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This study was conducted as part of a dissertation, and portions of the methodology section are adapted from this source. The National Gay and Lesbian Task Force and the National Center for Transgender Equality conducted the National Transgender Discrimination Survey, which generated the data analyzed within this research. Their report on the survey data is available from the National Center for Transgender Equality website (http://transequality.org).

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Abstract

Transgender people often face barriers in accessing culturally competent domestic violence and rape crisis services, yet few studies have used a national sample of transgender people to study this topic or examine differential rates of discrimination within this population. The National Transgender Discrimination Survey, conducted in 2008-2009 by the National Center for Transgender Equality and the National Gay and Lesbian Task Force, collected data about discrimination affecting transgender people across a variety of settings. The present study involves secondary data analysis of this dataset to examine whether certain sociodemographic factors and psychosocial risks are significant predictors of unequal treatment of transgender people in domestic violence programs (N=2,438) and rape crisis centers (N=2,424). For both settings, findings indicate that transgender individuals who are low-income and not U.S. citizens are more likely to experience unequal treatment based upon being transgender or gender non-conforming. Within domestic violence programs, transgender people of color, those with disabilities, and those more frequently perceived to be transgender by others are more likely to experience unequal treatment. Psychosocial risk factors (suicidality, sex work history, and disconnection from family) predict unequal treatment in both settings. The article concludes by discussing implications for social service practitioners and future research.

Key words: transgender, discrimination, domestic violence, sexual assault, social services

Unequal Treatment of Transgender Individuals in Domestic Violence and Rape Crisis Programs

Transgender individuals in the U.S. often face heightened risks for violence, particularly sexual violence (Stotzer, 2009). While research about the transgender community is often beset by major methodological limitations—such as the use of convenience samples and varying definitions of transgender—information gathered to date indicates that transgender individuals are at high risk for experiencing domestic violence and sexual assault (Courvant & Cook-Daniels, n.d.; Grant et al., 2011; Greenberg, 2012; National Coalition of Anti-Violence Programs [NCAVP], 2013; Stotzer, 2009). There is a uniquely gendered nature to many domestic violence and rape crisis services owing to the relationship of gender with experiences of violence and to the role that the feminist movement has played in developing many of the community-based services on these issues. Yet, a growing body of research has indicated that transgender people face barriers in accessing domestic violence and sexual assault services, particularly due to a lack of cultural awareness and competence among providers and to practices and policies that make it difficult for trans clients to receive gender-specific services (Ford, Slavin, Hilton, & Holt, 2013; GLBT Domestic Violence Coalition & Jane Doe Inc., 2005; Greenberg, 2012; National Center for Victims of Crime & NCAVP, 2010; NCAVP, 2013; Nemoto, Operario, & Keatley, 2005). Few studies of service provision in these areas of practice have been national in scope or used quantitative data to study how subgroups of transgender people may experience differing risks for unequal treatment in domestic violence and rape crisis services. This paper intends to fill this gap in the literature in order to inform the work of practitioners in understanding the differential risks for discrimination in these settings for transgender and gender non-conforming clients.

This article begins with a review of the literature about the prevalence of domestic violence and sexual assault victimization among transgender people and this population’s

experiences accessing social services related to these issues. The literature review proceeds by detailing what is known about how the risks for discrimination differ based upon other marginalized identities that transgender people hold and by identifying gaps in the knowledge base. This will be followed by an overview of the present study's research question, methodology, results, and a discussion of implications for practice and future research.

> As used within this paper, the term *transgender* incorporates:
>
> a range of gender experiences, subjectivities and presentations that fall across, between or beyond stable categories of "man" and "woman"… [including] gender identities that have, more traditionally, been described as "transsexual," and a diversity of genders that call into question an assumed relationship between gender identity and presentation and the "sexed" body. (Hines, 2010, p. 1)

Transgender is an umbrella descriptor that includes both those who may have begun the process of transitioning from one gender to another (including receiving hormone therapy and/or one or more gender-affirming surgeries), as well as those who do not wish or cannot afford to seek such medical treatment. This conceptualization encompasses those who self-identify as two-spirit, androgynous, genderqueer, male-to-female (MTF, or trans women), and female-to-male (FTM, or trans men), as well as other gender non-conforming identities. Within this paper, the word *transgender* (or *trans*) is often coupled with the phrase *gender non-conforming* to recognize people who do not use the term transgender but who otherwise identify outside of a gender binary and/or are frequently perceived to be transgender by others. These conceptualizations are meant to reflect the terminology used by the National Center for Transgender Equality (NCTE) and the National Gay and Lesbian Task Force (the Task Force), which are the two national organizations that provided the secondary data analyzed within this study.

Literature Review

Before moving into a review of the literature regarding transgender people's experiences accessing domestic violence shelters and rape crisis centers, this section begins with a discussion of what is known about the general prevalence of domestic violence and sexual assault among transgender and gender non-conforming people compared to cisgender (non-transgender) men and women.

Prevalence of Domestic Violence Victimization among Transgender Individuals

Domestic violence in the broadest sense can be understood as "attempting to cause or causing bodily injury" to a person in one's family or household, or taking actions that place such an individual "in fear of imminent physical harm" (Child Welfare Information Gateway, U.S. Department of Health and Human Services, 2013, p. 2). Such violence can include physical, emotional, and/or sexual acts of violence—as well as *threats* of violence—that would cause a reasonable person to feel threatened and at risk of harm (Child Welfare Information Gateway, U.S. Department of Health and Human Services, 2013). *Intimate partner violence* (IPV) is a specific example of domestic violence, which Catalano (2013) defines as "rape or sexual assault, robbery, aggravated assault, and simple assault committed by the victim's current or former spouse, boyfriend, or girlfriend" (p. 1). The World Health Organization (2002) conceptualizes IPV as including "acts of physical aggression, psychological abuse, forced intercourse and other forms of sexual coercion, and various controlling behaviours *[sic]* such as isolating a person from family and friends" (para. 2). This paper will use the phrasing (either domestic violence or IPV) that mirrors the language used within the research studies being discussed.

Within the United States, approximately one-third (35.6%) of all women and 28.5% of men have been stalked, raped, and/or physically abused by an intimate partner (CDC, 2010, p.

2). Further, 24.3% of women and 13.8% of men have been subjected to serious physical violence from a partner, including being hit with a fist, beaten, or slammed against a wall (CDC, 2010). Rates of psychological aggression tend to be higher, with lifetime prevalence rates approaching 50% for both men and women (CDC, 2010, p. 45). Although a few national surveys, such as the National Intimate Partner and Sexual Violence Survey, are starting to track differences in rates of IPV by sexual orientation (see Walters, Chen, & Breiding, 2013), they do not yet track disparities in victimization between transgender and cisgender individuals, making it difficult to accurately estimate the prevalence of domestic violence and IPV among transgender people. However, scholars have indicated a number of factors that likely contribute to an increased risk for domestic violence and IPV for transgender individuals, including but not limited to: (a) societal transphobia, which abusers can use to denigrate and isolate trans family members; (b) greater likelihood of living in poverty and being unemployed, which may put individuals at risk of having their financial situation exploited and used as a point of control by abusers; and (c) structural inequalities, such as discrimination based upon race, which can make it difficult for trans people of color to leave a situation that is escalating towards violence and find a job and affordable shelter elsewhere (Greenberg, 2012).

Existing studies of transgender individuals' access to domestic violence programs tend to rely upon convenience samples within a specific region or national surveys of LGBTQ[1] people that include a smaller subset of transgender respondents, making it difficult to estimate national prevalence rates of IPV for this population. For example, the National Coalition of Anti-Violence Programs (NCAVP, 2013) documented 2,679 incidents of IPV among LGBTQ and HIV-affected individuals. In their research, transgender individuals were among the subgroups

[1] LGBTQ is an umbrella acronym that stands for lesbian, gay, bisexual, transgender, queer, and questioning and is the default acronym used in this paper to reference this population. Other acronyms, such as GLBT, are occasionally used to match the language of a source being cited.

that experienced the most severe IPV. Specifically, trans individuals were 1.8 times as likely as cisgender people to have been harassed and twice as likely to have faced threats or intimidation from a partner (NCAVP, 2013, p. 32). Additionally, trans women "were more likely to suffer injuries, require medical attention, experience harassment, or face anti-LGBTQ bias as a result of IPV" compared to other LGBTQ survivors (NCAVP, 2013, p. 9).

Family conflict and rejection are common issues encountered by transgender people (Bradford, Reisner, Honnold, & Xavier, 2013; Garofalo, Deleon, Osmer, Doll, & Harper, 2006; Grant et al., 2011). Such situations put them at greater risk for abuse from family members other than intimate partners (such as parents, siblings, children, etc.). Several studies of transgender individuals' experiences of physical violence have indicated that perpetrators are often known individuals. For example, in a needs assessment conducted with transgender individuals in Virginia, Xavier, Honnold, and Bradford (2007) found that, among those who had been physically attacked by someone, 31% said that the attack involved someone living in their home at the time. Sixteen percent of perpetrators of physical abuse were fathers or stepfathers, 9% were mothers or stepmothers, and 8% were a sibling. In a study of the health of 244 transgender women in Los Angeles County, Reback, Simon, Bemis, and Gatson (2001) documented that almost half (47%) had been physically abused and 80% had been verbally abused or harassed *due to their gender identity or presentation*. About 9% of perpetrators of physical abuse targeting trans individuals were parents, 4% were siblings, and 3% were other family members. In the case of verbal harassment and abuse, most perpetrators were strangers to the transgender individual, but approximately 22% of the perpetrators were parents, 17% were siblings and 14% were extended family (Reback et al., 2001). In the National Transgender Discrimination Survey conducted by the Task Force and NCTE (the same dataset analyzed in the present study), about

19% of respondents reported experiencing domestic violence by a family member *because of being transgender or gender non-conforming* (Grant et al., 2011). This rate would likely be even higher when including domestic violence that was not perceived as being related to one's gender identity.

Although research in this area is inchoate and studies tend to rely upon convenience samples, evidence suggests that transgender people may be at greater risk for victimization than others in the LGBTQ umbrella and that there are likely a number of factors related to identifying as transgender that may place transgender individuals at heightened risk. Existing information, therefore, points to the need for domestic violence services that can effectively serve this population.

Prevalence of Rape and Sexual Assault Victimization among Transgender Individuals

In a review of the literature, Stotzer (2009) notes that there is more thorough information about sexual assault and rape compared to other forms of violence affecting trans people because studies of this population often focus on sexual behaviors and related risks. Such research has indicated that a large subset of the transgender community experiences sexual assault and rape, and many are subjected to such violence at multiple points over the life course. Although there are substantial methodological weaknesses of much of the research in this realm and estimates of the prevalence of sexual assault and rape vary between studies, the general pattern of findings indicates that roughly 50% of transgender and gender non-conforming people have experienced nonconsensual sexual contact (Stotzer, 2009). In comparison, the Centers for Disease Control (CDC, 2010) report that, among the general U.S. population, roughly 18.3% of women and 1.4% of men in the U.S. have been raped, and 27.2% of women and 11.7% of men report nonconsensual sexual contact. Thus, based upon the evidence we have to date, transgender

individuals likely face an elevated risk for nonconsensual sexual contact, indicating a need for sexual assault services that can competently respond to and support this population.

Experiences in Domestic Violence and Rape Crisis Programs

Despite evidence that transgender and gender non-conforming people likely have greater risks for experiencing domestic violence and sexual assault compared to the general U.S. population, transgender and gender non-conforming people often face significant challenges in trying to access domestic violence and rape crisis programs. One of the barriers is a lack of transgender competence among staff. In a national study of 648 service providers from a variety of social services and law enforcement settings (National Center for Victims of Crime & NCAVP, 2010), participants reported that their organizations did not ensure LGBT cultural competence among staff, were not adequately partnering with LGBT-focused providers, and did not have enough resources to address these disparities in competence. Among those in the sample recruited by the National Center for Victims of Crime, 51.3% said more training was needed in order to effectively help transgender clients; among those recruited by NCAVP, 93.3% said such training was needed (National Center for Victims of Crime & NCAVP, 2010). In a study of 54 IPV providers in Los Angeles (Ford, Slavin, Hilton, & Holt, 2013), about half said they were "at best, only minimally prepared" to serve FTM and MTF transgender clients. Among those working at IPV organizations not specific to LGBT clients, 22.6% of respondents had not received any training at their current agency related to serving LGBT survivors of IPV (Ford et al., 2013). Other problems occurring at an institutional level include a lack of funds and personnel for specifically offering services to transgender clients and a "one-size-fits-all" approach to services that ignores the unique needs of transgender survivors of domestic violence (National Center for Victims of Crime & NCAVP, 2010). In domestic violence shelters in

particular, women-only services and spaces are often formed in an effort to comfort cisgender women, but can end up excluding and causing further harm to transgender survivors of violence (Greenberg, 2012).

Reports from multiple community organizations suggest that trans people are frequently encountering mainstream service providers who rely on heteronormative and cissexist beliefs that are used to deny transgender survivors access to shelters and programs (GLBT Domestic Violence Coalition & Jane Doe Inc., 2005; NCAVP, 2013). In a study of MTF trans adults of color in San Francisco (Nemoto et al., 2005) 29% of those needing access to rape crisis services were unable to access them. In a report compiled about a public hearing in Massachusetts that studied the experiences of GLBT survivors of domestic violence (GLBT Domestic Violence Coalition & Jane Doe Inc., 2005), both institutional and individual discrimination based on gender identity were occurring. Additionally, using domestic violence services sometimes caused further harm for clients, such as when providers blamed the abuse on a client's gender identity, used incorrect pronouns, asked inappropriate questions about a client's body/genitals, "outed" clients to their families, or told them they should go back into the closet (GLBT Domestic Violence Coalition & Jane Doe Inc., 2005). Such experiences of discrimination, victim blaming, and rejection by service providers are reasons why intimate partner violence is likely under-reported among LGBTQ people (National Center for Victims of Crime & NCAVP, 2010).

While the existing knowledge base indicates significant need in terms of trans-competency for staff working in domestic violence shelters and rape crisis centers and a high risk for discrimination among transgender clients, most of these studies use regional convenience samples and qualitative or anecdotal approaches that make it difficult to generalize across the U.S. Additionally, a number of studies examine GLBT issues more broadly, rather than having

an exclusive focus on transgender people. There is a need for national studies that utilize a large sample of transgender and gender non-conforming people to look at these issues.

Differential Risk for Discrimination Based Upon Other Identities

A number of studies have indicated that transgender people may face differential risk for discrimination based on other identities and psychosocial characteristics that they hold. Although few of these studies look specifically at experiences in domestic violence shelters or rape crisis centers, findings can offer insight into the risks for unequal treatment of transgender clients within these settings. For example, Lombardi (2009) surveyed 90 transgender and transsexual individuals in California with current or previous substance use problems about their lifetime experiences of transphobic discrimination. Lombardi found that age, having a low income (<$12,000/year), and the number of friends who knew one was transgender or transsexual were each significantly positively associated with lifetime experiences of transphobic discrimination. African Americans reported statistically significantly more transphobic events in the past year than White participants, and those who had a high school education or less reported more discrimination in the past year as well as lifetime discrimination compared to those with more than a high school education (Lombardi, 2009).

Bradford et al. (2013) conducted a cross-sectional survey of 350 transgender individuals in Virginia about experiences of discrimination in health care, employment, and housing. They found that people of color, those who self-identified as trans at younger ages, those who were FTM (compared to MTF), those with less than a high school education, and those with low incomes were more likely to experience discrimination related to their gender identity or gender expression in at least one of these three areas of services. Further, those who lived in suburban areas were less likely than those who lived in urban areas to say that they experienced

discrimination. When controlling for sociodemographic variables, being full-time in one's gender identity of choice and having undergone transition-related medical treatments (hormones, surgeries) were significant predictors of experiencing more discrimination. Other significant predictors of discrimination included experiencing sexual violence, physical violence, having struggles with tobacco or alcohol, and having an unsupportive family (Bradford et al.). Findings from these studies indicate that there may be some differences within the transgender community in terms of risks for discrimination, although one should keep in mind that these studies were regional in nature and did not look specifically at domestic violence shelters or rape crisis programs. The question remains of whether similar characteristics would predict risk for discrimination in domestic violence and rape crisis programs among a national sample of transgender individuals.

Gaps in the Knowledge Base

Transgender and gender non-conforming people face domestic violence and rape at elevated rates, yet relatively few studies have examined their experiences in accessing related services. Most information comes from community-based organizations and advocates, and some of these reports focus more broadly on LGBTQ populations and have only limited information about transgender people. Studies have tended to use regional convenience samples or anecdotal accounts with limited generalizability. While there are a few examples of quantitative studies that look at individual characteristics predicting a greater likelihood of discrimination (Bradford et al., 2013; Lombardi, 2009), there do not appear to be any that specifically examine this issue within domestic violence programs and rape crisis shelters. The present study intends to address these gaps by utilizing a national sample of transgender and gender non-conforming people to examine whether there is a heightened risk for transgender-related discrimination in domestic

violence and rape crisis services based upon other sociodemographic characteristics and psychosocial risks that an individual holds.

Research Question

The research question for this study is: Within domestic violence shelters and rape crisis centers, does the risk of being denied equal treatment or service due to being transgender differ by sociodemographic characteristics and psychosocial risks? The sociodemographic characteristics analyzed in this study include annual income, race/ethnicity, disability status, U.S. citizenship, urban/rural residence, and gender identity. The psychosocial risks analyzed include current homelessness, lifetime suicide attempt, history of sex work, disconnection from any family members due to being transgender or gender non-conforming, and degree to which others assume that one is transgender or gender non-conforming without being told.

Methodology

From September 2008 to March 2009, the National Center for Transgender Equality (NCTE) and the National Gay and Lesbian Task Force (the Task Force) carried out the National Transgender Discrimination Survey (NTDS, N = 6,450), which is the largest survey of transgender individuals in the U.S. to date (Grant et al., 2011). The survey collected information about experiences of discrimination in a variety of settings—from schools and prisons to doctor's offices, government agencies, and social service settings. The survey instrument was designed by a team that included leaders from the transgender community, researchers, policy experts, and others who have been doing work related to transgender people. Most survey questions were close-ended. The two lead organizations distributed the survey electronically and in hard copy format via connections with more than 800 transgender-led and/or transgender-serving organizations across the country and 150 active e-mail lists (Grant et al., 2011). For

additional information about the original study's methodology, IRB approval, survey instrument, and comprehensive findings, see the NTDS report, *Injustice at Every Turn*, available on the NCTE website (http://transequality.org).

The present study involves secondary data analysis of this survey, focusing only on those individuals who accessed either domestic violence shelters (n = 2,438) or rape crisis centers (n = 2,424). The author received a copy of the de-identified dataset from staff at the Task Force. This study was approved for secondary data analysis by the Institutional Review Board at the author's university (the University of Denver) on April 29, 2011.

Sample

The Task Force and NCTE designed a sampling frame that included adult individuals who identified as transgender or gender non-conforming in any way (Grant et al., 2011). This included people who may have quite different experiences, such as transsexuals, cross-dressers, and people who don't use the term transgender but have a gender identity that is distinct from their sex assigned at birth. Within the survey, respondents indicated their primary gender identity and answered questions about how well various identity terms applied to them. Individuals who responded with a gender different than sex assigned at birth were classified as transgender (either FTM or MTF). Respondents whose sex at birth aligned with their primary gender identity or who reported that their primary gender was "part-time" in different genders or was not listed were categorized either as transgender or gender non-conforming, depending upon their specific responses. The majority of those within the "cross-dresser" category reported that they strongly identified with this term as their primary gender identity (Grant et al., 2011). While such classifications oversimplify gender identity as experienced within transgender and gender non-conforming populations—particularly for those with fluid identities and those who identify with

more than one of these subgroups—this study utilizes these categorizations in order to mirror the methodology utilized by the NTDS research team and their data cleaning process.

Among those who had accessed either a domestic violence shelter or rape crisis center (*N* = 2,532), more than half (52.4%, *n* = 1,332) of the sample was MTF transgender, 24.9% (*n* = 628) were FTM transgender, 9.1% were female to other/gender non-conforming/part time[2], 8.0% (*n* = 201) were male to cross-dress female, 3.1% (*n* = 78) were male to other/gender non-conforming/part time, and 2.7% (*n* = 67) were female to cross-dress male. Current age ranged from 18 to 81, with an average age of about 38, a median of 35, and a mode of 26. Annual household income encompassed the full range of response options (from *Less than $10,000 per year*, to *Greater than $250,000 per year*), with a median response of *Between $30,000 - $39,999 per year* and a mode of *Less than $10,000 per year.* The largest proportion of the sample identified as White (70.7%, *n* = 1,781), followed by multiracial or mixed race (13.6%, *n* = 343), Black/African American (6.6%, *n* = 167), Hispanic/Latino/a (4.5%, *n* = 114), Asian/Pacific Islander (2.5%, *n* = 62), and all others (2.0%, *n* = 51).

Nearly one-third (31.8%, *n* = 799) of the sample reported having a physical, learning, or mental health disability (not including a gender-related mental health diagnosis) that substantially affects a major life activity. The vast majority (95.8%, *n* = 2,399) said they were U.S. citizens, while 2.2% (*n* = 54) were documented non-citizens and 2.1% (*n* = 52) were undocumented non-citizens. Respondents' current zip codes were recoded into a four-level urban/rural designation based upon the Rural-Urban Commuting Area scheme used by the Census Bureau; based on this scheme, 90.2% (*n* = 2,188) of the sample lived in an urban area,

[2] The survey response option "part time as one gender, part time as another" was designed to capture individuals whose gender identity may differ by context or who might be just starting to transition. This subpopulation is less often examined in the literature (Grant et al., 2011).

6.0% (*n* = 145) lived in a large rural town, 2.0% (*n* = 48) lived in a small rural town, and 1.9% (*n* = 45) lived in an isolated small rural town.

Measures

Independent variables. Predictor variables were chosen based on a review of the literature regarding individual factors that may predict discrimination affecting transgender people, with a focus on two general areas: (a) sociodemographic characteristics (including gender identity) and (b) psychosocial risks. These two categories of predictor variables were entered as blocks into sequential multiple logistic regression models: one model predicting denial of equal treatment or service in a domestic violence shelter/program due to being transgender or gender non-conforming, the other predicting the same occurrence in a rape crisis center.

Sociodemographic predictors included: (a) annual household income (recoded into $10,000 intervals, with the highest option being $100,000 or above); (b) race (recoded as a White/non-White dummy variable for parsimony); (c) disability status (a dummy variable indicating whether participants had a physical, learning, or mental health disability other than a gender-related mental health diagnosis); (d) U.S. citizenship status (a citizen/non-citizen dummy variable); (e) urbanicity (a dichotomous variable indicating whether one's current zip code was urban or rural, based on the U.S. Census Rural-Urban Commuting Area [RUCA] codes); and (f) three dummy variables related to gender identity: one indicating FTM identity, a second indicating cross-dresser identity (MTF cross-dresser or FTM cross-dresser), and a third indicating gender non-conforming identity (male-to-other, female-to-other, a part-time gender identity, gender non-conforming, androgynous, genderqueer, and all other terms not listed). MTF individuals acted as the comparison group for the gender identity variables because theoretical work suggests that this subpopulation of transgender people may face differential risks for

discrimination, harassment, and victimization due to the overlap of transphobia and misogyny (Greenberg, 2012; Serano, 2007). Each participant in this study was grouped into only one gender identity category as part of these analyses.

Psychosocial risk predictors included: (a) a dichotomous variable indicating whether the respondent was currently homeless or living in a shelter; (b) a dichotomous variable indicating whether one had ever attempted suicide; (c) a dichotomous variable indicating whether one had ever engaged in sex work or the sex industry for pay; (d) two dummy variables regarding family loss (whether respondents had children, parents, or family members who will not speak to or spend time with them because they are transgender or gender non-conforming); and (e) an ordinal variable indicating whether people can tell that one is transgender or gender non-conforming without being told, with five response options of *Never, Occasionally, Sometimes, Most of the Time,* and *Always*.

Dependent variables. The two dichotomous dependent variables included: (a) whether an individual was denied equal treatment or service in a domestic violence shelter/program based on being transgender/gender non-conforming; and (b) whether an individual was denied equal treatment or service in a rape crisis center based on being transgender/gender non-conforming.

Statistical Analyses

The researcher used the Statistical Package for the Social Sciences (SPSS), version 20 to conduct the logistic regression analyses. No more than 4.2% of data were missing for any one predictor variable. Multiple imputation was used to impute data for all of the predictor variables (except for the sex work variable, which was coded in such a way that missingness could not be determined). Five imputations were calculated, which Rubin (1996) suggests should be an adequate number as long as there is not a large pattern of missing data. For each dependent

variable, a sequential logistic regression model was constructed whereby sociodemographic predictor variables were entered into Block 1 and psychosocial risk variables were entered into Block 2. The models are presented side-by-side to allow for a comparison of predictors across the two settings.

Results

Descriptive Statistics

Within this sample, 2,438 participants had attempted to utilize a domestic violence shelter while presenting as transgender, while 2,424 had attempted to utilize a rape crisis center while presenting as transgender. Service utilization between these two settings had a very strong positive correlation, $\varphi = .94$, $p < .001$.

Sociodemographic variables. See the Methodology section for descriptive statistics related to the sociodemographic predictor variables, such as race/ethnicity, disability status, and gender identity.

Psychosocial risk variables. Among those in the NTDS sample who had tried to access either a domestic violence shelter or a rape crisis center, 2.5% ($n = 62$) reported being currently homeless or living in a shelter, while 97.5% ($n = 2,457$) were not currently homeless. Greater than four out of ten (43.5%, $n = 1,091$) had previously attempted suicide. About 15% ($n = 368$) of the sample had previously engaged in sex work or the sex industry for pay. Over one-third (34.5%, $n = 861$) reported having children, parents, or other family members who will not speak or spend time with them due to their transgender or gender non-conforming identity, while 35.8% ($n = 893$) did not lose contact with family members and 29.7% ($n = 740$) said this family situation was not applicable. Finally, in terms of the frequency at which one was perceived by others as being transgender or gender non-conforming without telling them, the mode response

was the second lowest option of *Occasionally* (30.3%, *n* = 760), followed by *Sometimes* (25.2%, *n* = 631), *Never* (22.4%, *n* = 561), *Most of the time* (14.7%, *n* = 369), and *Always* (7.5%, *n* = 187).

Dependent variables. Approximately 5.8% (*n* = 123) of those who tried to access a domestic violence shelter/program had been denied equal treatment or service in such a setting based on being transgender or gender non-conforming. Among those who had tried to access a rape crisis center, 4.9% (*n* = 104) were denied equal treatment or service based on being transgender or gender non-conforming.

Sequential Logistic Regression Models

Two sequential logistic regression models were conducted—one for each type of setting (domestic violence shelters/programs, and rape crisis centers)—to examine which predictors were statistically significant in predicting denial of equal treatment or service based upon transgender status. The first block for each model included the sociodemographic predictor variables, while the second block incorporated psychosocial risk variables after controlling for the sociodemographic variables.

For both types of settings, the addition of the first block of variables was a statistically significant improvement over the constant-only models (see Table 1), indicating that these sociodemographic variables contributed to distinguishing those who experience unequal treatment or service from those who do not.

| INSERT TABLE ONE HERE |

Domestic violence shelters and programs. Within Block 1 of the domestic violence shelters/programs model (see Table 2), statistically significant predictors of unequal treatment or service due to being transgender included annual household income, race/ethnicity, having a

disability, citizenship status, and gender identity (specifically, the comparison of MTF individuals with cross-dressers). For every $10,000 increase in annual household income, there was a 14% decrease in the odds of unequal treatment or service in domestic violence shelters or programs due to being transgender or gender non-conforming. Compared to non-Hispanic Whites, people of color were 1.9 times as likely to be denied equal treatment or service. Those with a disability (other than a gender-related mental health diagnosis) were 2.14 times more likely to experience denial of equal treatment or service, and non-citizens were 2.77 times as likely as U.S. citizens to experience unequal treatment. Compared to those who were cross-dressers, MTF individuals were 3.23 times as likely to have experienced unequal treatment or service in a domestic violence shelter or program due to being transgender.

| INSERT TABLE TWO HERE |

The addition of the psychosocial risk variables in Block 2 was a statistically significant improvement in model fit compared to the sociodemographic-only models (see Table 1). As shown in Table 2, annual household income and disability status were the only sociodemographic variables to remain statistically significant after the addition of the psychosocial risk variables; the cross-dresser dummy variable was marginally significant ($p <$ .10). Among the psychosocial risk variables, suicidality, sex work, family loss, and frequency perceived as transgender were all statistically significant predictors for unequal treatment in a domestic violence shelter or program. Those who had at some point attempted suicide were 2.78 times more likely to have experienced unequal treatment or service in a domestic violence shelter or program than those who had never attempted suicide. Those who had ever engaged in sex work were 3.22 times as likely to have been unequally treated in a domestic violence shelter as those who had never engaged in sex work. Controlling for respondents who answered “not

applicable" to the family loss question, those who reported having a family member who broke off contact due to one's transgender or gender non-conforming status were 2.45 times as likely to have been denied equal treatment in domestic violence services compared to those who did not lose contact with any family members. Finally, the frequency at which others perceived a person to be transgender also played a significant role in unequal treatment in domestic violence services: for every step increase in the response options around frequency perceived as transgender or gender non-conforming (e.g., from *Never* to *Occasionally*, or from *Sometimes* to *Most of the Time*), the odds of being denied equal treatment increased by 1.33.

Rape crisis centers. In Block 1 of the rape crisis center model (see Table 2), annual household income, citizenship status, and gender identity (being FTM compared to MTF) were statistically significant predictors of unequal treatment or service due to being transgender or gender non-conforming. Race, disability status, urbanicity, and being a cross-dresser (compared to MTF) were marginally significant predictors. For every $10,000 increase in annual household income, the risk of being denied equal treatment in a rape crisis center due to being transgender or gender non-conforming decreased by 15%. Those who were not U.S. citizens were 2.78 times as likely as citizens to have been denied equal treatment or service in these settings. Those who identified as MTF (i.e., trans women) were 2.44 times as likely as FTM individuals (trans men) to have experienced unequal treatment or service in a rape crisis center.

The addition of the psychosocial risk variables in Block 2 was a statistically significant improvement in model fit compared to the sociodemographic-only models (see Table 1). Annual household income, citizenship status, and being FTM (compared to MTF) each remained statistically significant predictors after adding the psychosocial risk variables. Urbanicity was marginally significant (see Table 2). Among the psychosocial risk variables, suicidality, sex

work history, and experiencing family loss were each statistically significant predictors of unequal treatment or service in a rape crisis center, while the frequency at which one was perceived as transgender was marginally significant. Those who had attempted suicide at some point in time were over four times as likely to have also experienced unequal treatment or service in a rape crisis center due to being transgender as those who had never attempted suicide. Those who had engaged in sex work were nearly four times more likely to have experienced unequal treatment or service in a rape crisis center than those who had never engaged in sex work. Further, those respondents who had a family member no longer in contact with them due to their transgender identity were 2.86 times as likely to have experienced unequal treatment in a rape crisis center due to being transgender or gender non-conforming as those who did not have a family member who broke off contact.

Discussion

Among those in the NCTE sample who tried to access domestic violence shelters and programs or rape crisis centers, a small percentage experienced unequal treatment or service—6% of those who tried to access domestic violence shelters or programs, and 5% of those who tried to access rape crisis centers. While it is positive news that these percentages are relatively small proportions of those trying to access services, it is important to realize that this unequal treatment was only queried as *based on being transgender or gender non-conforming*. Additional respondents may have experienced unequal treatment or service in these settings that they could not attribute to others' reactions to their gender identity or gender expression. This may help explain why these results related to the prevalence of discrimination seem low compared to results from regional samples of transgender individuals (see, for example, Nemoto et al., 2005). Thus, the overall rate of unequal treatment (for any reason) would be higher than what is

reported here. Further, although this survey was conducted several years ago, within the current legal context, this type of discrimination is illegal if service providers are receiving any federal funding as part of the Violence Against Women Act (Ing & Woods, n.d.; Keisling, 2013; National Network to End Domestic Violence, n.d.).

Data from the present study suggest that, in both domestic violence and rape crisis services, transgender people's risks for unequal treatment frequently connect to other identities or risk factors that they hold, which is in line with research about discrimination affecting transgender people in other settings (Bradford et al., 2013; Lombardi, 2009). In general, those with other marginalized identities tend to experience increased risk for unequal treatment related to their transgender or gender non-conforming identity. This may indicate that although respondents are only being asked to indicate unequal treatment based upon gender, some of their experiences may in fact be related to others' perceptions of other identities that they hold. In other words, all things being equal, domestic violence and rape crisis center staff likely demonstrate some biases, prejudices, and a lack of cultural competence that directly impact services offered to clients who are marginalized along dimensions of social class, race or ethnicity, citizenship, and other identities.

Unequal treatment is tied to annual income and citizenship status for both domestic violence shelters/programs and rape crisis centers. This is especially concerning because of the heightened need for services faced by low-income transgender people and immigrants in relation to experiencing domestic violence or sexual assault—these are the clients whose abusers may use their financial strain and/or citizenship status as additional leverage against them to discourage them from leaving an abusive relationship (Greenberg, 2012; Raj & Silverman, 2002). These clients have a lot at stake in trying to access services, and being treated unequally

could cause them additional trauma and isolation. Perhaps service providers are less likely to mistreat wealthier individuals because of perceptions that these clients will be more likely to use their connections and influence based upon social class to file a complaint against the service provider. Those with higher incomes are likely to also have a higher level of education, which may contribute to greater awareness on the part of the client on how to identify and report instances of unequal treatment based upon gender identity and gender expression. Non-citizens were more likely to experience unequal treatment in both settings, and this remained a statistically significant predictor in access to rape crisis centers even after psychosocial risk factors were added to the models. There may be something unique about seeking help in these settings as an undocumented immigrant that poses greater risk for unequal treatment related to one's transgender status. This is an interesting finding, especially considering that some research indicates that certain populations of immigrants who have been battered tend not to seek help from mainstream domestic violence providers, instead turning to medical settings, public benefit programs, and immigrant-specific service providers (Dutton, Orloff, & Hass, 2000). Expectations of being treated unequally in domestic violence and rape crisis programs may further contribute to the likelihood that such transgender immigrants will seek help in other service sectors, if at all. Further, there may be reluctance among this population about approaching law enforcement to report partner violence or sexual assault given the high rates of mistreatment of transgender people by police (NCAVP, 2013), even though such clients need to demonstrate cooperation with law enforcement to obtain U visas (U.S. Citizenship and Immigration Services, 2014). Findings related to citizenship are a unique contribution of the current study, as few if any previous studies have examined risks for discrimination among transgender people according to citizenship status.

In domestic violence services, trans people of color and trans people with disabilities were more likely to experience unequal treatment related to their status as transgender, although race loses its significance when psychosocial risk factors were added to the model. Again, these findings indicate that transgender clients entering such spaces are at differential risk for discrimination based upon other identities that they hold. Few previous studies have looked at disability status in relation to risks for transgender discrimination, so the present study offers unique information in this area. The fact that the race/ethnicity dummy variable loses its significance in Block 2 suggests that psychosocial risk factors like suicidality, sex work history, and family loss may in some way encompass risks for discrimination above and beyond what is captured by the simple dichotomous race variable. The finding of differential risks for unequal treatment by race is in line with research by Lombardi (2009) and Bradford et al. (2013), who have previously indicated a connection between race/ethnicity and risks for discrimination for transgender people. Just as interesting was the finding that race/ethnicity and disability status were not significant predictors of unequal treatment in rape crisis centers. This finding is surprising given that most research about transgender discrimination to date has indicated a general pattern whereby people with another marginalized identity tend to experience greater discrimination. It is unclear whether this result reflects differences in staff competencies in serving vulnerable clients between domestic violence shelters and rape crisis centers, or some other factor. Additionally, these results may be impacted by the way that race/ethnicity and disability status were indicated in the statistical models (both were treated as dichotomous variables). Future research could help explore what precisely is happening here and how transgender people of color and those with disabilities experience rape crisis services.

The dichotomous urbanicity variable was included in the models to examine whether there were varying patterns of discrimination according to location of residence. Although some previous studies have indicated that there may be differences in transgender-related discrimination according to whether one lives in an urban or suburban area (Bradford et al., 2013), urbanicity did not reach statistical significance in the present study. This may be due to the fact that the survey queried *current* residence, which may be in a different type of region than the domestic violence or rape crisis services that the individual accessed. Additionally, for reasons of parsimony, the models treated urbanicity as a dichotomous variable (urban/rural), which may have oversimplified this dimension and affected the likelihood of detecting patterns of significance, if they exist along this dimension.

Findings suggest that gender identity both predicts and does not predict unequal treatment among transgender and gender non-conforming clients in these settings. On one hand, trans women (MTF) report higher rates of unequal treatment than some other groups in some situations: they have a greater risk for unequal treatment than cross-dressers in domestic violence services, and a greater risk for unequal treatment than trans men (FTM) in rape crisis centers. This is in line with some theoretical and empirical work that suggests that trans women may face greater discrimination in society due to the overlap of transphobia and misogyny (Greenberg, 2012; Serano, 2007), although in contrast to findings by Bradford et al. (2013) in which FTM individuals reported significantly higher transgender-related discrimination in health care, employment, or housing. Some services may be denied to trans women due to agency policies that direct services as only being for (cisgender) women, even though trans women identify as women as well. Similarly, it is possible that trans men may be experiencing a greater likelihood of equal treatment in rape crisis centers due to staff member's cissexist perceptions that these

clients are "actually" women and therefore deserving of help. However, it's also quite possible that trans men might be less likely to seek help from social services in cases of sexual assault due to fears that their identities as men and/or their masculine gender expression will result in rejection from service providers (Courvant & Cook-Daniels, n.d.). If this subgroup is not seeking out services, they would not have answered the NTDS survey questions about experiences in such services and, thus, would not appear in the sample analyzed here.

Just as importantly, these analyses indicate that there were NOT statistically significant differences in risks for unequal treatment between trans women and gender non-conforming individuals in either domestic violence or rape crisis services. It may be that such programs struggle to meet the needs of both of these populations to an equal extent, particularly in cases where services are targeted to women (thus bringing up questions for staff about how to serve trans women and gender non-conforming clients). Similarly, there was not a statistically significant difference in treatment between trans women and trans men accessing domestic violence programs; both of these groups may be likely to face discrimination in domestic violence services related to their transgender status. This is in line with previous research indicating that significant proportions of service providers are unprepared for serving either MTF or FTM clients (Ford et al., 2013). Further, cross-dressers and trans women did not have different rates of unequal treatment in rape crisis centers after adding psychosocial risk factors to the statistical model.

In both domestic violence and rape crisis programs, trans and gender non-conforming people who had other psychosocial risks were more likely to be treated unequally due to their gender identity or gender expression. Individuals who have histories of suicidality and sex work or who have been cut-off from contact with certain family members were more likely to

experience unequal treatment in these settings. Previous research has indicated a relationship between having an unsupportive family and heightened risk for transgender-related discrimination in health care, housing, and employment (Bradford et al., 2013). The point should be made, however, that it is unclear whether such clients experienced these risks *before, during,* or *after* experiencing unequal treatment in these settings. Nonetheless, practitioners should take note that transgender clients with these risk factors are among those most likely to have been served ineffectively in domestic violence and rape crisis programs. In domestic violence shelters, but not rape crisis centers, the more often someone was perceived as transgender or gender non-conforming without telling others, the more often they experienced unequal treatment related to this identity. This finding suggests that people who are visibly gender non-conforming may encounter discriminatory reactions that contribute to unequal treatment. Previous research (Lombardi, 2009) has indicated that being "out" as transgender to friends has a relationship to discrimination, but few studies have specifically looked at the connection between how frequently others perceive one to be transgender and unequal treatment. It is unclear why others' perceptions of one's gender predicted transgender-related discrimination in domestic violence shelters, but not rape crisis centers. Perhaps transgender-related discrimination in domestic violence shelters frequently correlates with "reading" someone as transgender when that person first enters the space. Since the question about frequency at which one is perceived as transgender did not specify particular settings, this measure may matter in such circumstances where clients are often judged based upon gender expression. Perhaps in rape crisis centers, transgender-related discrimination may occur after a client discloses their gender identity, which would not therefore rely as much upon how others first read one's gender. However, these points are only conjectures. Nonetheless, practitioners can benefit from understanding that people with

each of these psychosocial risks may be subjected to more frequent barriers in these service settings, likely adding further difficulty to these clients' lives.

Limitations

One of the limitations of this study is that the NTDS did not randomly sample participants. Therefore, the sample may be biased in some way—people who volunteered to take this survey might not accurately represent the entire population of transgender people in the U.S. Nonetheless, this sample remains one of the largest efforts to study transgender people in U.S. history, and the residence distribution of the sample roughly reflects the population distribution of the country as a whole (Grant et al., 2011).

Secondly, the NTDS was a one-time survey. Thus, one cannot draw conclusions about whether discrimination in domestic violence or rape crisis centers *causes* psychosocial risks such as suicidality or homelessness, or vice versa. The NTDS survey instrument also has limitations related to chrono-context, since many of its questions focused on *current* identities and characteristics, rather than the characteristics or risks participants demonstrated *while* trying to access social services. Since characteristics such as age, income, and where someone is in a gender transition process can fluctuate over time and may affect risks for discrimination, more detailed information about participant identities *when accessing services* would have added further insight to analyses. The survey format also precludes any interpretation of whether the psychosocial risks studied arose for participants before, during, or after experiencing unequal treatment or service.

Although the survey captured information about whether one lived in an urban/rural area, it did not collect information about what cities/towns participants were in when trying to access services. Someone seeking a domestic violence shelter in New York City may have a wider

range of feasible options (including more programs that are trans-affirming) than a person seeking services in a small town or rural area, which may affect risk for unequal treatment.

Additionally, the wording of the NTDS questions focused only on unequal treatment or service *based upon being transgender or gender non-conforming*. It is likely that participants experienced additional discrimination in such settings that either was not related to their gender identity or occurred for reasons unknown. Researchers could add to the knowledge base by collecting information about *overall* rates of unequal treatment among transgender people.

Finally, the NTDS captured primarily quantitative data. Since this area of research has many gaps, participants' qualitative descriptions of receiving domestic violence and rape crisis services would also add to the knowledge base. For example, how do participants' define "unequal treatment" in service? Does it include outright denial of service, or moments when staff members disrespect one's gender identity, use incorrect pronouns or names, or place someone in services based on natal sex rather than gender identity? Who was the perpetrator (the person treating them unequally)—was it a staff person doing intake, a counselor, or other clients? Did participants experience differences in cost or types of services offered compared to cisgender clients? More qualitative data could help detail precise examples of the types of discrimination and unequal treatment that are occurring in these settings.

Despite these limitations, this study had a number of methodological strengths. First, the NTDS design, survey instrument, and methods of data collection were driven by transgender advocates and allies, reflecting the needs and priorities of this population. The NTDS sample is groundbreaking in its size and reach, offering an important look at experiences of discrimination for transgender and gender non-conforming people throughout the U.S. Additionally, the scope of the survey allowed for examining sociodemographic characteristics and psychosocial risks

across individual respondents and for testing the relationship that these variables had with experiences of unequal treatment; this allows for more complex analyses than researchers have been able to conduct in the past when using smaller, regional samples or relying only upon qualitative data.

Implications for Practice and Research

This study indicates that transgender people with other marginalized identities or who have psychosocial risk factors are most likely to experience unequal treatment when trying to access domestic violence and rape crisis services. In order to address this unequal treatment, leaders of these types of services should do a thorough assessment of staff competencies in serving the transgender community and of organizational policies that may prove to be barriers in reaching this population. Staff might benefit from receiving trainings about transgender and gender non-conforming people (including strengths and resiliencies, as well as risks in trying to access services) and best practices for serving this population. This might include a discussion of common ways that practitioners treat transgender people unequally—intentionally or not—when they use incorrect pronouns, place clients in services according to natal sex rather than gender identity, "out" a client's transgender identity to others without permission, or ask inappropriate questions about a transgender person's body. Staff and administrators can work to emphasize that clients should not be treated differently based on gender presentation or disclosure of transgender status, their request to be addressed by alternate gender pronouns or names, or where they are in a transition process. When doing client intake, organizations should allow clients to indicate gender identities other than either "man" or "woman" and assess the risk history of transgender individuals, realizing that these clients may have faced a significant amount of discrimination and trauma in the past. Further, domestic violence and sexual assault service

organizations can develop policies that include nondiscrimination statements related to gender identity and gender expression and implement specific procedures for staff who do not demonstrate progress in effectively serving this population. Development of such policies will help such organizations be in line with federal law, as discrimination toward transgender clients is now illegal according to the Violence Against Women Act for any organizations that receive federal funding (Ing & Woods, n.d.; Keisling, 2013; National Network to End Domestic Violence, n.d.).

Future researchers might utilize qualitative methods to look more precisely at what "unequal treatment" looks like in domestic violence and rape crisis services from the eyes of transgender and gender non-conforming clients. The knowledge base would also benefit from better measurements of clients' identities and psychosocial risks *at the time of service* (rather than at the time of taking a survey) to help explicate the role that these other characteristics play in one's experiences accessing social services. Finally, due to the limitations of this one-time survey, findings could not be interpreted as indicating whether unequal treatment in domestic violence and rape crisis services *causes* psychosocial risks, or if clients with these risk histories are more likely to subsequently experience unequal treatment when seeking help for domestic violence and sexual assault. Longitudinal studies could help investigate the direction of causality and the long-term consequences for transgender clients who have experienced unequal treatment in domestic violence programs and rape crisis centers.

Conclusion

This study intended to address a gap in the research regarding transgender and gender non-conforming people's experiences accessing domestic violence and rape crisis centers. Most previous research on this topic has used regional convenience samples or LGBTQ samples that

had small proportions of transgender participants, or relied upon qualitative data or anecdotal accounts. The present study used a large, national quantitative dataset (the NTDS) to examine whether certain sociodemographic groups and individuals with various psychosocial risks are more likely to experience unequal treatment. For both settings, findings indicate that transgender individuals who are low-income and not U.S. citizens are more likely to experience unequal treatment based upon being transgender or gender non-conforming. Within domestic violence programs, transgender people of color, those with disabilities, and those more frequently perceived to be transgender by others are more likely to experience unequal treatment. Psychosocial risk factors (suicidality, sex work history, and disconnection from family) predict unequal treatment in both settings. The findings have implications for practitioners working in domestic violence and rape crisis centers, including the need for assessing staff competencies and organizational policies for effectively serving transgender and gender non-conforming people. Future research could explore exactly what "unequal treatment" looks like, incorporate more precise measurement of clients' identities and characteristics *at the time of receiving service,* and examine the long-term consequences of discrimination for transgender people.

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Table 1

Model Fit and Nagelkerke R^2 for the Two Models Before Multiple Imputation

	Domestic Violence Shelters & Programs (N = 2,205)		Rape Crisis Centers (N = 2,189)	
	Block 1	Block 2	Block 1	Block 2
Model Fit (χ^2)	88.63*** (df = 8)	95.86*** (df = 6)	57.59*** (df = 8)	109.43*** (df = 6)
Nagelkerke R^2	.12	.24	.08	.24

*** $p < .001$.

Table 2

Sequential Logistic Regression Models Predicting Denial of Equal Treatment or Service in Domestic Violence Shelters/Programs and Rape Crisis Centers (Pooled Data after Multiple Imputation)

	Domestic Violence (N = 2,438)				Rape Crisis (N = 2,424)			
	Block 1		Block 2		Block 1		Block 2	
Predictor Variables	*B* (s.e.)	Odds Ratio	*B* (s.e.)	Odds Ratio	*B* (s.e.)	Odds Ratio	*B* (s.e.)	Odds Ratio
Sociodemographics								
Annual Household Income	-0.16*** (0.04)	0.86	-0.10* (0.04)	0.91	-0.16*** (0.04)	0.85	-0.10* (0.04)	0.91
Race	0.64*** (0.19)	1.90	0.36 (0.22)	1.44	0.39^ (0.20)	1.48	-0.06 (0.24)	0.94
Disability	0.76*** (0.19)	2.14	0.59** (0.21)	1.80	0.34^ (0.20)	1.40	-0.02 (0.21)	0.98
Citizenship	1.02** (0.31)	2.77	0.74 (0.47)	2.09	1.02** (0.32)	2.78	1.18*** (0.35)	3.25
Urbanicity	0.42 (0.27)	1.51	0.48 (0.29)	1.62	0.52^ (0.28)	1.67	0.59^ (0.30)	1.80
FTM	-0.29 (0.22)	0.75	3.16×10^{-3} (0.24)	1.00	-0.89** (0.28)	0.41	-0.66* (0.30)	0.52
Cross-dresser	-1.18* (0.47)	0.31	-1.09^ (0.61)	0.34	-0.65[a] (0.38)	0.52	-0.14 (0.41)	0.87
Gender non-conforming	-0.38 (0.31)	0.69	-0.36 (0.37)	0.70	-0.22 (0.30)	0.80	0.09 (0.32)	1.09
(Constant)	-2.66 (0.25)				-2.45 (0.25)			
Psychosocial Risks								
Homeless			0.63 (0.43)	1.87			0.61 (0.43)	1.84
Suicidality			1.02*** (0.24)	2.78			1.40*** (0.26)	4.06
Sex Work			1.17*** (0.23)	3.22			1.37*** (0.23)	3.93

Family Loss – Yes	0.90*** (0.26)	2.45	1.05*** (0.28)	2.86
Family Loss – N/A	-0.23 (0.33)	0.80	0.12 (0.33)	1.12
Frequency Perceived as Trans	0.28** (0.09)	1.33	0.15^ (0.09)	1.16
(Constant)	-4.66 (0.43)		-4.77 (0.47)	

^ $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$.