion, were you victimized because of your perceived gender?

Yes

No

k. In your opinion, were you victimized because of your perceived sexual orientation?

Yes

No

l. In your opinion, were you victimized because of your perceived race?

Yes

No

The Violence, Stress, and Therapy Questionnaire

Traumatic Events 11

DIRECTIONS: Questions 6-17 ask about a variety of traumatic events that you may have experienced. For each of the following "numbered" questions, indicate whether or not you experienced the event. If you have experienced one of the events, select "Yes" and complete the "lettered" items immediately following it that ask for more details. If you have not experienced the event, select "No" and click on "next" at the bottom of the page to go to the next "numbered" question.

11. As an adult, have you ever been in a relationship in which you were abused either physically or otherwise?

(If you have experienced more than one relationship like this, please answer the following questions about the one that was most harmful.)

Yes

No

a. How old were you when the relationship began?

b. How old were you when it ended?

c. Were you ever injured by your partner?

Not at all Severely

-->

d. Did you ever feel your life was threatened?

Not at all Extremely

-->

e. How traumatic was the abuse for you at that time?

Not at all Extremely

-->

f. How traumatic is the abuse for you now?

Not at all Extremely

-->

The Violence, Stress, and Therapy Questionnaire

g. In your opinion, were you victimized because of your perceived gender?

Yes

No

h. In your opinion, were you victimized because of your perceived sexual orientation?

Yes

No

i. In your opinion, were you victimized because of your perceived race?

Yes

No

Traumatic Events 12

DIRECTIONS: Questions 6-17 ask about a variety of traumatic events that you may have experienced. For each of the following "numbered" questions, indicate whether or not you experienced the event. If you have experienced one of the events, select "Yes" and complete the "lettered" items immediately following it that ask for more details. If you have not experienced the event, select "No" and click on "next" at the bottom of the page to go to the next "numbered" question.

12. Have you witnessed someone who was mutilated, seriously injured, or violently killed?

Yes

No

a. How many times?

once

twice

three +

b. How old were you at that time(s)?

1st

2nd

3rd

c. Were you ever injured during the incident(s)?

Not at all

Severely

-->

The Violence, Stress, and Therapy Questionnaire

d. Did you ever feel your life was threatened during the incident(s)?

Not at all Extremely

-->

e. How traumatic was the incident(s) for you at that time?

Not at all Extremely

-->

f. How traumatic is the incident(s) for you now?

Not at all Extremely

-->

g. As far as you know, was this person(s) victimized because of her/his/hir perceived gender?

Yes No

h. As far as you know, was this person(s) victimized because of her/his/hir perceived sexual orientation?

Yes No

i. As far as you know, was this person(s) victimized because of her/his/hir perceived race?

Yes No

j. Did the event(s) take place in a military setting?

Yes No

The Violence, Stress, and Therapy Questionnaire

Traumatic Events 13

DIRECTIONS: Questions 6-17 ask about a variety of traumatic events that you may have experienced. For each of the following "numbered" questions, indicate whether or not you experienced the event. If you have experienced one of the events, select "Yes" and complete the "lettered" items immediately following it that ask for more details. If you have not experienced the event, select "No" and click on "next" at the bottom of the page to go to the next "numbered" question.

13. Have you been in serious danger of losing your life or of being seriously injured?

Yes

No

a. How many times?

once

twice

three +

b. How old were you at that time(s)?

1st

2nd

3rd

c. Were you ever injured during the incident(s)?

Not at all

Severely

-->

d. Did you ever feel your life was threatened during the incident(s)?

Not at all

Extremely

-->

e. How traumatic was the incident(s) for you at that time?

Not at all

Extremely

-->

f. How traumatic is the incident(s) for you now?

Not at all

Extremely

-->

The Violence, Stress, and Therapy Questionnaire

g. What was the incident(s)?

h. In your opinion, were you in danger because of your perceived gender?

Yes

No

i. In your opinion, were you in danger because of your perceived sexual orientation?

Yes

No

j. In your opinion, were you in danger because of your perceived race?

Yes

No

The Violence, Stress, and Therapy Questionnaire

Traumatic Events 14

DIRECTIONS: Questions 6-17 ask about a variety of traumatic events that you may have experienced. For each of the following "numbered" questions, indicate whether or not you experienced the event. If you have experienced one of the events, select "Yes" and complete the "lettered" items immediately following it that ask for more details. If you have not experienced the event, select "No" and click on "next" at the bottom of the page to go to the next "numbered" question.

14. Have you received news of the mutilation, serious injury, or violent or unexpected death of someone close to you?

Yes No

a. How many times?

once twice three +

b. How old were you at that time(s)?

1st
2nd
3rd

c. What relation was this person to you?

d. Did the news ever make you feel your life was threatened?

Not at all Extremely
-->

e. How traumatic was it for you to receive the news at that time(s)?

Not at all Extremely
-->

f. How traumatic is the news for you now?

Not at all Extremely
-->

The Violence, Stress, and Therapy Questionnaire

g. As far as you know, was this person(s) victimized because of her/his/hir perceived gender?

Yes

No

h. As far as you know, was this person(s) victimized because of her/his/hir perceived sexual orientation?

Yes

No

i. As far as you know, was this person(s) victimized because of her/his/hir perceived race?

Yes

No

Traumatic Events 15

DIRECTIONS: Questions 6-17 ask about a variety of traumatic events that you may have experienced. For each of the following "numbered" questions, indicate whether or not you experienced the event. If you have experienced one of the events, select "Yes" and complete the "lettered" items immediately following it that ask for more details. If you have not experienced the event, select "No" and click on "next" at the bottom of the page to go to the next "numbered" question.

15. Have you received news of a hate crime committed against someone in your community?

Yes

No

a. How many times?

once

twice

three +

b. How old were you at that time(s)?

1st

2nd

3rd

c. What relation was this person to you?

The Violence, Stress, and Therapy Questionnaire

d. Did the news ever make you feel your life was threatened?

	Not at all						Extremely
-->							

e. How traumatic was it for you to receive the news at that time(s)?

	Not at all						Extremely
-->							

f. How traumatic is the news for you now?

	Not at all						Extremely
-->							

g. As far as you know, was this person(s) victimized because of her/his/hir perceived gender?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

h. As far as you know, was this person(s) victimized because of her/his/hir perceived sexual orientation?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

i. As far as you know, was this person(s) victimized because of her/his/hir perceived race?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

The Violence, Stress, and Therapy Questionnaire

Traumatic Events 16

DIRECTIONS: Questions 6-17 ask about a variety of traumatic events that you may have experienced. For each of the following "numbered" questions, indicate whether or not you experienced the event. If you have experienced one of the events, select "Yes" and complete the "lettered" items immediately following it that ask for more details. If you have not experienced the event, select "No" and click on "next" at the bottom of the page to go to the next "numbered" question.

16. Have you ever had any other very traumatic event like these?

Yes

No

a. How many times?

once

twice

three +

b. How old were you at that time(s)?

1st

2nd

3rd

c. Were you ever injured during the event(s)?

Not at all

Severely

-->

d. Did you ever feel your life was threatened during the event(s)?

Not at all

Extremely

-->

e. How traumatic was the event(s) for you at that time?

Not at all

Extremely

-->

f. How traumatic is the event(s) for you now?

Not at all

Extremely

-->

The Violence, Stress, and Therapy Questionnaire

g. What was the event(s)?

h. In your opinion, were you victimized because of your perceived gender?

Yes

No

i. In your opinion, were you victimized because of your perceived sexual orientation?

Yes

No

j. In your opinion, were you victimized because of your perceived race?

Yes

No

The Violence, Stress, and Therapy Questionnaire

Traumatic Events 17

DIRECTIONS: Questions 6-17 ask about a variety of traumatic events that you may have experienced. For each of the following "numbered" questions, indicate whether or not you experienced the event. If you have experienced one of the events, select "Yes" and complete the "lettered" items immediately following it that ask for more details. If you have not experienced the event, select "No" and click on "next" at the bottom of the page to go to the next "numbered" question.

**17. Have you had any experiences like these that you feel you can't tell about?
(Note: you don't have to describe the event.)**

Yes No

a. How many times?

once twice three +

b. How old were you at that time(s)?

1st
2nd
3rd

c. Were you injured?

--> Not at all Severely

d. Did you feel your life was threatened?

--> Not at all Extremely

e. How traumatic was this for you at that time?

--> Not at all Extremely

f. How traumatic is this for you now?

--> Not at all Extremely

The Violence, Stress, and Therapy Questionnaire

g. In your opinion, were you victimized because of your perceived gender?

Yes

No

h. In your opinion, were you victimized because of your perceived sexual orientation?

Yes

No

i. In your opinion, were you victimized because of your perceived race?

Yes

No

Stress

DIRECTIONS: Questions 18-34 ask about stress. Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, then select one of the numbers to the right to indicate how much you have been bothered by that problem IN THE PAST MONTH.

18. Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
-->	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Repeated, disturbing dreams of a stressful experience from the past?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
-->	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
-->	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Feeling very upset when something reminded you of a stressful experience from the past?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
-->	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The Violence, Stress, and Therapy Questionnaire

22. Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience from the past?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
-->					

23. Avoiding thinking about or talking about a stressful experience from the past or avoiding having feelings related to it?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
-->					

24. Avoiding activities or situations because they reminded you of a stressful experience from the past?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
-->					

25. Trouble remembering important parts of a stressful experience from the past?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
-->					

26. Loss of interest in activities that you used to enjoy?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
-->					

27. Feeling distant or cut off from other people?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
-->					

28. Feeling emotionally numb or being unable to have loving feelings for those close to you?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
-->					

The Violence, Stress, and Therapy Questionnaire

29. Feeling as if your future will somehow be cut short?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
-->					

30. Trouble falling or staying asleep?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
-->					

31. Feeling irritable or having angry outbursts?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
-->					

32. Having difficulty concentrating?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
-->					

33. Being "super-alert" or watchful or on guard?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
-->					

34. Feeling jumpy or easily startled?

	Not at all	A little bit	Moderately	Quite a bit	Extremely
-->					

The Violence, Stress, and Therapy Questionnaire

Therapy

DIRECTIONS: Question 35 asks about therapy experience. If you answer "Yes" to the first question, please complete the "lettered" items immediately following it that ask for more details. If you answer "No" to the first question, click on "next" at the bottom of the page to complete the survey.

35. Have you ever met with a therapist or mental health professional?

Yes

No

a. How many times?

once

twice

three +

b. Did you talk about an experience of trauma or violence with the therapist(s)?

Yes

No

c. If no, why not? (select all that apply)

- I've never experienced something traumatic or violent
- The traumatic/violent experience happened after I ended therapy
- I was afraid I wouldn't get a letter of recommendation for gender reassignment
- I was afraid my letter of recommendation would be delayed
- I didn't trust the therapist
- Other (please specify)

d. If yes, how helpful was the therapist on this issue?

Not at all
helpful

Extremely
helpful

-->

The Violence, Stress, and Therapy Questionnaire

Last page

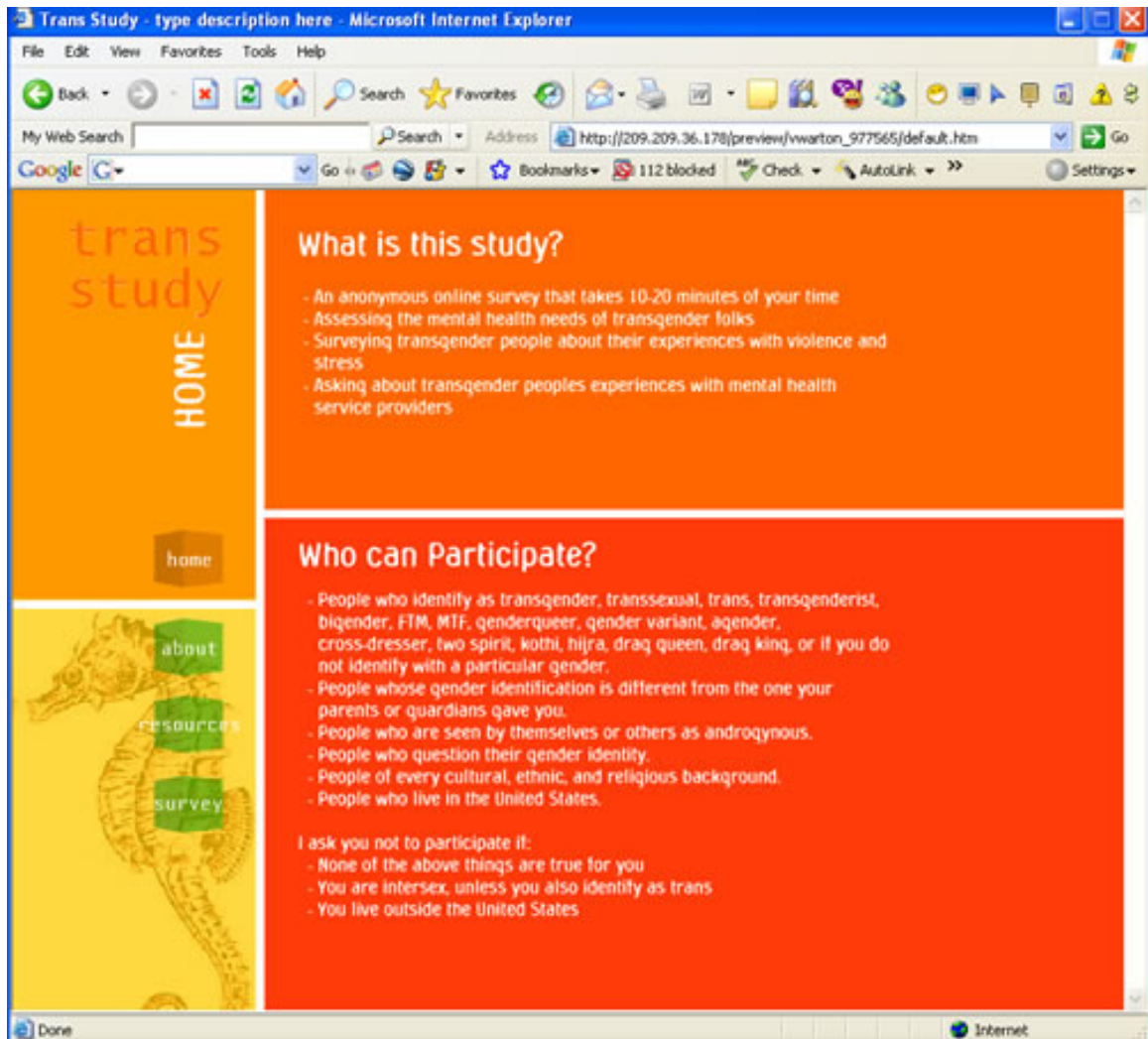
You are finished filling out the survey. Thank you so much for your time and honesty. By completing this survey you have contributed your unique experience to research that educates mental health professionals about how to be better at working with transgender individuals. Additionally, the statistics you have contributed to may be used to gain funding for services for transgender individuals. Your participation is valued.

If completing this survey caused distress or brought up painful memories and feelings, support is available. Please refer to the resources section at www.transstudy.com

The results of this study will be posted in the summer of 2007.

Appendix C

Trans Study Web Design



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trans study

ABOUT

home

Who is researching this and why?

- The researcher is a SOFFA (Significant Other, Friend, Family, and/or Ally) who cares deeply about the wellbeing of trans communities
- The researcher is organizing this study as her thesis project for a Masters in Social Work
- Email the researcher with questions about the study: virginia@transstudy.com



What's going to happen with the results?

- The survey will be on the web until the end of March, 2007
- The results will be posted on this website in the summer of 2007
- The results will be described in a research report
- The research report will be printed in a book of Smith College School of Social Work thesis projects
- The research report may be published in other academic journals
- The results may be presented at conferences and universities
- The results will be circulated to LGBT organizations

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trans study

RESOURCES

home

Resources

Gay & Transgender Hate Crime Hotline
1-800-616-HATE

The Network/La Red, Boston, MA
<http://www.thenetworkla.red.org/index.html>

The NW Network, Seattle, WA
<http://www.nwnetwork.org/>

For Ourselves Reworking Gender Expression (FORGE), Milwaukee, WI
<http://www.forge-forward.org/>

Community United Against Violence (CUAV), San Francisco, CA
<http://www.cuav.org/>

National Coalition of Anti-Violence Programs (NCAVP)
<http://www.ncavp.org/AVPs/default.aspx>

Wingspan Anti-Violence Project, Tucson, AZ
<http://www.wingspan.org/content/WAVP.php>

Whitman-Walker Clinic, Washington, DC
http://www.wwc.org/GLBT_health_services/transhealth.htm


Center on Halsted Anti-Violence Project, Chicago, IL
http://www.centeronhalsted.org/prog_av.html

Transgender counselling @ The Center, San Diego, CA
<http://www.thecentersd.org/transgendercounseling.php>

Los Angeles Gender Center, Los Angeles, CA
<http://www.lagendercenter.com/>

LA Gay and Lesbian Center Anti-Violence Project, Los Angeles, CA
<http://www.lagaycenter.org/>

Remembering Our Dead Website
<http://www.rememberingourdead.org>



about

resources

survey

Done Internet

Appendix D

Recruitment Letter

Friends and colleagues,

I am completing my final year of a Masters in Social Work program at Smith College School for Social Work. For my masters thesis project I am launching a study of violence, stress, and gender identity. I chose this topic in response to the deep sadness, helplessness, and anger I feel when I hear about friends and community members being harassed or attacked because of their gender expressions. I have been fortunate to work as a gender therapist in my field practicum this year, which has fueled my motivation to be an ally for transgender folks in getting competent mental health services when needed—especially in the aftermath of violence. Please forward this email to any trans folks you know who might be willing to participate in a 10-20 minute anonymous online survey. I also ask you to support this project by posting the attached flyer anywhere trans folks might see it.

www.transstudy.com

I thank you for your support!

With gratitude,
Virginia

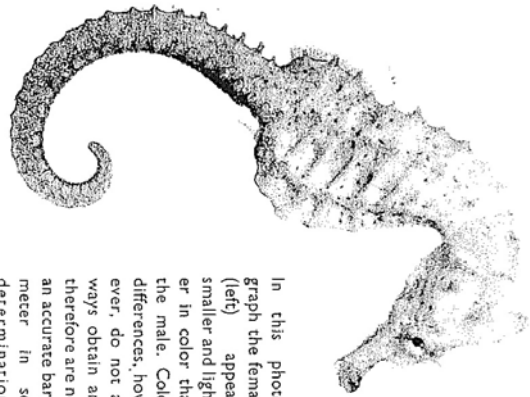
Appendix E

Recruitment Flyer

Do you identify as transgender, transsexual, trans, bigender, FTM, MTF, genderqueer, gender variant, agender, cross-dresser, two spirit, kothi, hijra, drag queen, or drag king?

Please take 10/20 minutes to participate in an anonymous online study of stress, violence, and gender identity. **Represent yourself!** Educate mental health providers about what your needs are! Your unique experience matters!

In this photograph the female (left) appears smaller and lighter in color than the male. Color differences, however, do not always obtain and therefore are not an accurate barometer in sex determination. Photo by Marine Studios, Marineland, Fla.



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Appendix F

Informed Consent

Dear Participant,

Thank you for your interest in this survey on transgender experiences with violence, stress, and mental health services. I am a queer-identified Masters in Social Work (MSW) candidate at the Smith College School for Social Work. I am doing this research because I think it is important that there is accurate information about what transgender people need from the mental health service providers. The data I collect from this survey will be used for my MSW thesis, and may also be used by LGBTQ organizations or publications.

I ask you not to participate if no one has ever questioned your gender identity, including yourself. I invite you to participate if you identify as transgender, transsexual, trans, bigender, FTM, MTF, transgenderist, genderqueer, gender variant, agender, cross-dresser, two spirit, kothi, hijra, drag queen, drag king, or if you do not identify with a particular gender. I invite you to participate if your current gender identification is different from the one your parents or guardians gave you. I invite you to participate if people see you as androgynous, or if you or other people question your gender identity. I invite you to participate if you clearly pass, as long as you have had the experience of not clearly passing at some point in your life.

Participating in this study means *anonymously* answering a series of questions online having to do with mental health and gender identity. Some of the questions in this survey are very personal, and have to do with gender identity, sexual orientation, experiences with violence, and feelings of stress. These questions may be easy to answer or they may be uncomfortable to think about. You might find yourself thinking about difficult times in your past. If any of these feelings or thoughts are overwhelming, please refer to the “resources” section of the website (www.transstudy.com) and you will see a list of trans-friendly support services you can call for free and low-cost help.

That said, your participation means that your experience is represented in this study. Too many generalizations are made about trans people—I appreciate your willingness to help represent the diversity of transgender experiences.

As stated above, your participation is completely anonymous—there is no way for anyone to trace your participation in this survey. Your participation is also totally voluntary—you can stop answering questions at any point **and you can skip questions you do not want to answer**. Please keep in mind that if you complete any part of the survey **and click “next” at the bottom of the page, and then you decide to end the survey early**, I may use the information you provide before you stop. In other words, there is no way to “take back” answers to the questions **once you click “next” at the bottom of any page of the survey**.

If you have any questions about this study, or you want to get involved in spreading the word about this research or its results, please feel free to contact me at virginia@transstudy.com. Also, the results of this study will be posted online by August 1, 2007 at this same web address.

YOUR CONTINUING ON WITH THE SURVEY INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Thank you!

Appendix G

Traumatic Events Questionnaire—Civilian (TEQ)

=====

DIRECTIONS: This questionnaire is comprised of a variety of traumatic events that you may have experienced. For each of the following "numbered" questions, indicate whether or not you experienced the event. If you have experienced one of the events, circle "Yes" and complete the "lettered" items immediately following it that ask for more details. If you have not experienced the event, circle "No" and go to the next "numbered" item.

=====

No Yes 1. Have you been in or witnessed a serious industrial, farm, or car accident, or a large fire or explosion?

- a. How many times? once twice three +
- b. How old were you at that time(s)? 1st _____ 2nd _____ 3rd _____
- c. Were you injured?
- | | | | | | | | |
|------------|---|---|---|---|---|---|----------|
| Not at all | | | | | | | Severely |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
- d. Did you feel your life was threatened?
- | | | | | | | |
|------------|---|---|---|---|---|-----------|
| Not at all | | | | | | Extremely |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
- e. How traumatic **was** this for you at that time?
- | | | | | | | |
|------------|---|---|---|---|---|-----------|
| Not at all | | | | | | Extremely |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
- f. How traumatic **is** this for you now?
- | | | | | | | |
|------------|---|---|---|---|---|-----------|
| Not at all | | | | | | Extremely |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
- g. What was the event? _____

No Yes 2. Have you been in a natural disaster such as a tornado, hurricane, flood or major earthquake?

- a. How many times? once twice three +
- b. How old were you at that time(s)? 1st _____ 2nd _____ 3rd _____
- c. Were you injured?
- | | | | | | | |
|------------|---|---|---|---|---|----------|
| Not at all | | | | | | Severely |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
- d. Did you feel your life was threatened?
- | | | | | | | |
|------------|---|---|---|---|---|-----------|
| Not at all | | | | | | Extremely |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
- e. How traumatic **was** this for you at that time?
- | | | | | | | |
|------------|---|---|---|---|---|-----------|
| Not at all | | | | | | Extremely |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
- f. How traumatic **is** this for you now?
- | | | | | | | |
|------------|---|---|---|---|---|-----------|
| Not at all | | | | | | Extremely |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
- g. What was the event? _____

No Yes 3. **Have you been a victim of a violent crime such as rape, robbery, or assault?**

- a. How many times? once twice three +
b. How old were you at that time(s)? 1st _____ 2nd _____ 3rd _____
c. Were you injured?
Not at all _____ Severely _____
1 2 3 4 5 6 7
d. Did you feel your life was threatened?
Not at all _____ Extremely _____
1 2 3 4 5 6 7
e. How traumatic **was** this for you at that time?
Not at all _____ Extremely _____
1 2 3 4 5 6 7
f. How traumatic **is** this for you now?
Not at all _____ Extremely _____
1 2 3 4 5 6 7
g. What was the crime? _____

No Yes 4. **As a child, were you the victim of either physical or sexual abuse?**

- a. How old were you when it began? _____
b. How old were you when it ended? _____
c. Were you injured?
Not at all _____ Severely _____
1 2 3 4 5 6 7
d. Did you feel your life was threatened?
Not at all _____ Extremely _____
1 2 3 4 5 6 7
e. How traumatic **was** this for you at that time?
Not at all _____ Extremely _____
1 2 3 4 5 6 7
f. How traumatic **is** this for you now?
Not at all _____ Extremely _____
1 2 3 4 5 6 7
g. Was the assailant male or female? Male Female
h. Check (Y) all categories that describe the experience . . .
 physical abuse
 there was sexual penetration of the mouth, anus or vagina
 there was no sexual penetration, but the assailant attempted to force you to complete such an act
 there was some other form of sexual contact e.g., touched your sexual organs, or forced to touch assailant's sexual organs
 no sexual contact occurred, however, the assailant attempted to touch your sexual organs, or make you touch his/her sexual organs

No Yes 5. **As an adult, have you had any unwanted sexual experiences that involved the threat or use of force?**

- a. How many times? once twice three +
b. How old were you at that time(s)? 1st _____ 2nd _____ 3rd _____
c. Were you injured?
Not at all _____ Severely _____
1 2 3 4 5 6 7
d. Did you feel your life was threatened?
Not at all _____ Extremely _____
1 2 3 4 5 6 7
e. How traumatic **was** this for you at that time?
Not at all _____ Extremely _____
1 2 3 4 5 6 7
f. How traumatic **is** this for you now?
Not at all _____ Extremely _____
1 2 3 4 5 6 7
g. Was the assailant male or female? Male Female
h. Check (Y) all categories that describe the experience . . .
 there was sexual penetration of the mouth, anus, or vagina
 there was no sexual penetration, but the assailant attempted to force you to complete such an act
 there was some other form of sexual contact e.g., touched your sexual organs, or forced to touch assailant's sexual organ
 no sexual contact occurred, however, the assailant attempted to touch your sexual organs, or make you touch his/her sexual organs

No Yes 6. **As an adult, have you ever been in a relationship in which you were abused either physically or otherwise?**

- a. How old were you when it began? _____
b. How old were you when it ended? _____
c. Were you injured?
Not at all _____ Severely _____
1 2 3 4 5 6 7
d. Did you feel your life was threatened?
Not at all _____ Extremely _____
1 2 3 4 5 6 7
e. How traumatic **was** this for you at that time?
Not at all _____ Extremely _____
1 2 3 4 5 6 7
f. How traumatic **is** this for you now?
Not at all _____ Extremely _____
1 2 3 4 5 6 7

No Yes 7. **Have you witnessed someone who was mutilated, seriously injured, or violently killed?**

- a. How many times? once twice three +
b. How old were you at that time(s)? 1st _____ 2nd _____ 3rd _____
c. Were you injured?
Not at all _____ Severely _____
1 2 3 4 5 6 7
d. Did you feel your life was threatened?
Not at all _____ Extremely _____
1 2 3 4 5 6 7
e. How traumatic **was** this for you at that time?
Not at all _____ Extremely _____
1 2 3 4 5 6 7
f. How traumatic **is** this for you now?
Not at all _____ Extremely _____
1 2 3 4 5 6 7

No Yes 8. **Have you been in serious danger of losing your life or of being seriously injured?**

- a. How many times? once twice three +
b. How old were you at that time(s)? 1st _____ 2nd _____ 3rd _____
c. Were you injured?
Not at all _____ Severely _____
1 2 3 4 5 6 7
d. Did you feel your life was threatened?
Not at all _____ Extremely _____
1 2 3 4 5 6 7
e. How traumatic **was** this for you at that time?
Not at all _____ Extremely _____
1 2 3 4 5 6 7
f. How traumatic **is** this for you now?
Not at all _____ Extremely _____
1 2 3 4 5 6 7
g. What was the event? _____

If you answered "Yes" to one or more of the questions above, which was the **MOST** traumatic thing to have happened to you? Fill in the number of the question (e.g., #2 for natural disaster). _____

Did you answer **Yes** to more than one question above while thinking about the same event? Yes No

If yes, which items refer to the same event? _____

Go on to the next page and answer the PTSD Checklist based on your responses to the **most traumatic event** you reported. (you won't need to give any more details about the event).



If you answered "No" to all questions, describe briefly the most traumatic thing to happen to you. _____

a. How many times? once twice three +

b. How old were you at that time(s)? 1st ____ 2nd ____ 3rd ____

c. Were you injured?

Not at all						Severely
1	2	3	4	5	6	7

d. Did you feel your life was threatened?

Not at all						Extremely
1	2	3	4	5	6	7

e. How traumatic **was** this for you at that time?

Not at all						Extremely
1	2	3	4	5	6	7

f. How traumatic **is** this for you now?

Not at all						Extremely
1	2	3	4	5	6	7

13. Trouble falling or staying asleep?	1	2	3	4	5
14. Feeling irritable or having angry outbursts?	1	2	3	4	5
15. Having difficulty concentrating?	1	2	3	4	5
16. Being "super-alert" or watchful or on guard?	1	2	3	4	5
17. Feeling jumpy or easily startled?	1	2	3	4	5

PCL-C for DSM-IV (11/1/94) Weathers, Litz, Huska, & Keane

National Center for PTSD – Behavioral Science Division