



Minnesota State University, Mankato
**Cornerstone: A Collection of
Scholarly and Creative Works for
Minnesota State University,
Mankato**

All Theses, Dissertations, and Other Capstone
Projects

Theses, Dissertations, and Other Capstone Projects


2018

Motivations, Expectations and Experiences of Genital Piercings in the Transgender Community: An Exploratory Study

Haley Peterson

Minnesota State University, Mankato

Follow this and additional works at: <https://cornerstone.lib.mnsu.edu/etds>

 Part of the [Clinical Psychology Commons](#), [Gender and Sexuality Commons](#), and the [Other Psychology Commons](#)

Recommended Citation

Peterson, Haley, "Motivations, Expectations and Experiences of Genital Piercings in the Transgender Community: An Exploratory Study" (2018). *All Theses, Dissertations, and Other Capstone Projects*. 811.
<https://cornerstone.lib.mnsu.edu/etds/811>

This Thesis is brought to you for free and open access by the Theses, Dissertations, and Other Capstone Projects at Cornerstone: A Collection of Scholarly and Creative Works for Minnesota State University, Mankato. It has been accepted for inclusion in All Theses, Dissertations, and Other Capstone Projects by an authorized administrator of Cornerstone: A Collection of Scholarly and Creative Works for Minnesota State University, Mankato.

Motivations, Expectations and Experiences of Genital Piercings in the Transgender Community:
An Exploratory Study

Haley Peterson

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of Master of Arts
in Clinical Psychology

April 2018

Minnesota State University, Mankato

Date 4/30/2018

Motivations, Expectations and Experiences of Genital Piercings in the Transgender Community:
An Exploratory Study

Haley Peterson

This thesis has been examined and approved April of 2018 by the following members of the student's committee.

Eric Sprankle, Psy.D., Thesis Chair

Jeffrey Buchanan, Ph. D, Committee Member

Jessica Flatequal, M.A., Committee Member

Table of Contents

Abstract.....	5
Introduction	6-7
Literature Review.....	8-22
Body Modifications.....	8-14
Stigma and Minority Stress Model.....	14-20
Genital Piercings in the Transgender Community.....	20-21
Aims of Current Study.....	22
Method.....	22-32
Participants.....	22-23
Procedure.....	23-27
Data Analysis.....	28-32
Results.....	32-38
Motivations.....	33-34
Making the Decision.....	34
Expectations.....	34-35
Experience.....	35
Relation to Gender Identity and Expression.....	36-37
Why the Research is Important.....	37-38
Discussion.....	39-45
Motivations.....	39
Making the Decision.....	39-40
Expectations.....	40-41
Experience.....	41
Relation to Gender Identity and Expression.....	41-42
Why the Research is Important.....	42-43
Implications.....	43-44

Limitations of the Current Study.....	44-45
Future Directions.....	45
References.....	46-51
Appendix A- Demographics Table	52
Appendix B- Definitions of Transgender Identities and Sexual Orientation.....	53-54
Appendix C- Definitions of Transition-Related Procedures.....	55-56
Appendix D- Qualtrics Screener Survey.....	57-63
Appendix E- Consent Form for Interview.....	64-65
Appendix F- Semi-Structured Interview Script.....	66

Abstract

Purpose. Motivations and experiences of people who have body modifications has been studied over the past several decades. However, the majority of these studies may include, but do not exclusively, study the motivations and experiences of genital piercings in the transgender community. This study uses a qualitative design to explore the motivations, expectations, and experiences of getting a genital piercing within the transgender community, as well as how genital piercings relate to transgender identities. **Methods.** Participants were required to be at least 18, have a genital piercing, and identify as transgender. Recruitment was conducted through Facebook and a professional piercer. Participants were directed to take an online screener survey before being invited to participate in a semi-structured interview. Four participants completed the screener survey. One of those four participants followed through with the online interview. To analyze the interview transcript, a hybrid-method of thematic analysis was used. Double-coding was used to validate the code developed. **Results.** The analysis found eight themes: Motivation to Reclaim One's Body; Support; Piercers Should Create a Safe Environment; Genital Piercing Leads to Acceptance; Connecting to One's Sexual Identity through a Genital Piercing; Use of a Genital Piercing to Self-Express and Identify with One's Gender; Lack of Information or Resources; and An Alternative Modification. **Discussion.** The results from this study can be used to give direction for future research. One important finding was the utility of a genital piercing to develop self-acceptance and an alternative to less accessible transition-related procedures.

Motivations, Expectations and Experiences of Genital Piercings in the Transgender Community

Interest in why one chooses to modify their body in a way that is not mainstream began in 1989 and continues to be a topic of interest today (Scott, 2015). Body modification refers to “the alteration of the body from its natural state”, such as a body piercing or tattoo (Scott, 2015, p. 55). Much of the literature surrounding body modification focuses on the motivations and experiences of people who choose to modify their bodies, including genital piercings. Genital piercings are frequently studied under the umbrella of body modifications, or body piercings in combination with tattoos, and it has been documented that this form of body piercing has been important to individuals who get them for reasons such as sexual expression and enhancement, self-expression, resisting cultural norms, finding community and others (Armstrong, Caliendo & Roberts, 2006; Armstrong et al., 2007; Caliendo, Armstrong & Roberts, 2005; Myers, 1992; Pitts, 2000).

However, the existing literature on body modification centers around cisgender individuals. *Cisgender* is a term that refers to a person whose gender matches their sex assigned at birth (LGBTQ+ Definitions, n.d.). Additionally, the limited research that covers the lesbian, gay, bisexual and transgender (LGBT) community is often restricted to LGB individuals and excludes those who identify as transgender. *Transgender* is an umbrella term that refers to anyone who does not identify with their assigned sex at birth (LGBTQ+ Definitions, n.d.). Examples of identities that are considered transgender are genderqueer, gender fluid, nonbinary, bigender, and agender. This is not an exhaustive list as many other identities fall under the transgender umbrella term. For definitions of these terms, please refer to Appendix B. When the

transgender community is not excluded from the research, they are discussed in combination with the LGB community and not explicitly.

The practice of, or the desire to engage in, other forms of body modifications in the transgender community have been documented (Cole et al., 2012; Grant et al., 2011). The types of body modification referred to are medical procedures done in order to change the appearance of one's body to match their gender. Matching one's gender with their assigned sex at birth has been found to be motivated by a desire to avoid experiencing stigma due to their minority status (Bockting et al., 2013). Although a large portion of the transgender community desires to modify their bodies, the stigma faced that leads to wanting these modifications also acts as a barrier to getting them. For example, many report having to pay out-of-pocket for these procedures and are unable to afford them (Grant et al., 2011). It is important to note here that, although for some the end goal is to fully align their body and gender, not everyone has the goal of changing all or any part of their body to match their gender.

A search on the motivations behind and experiences of having a genital piercing was expanded to chatrooms and blogs due to the limited nature of the literature exclusively on this population. This search found that there are some who have used a genital piercing similarly to how some use medical procedures to change the appearance of their genitals. Some chatroom users indicate that they desired to reclaim or reconnect with their bodies, and a genital piercing helped them to achieve that (FTM Triangle Piercing, 2016; NSFW Transgender genital piercing MTF, 2017). This search also found some motivations commonly reported in other populations: sexual enhancement and expression and self-expression. The purpose of the study is to explore the motivations, expectations and experiences of those in the transgender community to get a

genital piercing. It also explores how a genital piercing may relate to one's gender identity and expression.

Literature Review

Body Modifications

History of Body Modifications

The practice of body modification, specifically piercing and tattooing various sites on one's body, has been found all over the world and as far back as can be traced (Anderson, 2016; Dorfer et al., 1999; Williams, 2017). Anderson (2016) reported that the use of body piercings has been documented in "monumental texts" on many areas of the body, including genitals, such as *The Holy Bible: 1611 edition, King James Version* and *Kama Sutra*, which was written between 1st and 6th centuries AD. Anderson stated that mummies, wall paintings, and carved figures, up to 5,000 years ago, have indicated the practice of body piercings in ancient tribes. Body piercings have been used for reasons such as signaling family membership or rite of passage at different stages of life (e.g., childhood to adolescence) (Anderson, 2016). Dorfer et al. (1999) noted that prehistoric mummies in Siberia, Peru, and Chile have been discovered with well-preserved tattoos that appear to range from aesthetic in nature to therapeutic. It is believed some of these tattoos were therapeutic due to their virtually hidden placement on the body. Additionally, the famous Tyrolian Iceman, which is the oldest European mummy, has been found with tattoos whose pattern resembles modern day acupuncture (Dorfer et al., 1999). Ritual tattooing, "the act of giving or receiving tattoos that have some special significant rather than solely acting as body adornment," has been found in Polynesia, Micronesia, Melanesia, and Asia dating back 2,000 years (Williams, 2017, p. 272). Ritual tattooing has been found to be used for various reasons

among these civilizations, including rite of passage, communicate marriageability, class, rank, tribe or community, ward off evil or disease, and to mark accomplishments (Dorfer et al., 1999; Williams, 2017). Many of these practices have, at some point, fallen out of popular practice in some of these tribes and a few of them have since been revived (Williams, 2017).

Similar to the resurgence of body modification practices in previously mentioned areas of the world, in North America, a drastic change in practices of body modifications has occurred in the late 20th century. According to Atkinson and Young (2007), this practice was once reserved for “the social underbelly” and has since evolved into a more mainstream practice of “cultural expression and ideological representation through body manipulation” (p. 118). They reported that body modification is popular across people, despite various demographic characteristics. Motivations for people to modify their bodies, as conveyed by Atkinson and Young, are “subcultural membership and resistance; personal status and passage; creativity and individuality; physical endurance and pain thresholds; beauty and art; and spirituality” (p. 128). The categories of motivations identified by Atkinson and Young have been supported by many other authors. Some of the most common reasons for body modifications are sexual enhancement and sexual expression (Armstrong, Caliendo & Roberts, 2006; Caliendo, Armstrong & Roberts, 2005; Myers, 1992), self-expression (Armstrong et al., 2007; Caliendo, Armstrong & Roberts, 2005; Greif, Hewitt & Armstrong, 1999; Myers, 1992; Pitts, 1999; Pitts, 2000; Tobar-Dupres, 1999), resisting the dominate culture (Davis, 1997; Pitts, 1999; Pitts, 2000), and to seek uniqueness and community (Armstrong et al., 2007; Myers, 1992; Pitts, 2000).

Sexual Enhancement and Sexual Expression

Within these four categories, sexual enhancement and sexual expression, as well as self-expression, were more frequently identified as reasons among cisgender samples for getting a

genital piercing. Caliendo et al. (2005) found that 79% of their sample felt that a genital piercing helped to express themselves sexually, and 77% felt the piercing enhanced their personal pleasure with sex. Rates were similar among cisgender men and women. Through several interviews, Myers (1992) reported sexual enhancement to be the most compelling reason for body modifications. Myers (1992) cautioned readers to the fact that the sample included a higher proportion of sadomasochists (SM); but added that sexual enhancement was also a top motivating factor for those who were not. Powls and Davies (2012) define sadomasochism as involving key elements of “a hierarchical power structure (i.e., domination and submission), intense stimulation (e.g., physical or emotional pain), sexual stimulation, restraint, bondage, role-play and fantasy, usually for sexual gratification” (p. 223).

Self-Expression

Many have noted that self-expression is another common motivation for choosing to get a body modification (Armstrong et al., 2007; Caliendo, Armstrong & Roberts, 2005; Greif, Hewitt & Armstrong, 1999; Myers, 1992; Pitts, 1999; Pitts, 2000; Tobar-Dupres, 1999). Greif et al. (1999) distributed self-report surveys to 766 college students in the United States and Australia and found 48% of their sample reported their motivation to modify their bodies was self-expression. Caliendo et al. (2005) also used self-report surveys to explore motivations for getting either a nipple or genital piercing. They found that self-expression was among the highest rated reason for choosing to get a nipple piercing and highly rated for genital piercings as well.

Resisting the Dominate Culture

Pitts (1999) described literature that also indicates body modifications are used as a means of self-expression. However, this self-expression was a way for women to deviate from the traditional look men expected of women or resisting the dominate culture. Pitts (2000) also

interviewed members of the LGBT community to explore the motivations and experiences in relation to their body modification. Pitts reported that, while sexual and self-expression may be motivators, a deeper meaning may exist in the body modifications. This sample describes their nonmainstream body modifications match their nonmainstream identities, it is to celebrate their deviation from popular culture, or both.

Uniqueness and Community

Finally, some reported that seeking uniqueness and community as motivating factors for body modifications. Seeking uniqueness and community seem like conflicting ideas to pair together, but Armstrong et al. (2007) explained it as a phenomenon where individuals were simultaneously seeking a uniqueness that secured their membership to a community. Other studies have indicated that body modifications are chosen by people as a way to find community separate from uniqueness (Myers 1992; Pitts, 2000; Wohlrab, Stahl & Kappeler, 2007). Through interviews with people who identify as cisgender, heterosexual and homosexual, and/or SM found affiliation, or community, as one of the seven motivations for getting a body modification, including genital piercings. Also, through interviews of those who identify as part of the LGBT community, Pitts (2000) found that finding a sense of community through body modifications to be a common theme among participants. Pitts (2000) reports that there is “an interest in signifying group membership, building community, and creating ‘safe space’ in the margins” (p. 459). The findings of these studies indicate that sexual expression and enhancement, self-expression, resisting the dominate culture, and uniqueness and community to be among the most common motivations to get a genital piercing.

Body Modifications for the Transgender Community

Some who identify as transgender and gender non-conforming, but certainly not all, choose to live as a gender that is different than the sex assigned to them at birth in a number of different ways. This process is referred to as transition and it is different for everyone. Not all who transition choose to live full-time as their gender different from their assigned sex at birth. For those who wish to live full-time as their gender versus their assigned sex at birth, a surgery to change the appearance of their genitals may be the most appropriate. A surgery would allow them to permanently change their genitals, so they match one's gender rather than their assigned sex at birth. For someone who does not wish to live in their gender full-time, other social changes may be appropriate. A social change may include changing one's style of dress or hair, adopting certain gender roles, or changing their name and pronouns to match their desired gender rather than their assigned sex at birth. A large national survey conducted by Grant et al. (2011) on the transgender community found that 55% of their sample lived full-time in a gender different from their assigned sex at birth. An additional 27% hoped to live full-time this way but were not yet, and 18% of the sample did not want to live full-time as a gender different from their assigned sex at birth. Currently, there are two different medical treatments for transitioning: hormone treatment and surgery. In their survey, Grant et al. (2011) found that 61% of their sample had medically transitioned, which was defined as having either hormone treatment or surgery. They found only 33% of their sample had surgically transitioned, which only included those who had undergone surgery related to their transition. They do caution that these numbers are only representative of those who have had the opportunity to transition because they are costly procedures that not all who want them can afford to do so.

One of the more common, non-surgical transition-related procedures is hormone therapy. Sixty-two percent (62%) of respondents of the National Transgender Discrimination Survey

indicated that they had received hormone therapy (Grant et al., 2011). It is common for people who have undergone other transition-related surgeries to have also had hormone-therapy. Grant et al. (2011) found that 93% of their sample had both hormone-therapy and surgeries. The World Professional Association for Transgender Health (Cole et al., 2012) reports Factor and Rothblum's (2008) finding that, although it is a common goal, hormone therapy is not always used to achieve complete feminization or masculinization and may instead be used to achieve an androgynous, or neutral, presentation.

An androgynous presentation may be achieved through the "minimization of existing secondary sex characteristics" (Cole et al., 2012, p. 33). Feminizing hormones used are estrogen, androgen reducing medications (or "anti-androgens"), and progestins. They have various effects including "breast growth (variable), decreased libido and erections, decreased testicular size, and increased percentage of body fat compared to muscle mass" (Cole et al., 2012, p. 36).

Testosterone as well as progestins and GnRH agonists, which may be used briefly to "assist with menstrual cessation" are masculinizing hormones used for those who are transitioning from female secondary sex characteristics to male secondary sex characteristics (Cole et al., 2012, p. 50). Effects of these hormones are "deepened voice, clitoral enlargement (variable), growth in facial and body hair, cessation of menses, atrophy of breast tissue, increased libido, and decreased percentage of body fat compared to muscle mass" (Cole et al., 2012, p. 36). Cole et al. (2012) report known risks to undergoing hormone therapy that range from weight gain to type 2 diabetes and various forms of cancer.

Different types of transition-related surgeries exist that target both genital appearance and target other areas of the body. These surgeries also include changing the appearance of the chest, face, and the removal of reproductive organs. Transgender women who desire to change the

appearance of their chest may undergo breast augmentation surgery, which is breast implants or lipofilling (Cole et al., 2012; Grant et al., 2001). Additionally, transgender women who desire to change the appearance of their genitals may undergo orchiectomy (removal of testes) or vaginoplasty (creation of a vagina and/or removal of the penis (Cole et al., 2012; Grant et al., 2011). Lastly, other surgeries not aimed at changing the appearance of one's chest or genitals include various facial feminization surgeries (Cole et al., 2012; Grant et al., 2011). For a complete list of surgeries and definitions, refer to Appendix C.

The survey conducted by Grant et al. (2011) indicated that 21% of people had received breast augmentation surgery, 25% received orchiectomy, and 23% have had a vaginoplasty. Those whose assigned sex at birth is female but are transitioning to male have the option of subcutaneous mastectomy for chest surgery (Cole et al., 2012; Grant et al., 2011). For genital surgeries, people transitioning from female to male may get a hysterectomy (removal of ovaries), metoidioplasty (releases the clitoris), phalloplasty (creation of testes and penis), vaginectomy and scrotoplasty (Cole et al., 2012; Grant et al., 2011). Grant et al. (2011) report that 43% of their sample have had chest surgery, 21% received a hysterectomy, 4% had metoidioplasty and 2% had received phalloplasty.

Stigma and Minority Stress Model

Stigma

Researchers have documented stigma experienced by both individuals who have chosen to modify their bodies through genital piercings and the transgender community (Armstrong, Caliendo & Roberts, 2006; Bockting et al., 2013; Gordon et al., 2017; Grant et al., 2011; Levitt & Iooilito, 2014). Currently, many professionals either lack knowledge surrounding genital piercings, have a negative view of those who have one, or both (Armstrong et al., 2006).

Armstrong et al. (2006) found that some professionals even believe “people who choose to have body piercings deserve whatever outcome occurs” (p. 173). Within the transgender community, stigma is experienced in the healthcare system as well, but they experience stigma in many other domains, such as employment, housing, and education, to name a few (Grant et al., 2011; Levitt & Iooilito, 2014). For example, through a national survey, Grant et al. (2011) identified that 50% of their sample had to teach their health provider about transgender care, 28% postponed care due to discrimination, and 19% were refused care because of their gender identity. Due to the prominence of stigma in the lives of those who identify as transgender and have genital piercings, a dive into the literature surrounding stigma is warranted. First, a description of Link and Phelan’s extension of Goffman’s stigma theory will be discussed. Then, the minority stress model and its application to the transgender community will follow.

Link and Phelan (2001) reported that Goffman’s (1963) theory of stigma jumpstarted a great deal of research devoted to expanding that initial theory. However, they explain that many of these studies expanding on the conceptualization of stigma are inadequate due to challenges. One of those challenges is the literature focuses solely on the individual rather than the systemic structures that have created and perpetuated the stigma. To remedy issues within the definition of stigma, Link and Phelan expand on these many definitions and break it down into four parts: “People distinguish and label human differences,” “dominant cultural beliefs link labeled persons to undesirable characteristic—to negative stereotypes,” “labeled persons are placed in distinct categories so as to accomplish some degree of separation of ‘us’ from ‘them,’” and “labeled persons experience status loss and discrimination that lead to unequal outcomes” (Link & Phelan, 2001, p. 367). In addition, these labels and stereotypes generating stigmatized groups are

created and perpetuated by persons in positions of power, or those who belong to the dominate group.

According to Link and Phelan (2001) previous definitions of stigma were lacking in the inclusion of structural discrimination that contributed to the loss of status and result of unequal outcomes due to discrimination. Structural discrimination refers to the efforts of various institutions that lead to the disadvantage of stigmatized groups (Link & Phelan, 2001). Institutions may include educational systems, healthcare systems, or public policies. For example, in 2011 many in the transgender community were receiving inadequate healthcare due to their providers not having the knowledge necessary to treat them (Grant et al., 2011). At that time, the healthcare system not requiring providers to be knowledgeable lead to unequal treatment of those who identify as transgender. Furthermore, Link and Phelan attribute this loss of status and unequal outcomes to negative social psychological processes experienced by an individual belonging to a stigmatized group. They explain that once a stigmatized person becomes aware of their status in a stigmatized group, they may become fearful of and anticipate rejection. The effects of experiencing this fear of rejection due to group membership result in “strained and uncomfortable social interactions with potential stigmatizes, a compromised quality of life, low self-esteem, depressive symptoms, unemployment and income loss (Link & Phelan, 2001, p. 374). Link and Phelan (2001) explain that different stigmatized groups will have various outcomes or experiences depending on the prominence of the differences labeled and stereotyped or the number of stereotypes based on the stigmatized identities one may have.

Minority Stress Model

Meyers (2003) expands on stigma theories with a minority stress model, based off of experiences of the lesbian, gay and bisexual (LGB) community, to illustrate that stigmatized, or

minority, persons experience common as well as unique stressors due to their minority status. According to Meyers' theory, not only is the stress experienced by minority communities unique, but it is also chronic due to it being "relatively stable underlying social and cultural stressor[s]" (Meyers, 2003, p. 321). Lastly, Meyers (2003) states these stressors are socially based because they look beyond the individual and their exclusive experiences to the institutions and structures, as in Link and Phelan's (2001) theory of stigma.

Meyers (2003) comprises a continuum of social structures contributing to minority stress from distal (objective stressors void of one's interpretation) to proximal (subjective and internal evaluations of stressors) including "(a) external, objective stressful events and conditions (chronic and acute), (b) expectations of such events and the vigilance these expectations requires, and (c) the internalization of negative social attitudes" (Meyers, 2003, p. 656). Meyers further explains that proximal stressors may lead to one having "expectations of rejection," "hide their identity for fear of harm," or "internalize[d] stigma" (p. 677). Although the majority of the model explains negative effects of minority status, Meyers (2003) adds that this group membership may involve positive effects as well. Specifically, Meyers explains that stigmatized groups often experience a sense of community, which has been shown to alleviate negative effects of minority status for some. Coping with minority stress can also occur at the individual level, which may include how resilient one is (Meyers, 2003). Meyers (2003) reports one study even found that, in addition to social support, self-acceptance was also found as an ameliorating factor, among adolescents.

Stigma and Minority Stress for Transgender Community and People with Genital Piercings

The minority stress model was originally created to explain the effects of additive stress in the gay community (Meyers, 2003). However, this model has been applied to the transgender

population in recent literature. First, the minority stress model states that a minority group experiences unique stressors due to their minority status in addition to the more common stressors others experience. Levitt and Iooilto (2014) conducted interviews to test the minority stress model with the transgender community. They identified five distinct stressors. The first is shifting positions of power dependent on the gender they transition to. A transgender woman would experience a loss of power due to transitioning from a position of power as a man to a woman. A second distinct stressor was no job protection due to fewer antidiscrimination laws in comparison to other minority groups. Third, for those who do not wish to be out, their legal, identifying documentation makes it difficult to hide their gender minority status. Fourth, they may experience “challenges in forging sexually intimate relationships because of prejudices and because their bodies are sites of their oppression and sexual intimacy has to be redefined to respect their gender identities” (p. 59). And last, those who identify as transgender may have difficulties finding a safe community because they may face rejection from other minority groups that they may otherwise find support from. For example, Levitt and Iooilto (2014) state that sexual minorities typically find support within the LGB community but those who identify as transgender may face rejection from this community.

Through an online survey, Bockting et al. (2013) tested the minority stress model and found their sample experienced many negative outcomes from these additional stressors faced in the transgender community. Specifically, their sample experienced higher rates of depression, anxiety, somatization, and overall psychological distress. They also found that this type of psychological distress was positively associated with both enacted and felt stigma. Those findings support the application of the minority stress model in that minority populations are experiencing stress beyond that of someone who may not hold minority status. Gordon et al.

(2017) point out that sexual minorities experience both mental health and physical health inequities, but many studies tend to focus on the mental health aspect. Therefore, they used previously collected survey data to assess how minority stress in the transgender community impacts their physical health. They found that those who identify as transgender “had a higher risk of functional limitations with regards to mobility and usual activities as well as a higher risk of experiencing pain and anxiety or depressive symptoms compared to those perceived as highly gender conforming” (Gordon et al., 2017, p. 2135). They also addressed mental health impacts and report findings congruent with other studies. Specifically, they found that the transgender community has a higher risk of depressive symptoms, anxious symptoms, PTSD, self-harm behaviors, and suicidality. It is clear that those who are part of the transgender community experience additional and unique stress and negative mental and physical health outcomes.

Meyers (2003) explained that those belonging to minority groups may have expectations of rejection and a desire to conceal their identities to avoid harm. Literature indicates that those belonging to the transgender community experience this expectation of rejection and stigma which leads to efforts to conceal their identity. Bockting et al. (2013) investigated the effects of concealing a transgender identity. They refer to identity concealment as “efforts to pass as a nontransgender woman or man, either in the role congruent with their gender assigned at birth or in the cross-gender role” (Bockting et al., 2013, p. 944). Furthermore, concealment is a strategy used to avoid stigma and efforts to pass can be an additional source of stress. They found that even successful passing may not relieve minority stress. Rood et al. (2017) conducted a series of interviews to assess efforts to conceal one’s gender identity. Their participants explained that they conceal their identity “as a way to protect themselves from becoming targeted” (Rood et al., 2017, p. 711). Similar to Bockting et al. (2013), this study also found that even if one

successfully conceals their identity, they then experience stress from “devaluing” and “minimizing” one’s true identity (p. 711). These findings support the application of the minority stress model in the transgender community in that the stigma experienced leads to efforts to hide one’s minority status.

Another important aspect Meyers explored in the minority stress model was the impact of social support as a way to combat the negative effects of minority stress. Bockting et al. (2013) found the impact of social support in the transgender community had similar ameliorating effects as Meyers (2003) found in the gay community. Their findings did support this. In their sample, they found that “peer support significantly moderated the relationship between enacted stigma and psychological distress, thus emerging as a demonstrated factor of resilience in the face of actual experiences of discrimination” (p. 948-949). Bockting et al. (2013) found this ameliorating effect only occurred when there were high levels of social support and concluded that there must be ongoing social support to be effective. Like Meyers (2003) in the gay community, Bockting et al. (2013) found that belonging to a minority group does not mean one will only experience negative effects but that positive effects exist that may relieve negative outcomes from stigma.

Genital Piercings in the Transgender Community

Genital Piercings in the Transgender Community

With much of the current literature on motivations and experiences of genital piercings being focused on the cisgender community, chatrooms and blogs were explored. A search within these blogs and chatrooms for people who have piercings and identify as transgender indicates that transgender people may also choose to get a genital piercing for sexual enhancement and expression. On Susan’s Place, a website for the transgender community on a variety of topics,

one thread was created to ask the community if anyone has gotten a vertical clitoral hood after a labioplasty. This user, Sailor, indicated that their “motivation is really to increase sensitivity” (Topic: Clitoral Hood Piercing, 2014). These threads included other people who discussed an interest in genital piercings in a sexual way as either on themselves for them-self or on them-self for their partner. One user, Alex, posted that they find their apadravya piercing “hot” and that it has “...been a hit with all my partners” (NSFW Transgender genital piercing MTF, 2017).

Additionally, yet less frequently endorsed, some individuals who identify as transgender expressed an interest in the use of a genital piercing to aid in other methods in changing their genital appearance, such as tucking. For example, on Susan’s Place Chandler stated, “I have thought about getting those big hole that you see people have in their ear now days down both sides, tucking it in and lacing it up like a shoe.lol” (Topic: Pre-Transition Genital Piercing, 2011). On the “asktransgender page”, a thread was dedicated to the use of genital piercings for tucking, “Mtf, haven’t ever presented female yet, but I want to try tucking just to see how it feels” (Tucking with a genital piercing?, 2015). On another reddit page, “piercing”, Alex posted “totally understand. when i was younger (and with less modifications i do now) i felt a yearning for a lot of modifications on a very intrinsic level close to the way i felt about other things specific to transitioning. along with my tongue split, after i got my apadravya I just felt much more whole. that and i have no interest in bottom surgery whatsoever” (NSFW Transgender genital piercing MTF, 2017). Rory commented on another thread under this page, “ftm” stating they used the genital piercing as a way to reconnect to their body by changing the look of their genitals, “Piercing felt right for me because I wanted to enhance and re-own (if that makes sense) what my body took away from me” (FTM Triangle Piercing, 2016). These posts may indicate

that some in the transgender community may be using genital piercings as an alternative to other surgeries or hormone treatments to modify their bodies.

Aims of Current Study

The purpose of the current study is to explore the motivations, expectations, and experiences of those who identify as transgender in getting a genital piercing in order to fill the literature gap and assist in creating future hypotheses for this type of research. The study also seeks to understand any thoughts and feelings that may contribute to their decision to get the piercing. It also aims to determine whether and how a genital piercing relates to transgender identities. An additional aim to this study is to expand the research on the transgender community in hopes of contributing to a greater understanding of transgender identities and decreasing the social stigma surrounding them. Since no previous research literature exists exclusively on this population, to the best of the researcher's knowledge, no hypotheses were developed. The blogs and chatrooms as well as desires for other forms of body modifications in the transgender community may indicate potential directions that may be found, but they are not sufficient enough to create a hypothesis. As previously stated, this study is exploratory due to a lack of literature and may serve in assisting future researchers as a starting point for developing future hypotheses.

Methods

Participants

To be included in this study, participants had to be at least 18 years of age or older, identify as transgender and have at least one genital piercing. Any gender identity under the transgender umbrella fit criteria including, but not limited to, genderqueer, nonbinary, bigender and agender. Participants who completed the screener survey, available through Qualtrics,

included five individuals whose identity fell under the transgender umbrella and had at least 1 genital piercing. These five participants completed the questionnaire, but only four of those participants provided contact information at the end of the survey and were contacted for further participation in the interview. One of the four participants, Star, contacted decided to proceed with the interview. Refer to Table 1 in Appendix A for full demographic description on participants. All of the participants were from the Midwest region of the United States of America and between the ages of 20 to 30. Four of the five participants identified as white and one as Mexican/Native American. Two participants identified as genderqueer, one as transsexual, one as nonbinary/transman, and one as genderqueer. Four of the five participants have a vertical hood piercing and one had a guiche piercing and a prince albert piercing. Explanations of genital piercings can be found in Appendix D under question 12 of the Qualtrics screener survey. Star identified as gender fluid and uses they/them pronouns. Star defined gender fluid as “gender is a spectrum but I feel like I float kinda right in the middle uhm and someday I will be a lot more uhm feeling more masculine of center and there are other days where I feel a lot more feminine of center but I still feel like I’m like I exist very close to the middle of that line uhm but it does fluctuate back and forth”. Star is in their 20s and resides in the Midwest region of the United States of America. Their genital piercing is a vertical hood piercing. Participants were asked to complete a gender dysphoria questionnaire as part of the Qualtrics survey, to see details on the questionnaire please see the *Measures* section. One participant endorsed high levels of appearance congruence and gender identity acceptance. The remaining participants endorsed moderate levels of appearance congruence and gender identity acceptance. Institutional approval for the study was obtained from Minnesota State University, Mankato on June 14, 2017.

Procedure

Measures

The Transgender Congruence Scale (TCS), created by Kozee, Tylka, and Bauerdand (2012), was used to measure the degree to which participants felt comfortable with their gender identity and external appearance. The scale measures the degree of comfort on a 5-point likert scale ranging from 1 *Strongly Disagree* to 5 *Strongly Agree*. There are two subscales within this scale, the *Appearance Congruence Subscale* and the *Gender Identity Acceptance Subscale*. To score, all of the responses were averaged for the total and for each subscale. There are three questions that are reverse coded. A lower number indicates a lesser degree of appearance congruence and gender identity acceptance. Kozee, Tylka, and Bauerdand (2012) found that their TCS had high internal consistency ($\alpha = .92$). The *Appearance Congruence* subscale also had high internal consistency ($\alpha = .94$). The *Gender Identity Acceptance* subscale had acceptable internal consistency ($\alpha = .77$). Kozee, Tylka, and Bauerdand (2012) also found “The TCS total score and subscale scores were not associated with social desirability or search for life meaning, supporting the discriminant validity of the TCS’s scores” (p. 192).

Recruitment

Recruitment was conducted through a professional piercer in Minneapolis, Minnesota and through Facebook groups for LGBT and piercing communities. The professional piercer announced the project to other professional piercers through a closed messaging board. She explained the nature of the project and asked piercers to contact any of their current or former clients who may be interested in participating. They were provided with a link to a screener survey, available through Qualtrics. Qualtrics is an online platform for creating and distributing surveys. Through Facebook, groups created for LGBT and piercing communities were sought

out for recruitment. For piercing communities, the focus was on pages created for communities and not businesses due to the use of businesses for recruitment through the professional piercer. One business page that was contacted, Piercing HQ, was contacted due to their inclusive posts about the LGBT community. Additionally, any page for either of the two communities that were not in English were not contacted in an attempt to avoid any language barriers. Last, some groups did not provide a way to send a message to the administrators, so they were not used for recruitment. This was important because the administrators of the groups were contacted through a private message to ask permission to post recruitment. They were provided with the exact wording of the post in this message. Once permission was received, a brief invitation to participate in the Qualtrics screener survey and interview along with a link to the Qualtrics screener survey were posted on the page. In total, 26 groups were sent a message with four of them being piercing communities and 22 being LGBT communities. Of the 26 groups, four responded to the message, and only two of them allowed for the invitation to be posted on their group's page: Piercing HQ and Transgender Pride. Due to participants being recruited through online platforms and online interview through a webcam, there were no geographical restrictions.

Screening Participants

The first page of the screener survey on Qualtrics was a consent form which participants were instructed to read and print off a copy for themselves to keep before beginning the survey. The consent form stated that by continuing onto the screener survey the participant was providing consent and indicating they were at least 18 years of age to maintain anonymity of participants. Participants were then asked to provide demographic information, the type of genital piercing they have that qualifies them for the study, and to complete a body dysmorphia questionnaire, the Transgender Congruence Scale. Participants were asked to self-identify when

providing the majority of the demographics in the screener. This was done for two reasons. First, they were asked to self-identify to empower them. Second, the population for this study is specific and this eliminates the possibility of limiting the sample due to a participant's identity not being listed as an option. At the end of the screener, participants were asked to provide their preferred email address, if they wished to continue on to the interview. They were also provided with details about the purpose and approximate length of the interview. Additionally, the participants were told they would be contacted with an informed consent document and to set up a time for the interview through this email address.

Data Collection

Participants were contacted through the email address they provided in the screener. First, participants were asked to print off, read over, sign a consent form by hand, and email the signed document back before beginning their interview. The signed consent form was stored in a locked cabinet in Dr. Sprankle's office and will be destroyed in three years. They were also asked to provide times they would be available for an online interview. Once the participant indicated they would like to proceed with the interview, they were sent instructions for accessing the online interview. The participant was informed of the materials they needed and how they would access the meeting through Zoom, the platform used for online interviews. They were then sent a link for additional instructions provided by Zoom, on their website. Zoom was chosen as the platform for the online interviews because of its feature that allows participants to join the interview without creating an account. Instead, the interviewer provides the participant with a link to the "meeting". Zoom also allows participants to turn off their webcam so only their voices can be heard if they do not wish to be seen. The interview was recorded. Once the interview was transcribed the recorded interview was deleted.

The interview was semi-structured and designed to take approximately 20-minutes. However, the participant was informed they were not limited to the 20-minutes, if they desired to go longer. The interview consisted of 15 initial questions and 7 additional prompts. The prompts were to be used if information was not provided in the initial answer. Interview questions that aligned with the research questions were prepared to maintain focus during the interview and prompt the participant to provide any details they may have missed in their initial answer. Refer to Appendix F for a complete list of interview questions. This was also done to provide exact definitions on what was meant by “gender identity” and “gender expression” to ensure both the participant and interviewer were clear on what each meant. Additional questions in the interview were created to collect information on why the participant was interested in participating in this study and allowed them the opportunity to ask the interviewer any questions they had. The participant was not limited to any questions when given the opportunity to pose any to the interviewer. The openness of this type of interview allowed the participant to then focus their story on what they believed to be most important.

The interview began with the participant asked how they would like to be referred to throughout the interview, both name and preferred pronouns. They were also asked to state their gender identity and explain what that title meant for them as well as which piercing they had that qualified them to participate in the interview. They were then reminded of the precautions, explained in the consent form, taken to ensure confidentiality. Next, the researcher described the purpose of the study and types of questions they would be asked throughout the interview. During the interview, the participant was given the opportunity to explain why they believe the study was important, their interest in participating and time to ask the researcher any questions they may have. They were not limited to any particular type of question. Also, before asking the

participant about how their piercing may be related to their gender identity and/or expression, they were given definitions for gender identity and gender expression to ensure both the interviewer and interviewee were clear on what each meant.

Data Analysis

Due to the exploratory nature of the study, thematic analysis was chosen as the type of qualitative analysis for this study. Thematic analysis is a qualitative method of analysis that allows researchers to report themes within a data set (Braun & Clarke, 2006). Thematic analysis is ideal for an exploratory study because it is flexible and offers researchers different approaches to developing codes and themes derived from their data (Boyatzis, 1998; Braun & Clarke, 2006). A code is used to determine the presence or absence of a theme in the data. Regarding developing a code for the analysis, thematic analysis allows the researcher the option to develop a code based on theory in previous literature (deductive approach) or on the data collected for the study (inductive approach). Additionally, a hybrid option is also available for researchers. A hybrid method consists of the researcher developing their code based on their data but modifies the final steps of comparing and contrasting their themes to previous literature. This allows researchers who want to use an inductive approach to use the data-driven approach to create their code, but to compare and contrast themes when only one unit of analysis exists, or one case was studied (Boyatzis, 1998). For example, if a researcher conducted interviews to determine the characteristics of full-time and part-time college students, then they could compare and contrast the characteristics of full-time students versus the characteristics of part-time students in their sample using an inductive approach. However, if they had only conducted interviews with part-time students, then they could compare and contrast the characteristics found within their sample to the known characteristics of full-time students in the research literature using a hybrid method.

Due to convenience sampling, this study qualitatively analyzed only one case; therefore, the hybrid method was utilized. The hybrid approach was also desirable because the inductive approach is reported to yield higher interrater reliability because the codes are derived from and remain closer to the raw data (Boyatzis, 1998). Therefore, the hybrid approach allows for the code and theme development to be data-driven while still allowing the researcher to compare and contrast the themes. This study also took a manifest-level, or semantic, approach to analysis. This means that the researcher's analysis is merely descriptive and does not attempt to uncover any underlying or hidden themes or look beyond what is explicit within the data set (Boyatzis, 1998; Braun & Clarke, 2006).

To further validate the findings a form of investigator triangulation, double coding, was used. Triangulation uses multiple methods, such as comparing data or investigators' observations, to increase confidence in accurate observations (Boyatzis, 1998; Mathison, 1988). Investigator triangulation requires two or more researchers to analyze a data set (Mathison, 1988). One method of doing this is through double coding (Boyatzis, 1998). Double coding refers to a process where two or more researchers "make judgements without interacting or seeing the judgements of the other observer" (Boyatzis, 1998, p. 151). This is then followed up with a period of discussion between observers to discuss and settle any disagreements.

Double coding was done by the primary researcher and an undergraduate research assistant. To prepare the research assistant to conduct their coding process, they were given readings, an activity to familiarize them with the process of data-driven method of developing codes and themes, and held two meetings to discuss the readings and give them an opportunity to ask any questions. The research assistant was given all of the same reading materials the research used in order to understand and prepare to conduct thematic analysis. They were given specific

page numbers to focus their reading on only what was necessary but had access to all materials. They were asked to read the materials and complete the activity on their own. They received half of the reading materials before the first meeting. At the meeting, the primary researcher asked them to explain their understanding of the materials and ask any clarifying questions. Then, the primary researcher would share their understanding of the materials and answer any question. After, additional reading materials were given to the research assistant followed by one last meeting to give them the opportunity to ask any more questions before beginning their analysis. The research assistant and primary researcher did not discuss any part of the analysis itself until they both indicated they had developed a code and identified themes. Then, they met to present their findings and discuss any discrepancies.

Validating the Code

In order to ensure the code and themes created through data-driven analysis were done without input from either researcher to the other, the researcher and an undergraduate assistant separately analyzed the transcript. Once they each created their code and themes, they held a meeting to discuss their code, themes and any discrepancies found. Both researchers identified 8 themes from the transcript. While the eight themes contained much of the same information, they were packaged differently. The themes identified by the assistant were not presented in a fashion that answered the research questions as easily as the primary researcher's, which is what guided the research. This is important because the interview and analysis were predetermined to be structured around the motivation, expectations and experiences of genital piercings in the transgender community as well as the relationship between genital piercings and transgender identities. These experiences were the "unit of analysis", which Boyatzis describes as "the entity on which the interpretation of the study will focus (p. 62). Therefore, the two decided to maintain

many of the primary researcher's themes as well as use the primary researcher's themes to make the modifications to. Changes that were made included moving An Alternative Modification theme under Interest in the Study, to combine and move a theme about the participant's sexuality and connectedness to their body, and to move the lack of information or resources to also be under Interest in the Study.

The primary researcher initially packaged all themes under the 4 areas the interview questions were structured around without adding a section on the interest of the study: motivations, expectations, experiences and relation to identity. Therefore, the primary researcher included An Alternative Modification under Motivations. However, research assistant argued that the participant did not explicitly indicate it as a motivation for self but rather for others in the future. The primary research had no objections because they realized they could create a new cluster of themes to explain why the participant found this research important. Due to the goal of data-driven analysis to be as close to the data as possible, the change to move An Alternative Modification to a newly formed cluster of themes to explain the participant's interest in the research was made.

Both researchers identified a pattern in the transcript of the piercing leading to acceptance by others and self. However, the research assistant highlighted the importance of this to the participant's sexuality, and the primary researcher included the participant's sexuality as part of a bigger theme of feeling accepted by others because that was how it was explicitly addressed by the participant when asked about the relation of the piercing to their gender identity and expression. However, the research assistant stated that the participant discusses their sexuality as an identity, so it was determined it could be labelled as another theme. This absorbed

connectedness to body because this was how the participant explained they developed their sexuality following the genital piercing.

Finally, once the primary researcher decided to create a new cluster of themes to explain the participant's interest in research, the two researchers mutually decided the theme Lack of Information or Resources fit best there. This was because the participant did not explicitly state they felt there was a lack of information for them to make their decision to get a genital piercing. The only outside information used was the support of a friend and the pre-established relationship with the piercer. Therefore, this was determined to be inappropriate to leave it under Making the Decision.

Results

The purpose of this study was to expand the literature on the motivations and experiences of people who get a genital piercing by extending it to the transgender community. The study consisted of one interview with a participant who identifies under the transgender umbrella and has a genital piercing to explore the motivations, expectations and experiences of getting and having a genital piercing. Thematic analysis using a hybrid method was used to develop a code and themes for the analysis of the interview. The themes identified were clustered under the different areas of interest driving the research questions with one addition: motivation, making the decision, expectations, relation to gender identity and expression, experiences, and importance of the study. Through the analysis, there were 8 themes identified: Motivation to Reclaim One's Body; Support; Piercers should Create a Safe Environment; Genital Piercing Leads to Acceptance; Connecting to One's Sexual Identity through a Genital Piercing; Use of a Genital Piercing to Self-Express and Identify with One's Gender; Lack of Information or Resources; and An Alternative Modification.

Motivations

Motivation to Reclaim One's Body

This theme captures the participant's main motivation toward getting a genital piercing and is defined as motivation to get a genital piercing to feel in control of the look of one's body and regain connectedness. When asked what their main motivation was to get the genital piercing, Star indicated that they drew from previous experiences with piercings and tattoos on other areas of their body. The modifications allowed them to regain a sense of ownership and acceptance of whatever part of their body was being modified.

“if I did not like a part of my body I would put a tattoo there and then I felt that it was reclaiming that part of me and that translated itself uhm into how I felt about uhm like my lower body”

This previous experience fueled Star to use this method to connect with their genitals because they were experiencing a disconnect with them. Star indicated that they didn't feel the dysphoria consistently, but that when they did, it would fill them with distress and anxiety. They desired to do what they could to make this feeling dissipate.

“I always had this kind of disconnect with my genitals in that like if I really ignore them it doesn't bother me but if I think about it too much I then can then the dysphoria kinda comes around and it sets in”

Star believed this genital piercing would have similar effects to previous body modifications to influence them to change their perspective of their genitals in order to alleviate the distress and anxiety.

“I was not 100% upset that all the time with the way my body is but knowing that if I put something there that I would enjoy or thought I that I thought would look cute would uh influence me to feel better about it and that has been the case in my experience”

Making the Decision

Support

This theme encapsulates the resources the participant used in making their decision to get their genital piercing. While Star identified they were motivated to get the piercing and did a lot of their decision making internally, they explained the support of their friend and the piercer helped make the final leap to get their piercing. This friend provided validation for wanting the genital piercing and accompanied Star during the process.

“I did talk to uh a friend of mine at the time who was thinking about doing the same thing for the same reasons uhm we kind of made a little pact of sorts like if you do it I’ll do it too but I won’t do it without you because it’s scary”

Additionally, the pre-established relationship with the piercer assisted in choosing the establishment and to follow through with the piercing.

“at this point I go specifically to one piercer because she knows me the best we have a kind of pre-established uhm understanding of one another... I already felt comfortable uhm with kind of taking that extra step and going okay this is something that I want to do it’s not a stranger it’s somebody I trust”

Expectations

Piercers Should Create a Safe Environment

This theme illustrates the expectations the participant had about the process of getting their piercing. When asked about their expectations, Star had many expectations that were important but boiled down to one thing: the piercer's ability to promote a safe. Star expected that the piercer and staff should be friendly, accepting, understanding and professional because all of these were important to make them feel comfortable and safe.

“you want to be approached in a friendly manner and not felt not meant to be made to be felt like you have to be on edge uh just kind of existing as who you are going into these places”

Star also indicated that these expectations were based off of previous experiences with the piercing shop they went to for their genital piercing. Therefore, they knew these qualifications would be filled. However, Star called beforehand to ensure they would receive the same treatment during this visit.

Experience

Genital Piercing Leads to Acceptance

This theme represents the participant's positive experience after getting the genital piercing that lead to not only self-acceptance but also acceptance by others. Star described a self-acceptance that happened on two levels. First, Star felt reconnected to their genitals following the piercing.

“but it's definitely had a positive impact in that I don't feel a disconnect anymore I feel more in tune with my own body I feel like uhm it reminds me that this is mine and I can do with it what I want”

Second, Star felt once they were reconnected to their genitals, they experienced a sense of acceptance of oneself as a whole.

“I see myself in a in a more positive light”

In addition to their genital piercing leading to self-acceptance, the piercing also led to a feeling of acceptance by others. Star described the newfound acceptance and confidence that developed after getting their piercing was noticed by others. When others noticed this, they too were more accepting towards Star.

“I’m no longer concerned with uhm how I feel in my own skin in relation to intimacy with other people because I am now comfortable and that being comfortable translates to the other people being comfortable”

Relation to Gender Identity and Expression

Connecting to One’s Sexual Identity through a Genital Piercing

This theme portrays the participant’s view on how a genital piercing is connected to their sexuality and intimate relationships with partners. Star explains that preceding the genital piercing, they were hesitant to engage in and form intimate relationships with others.

“when I was younger I was very hesitant uhm with with partners because of my own perceptions of my body and how I thought they were going to perceive my body”

Star describes that the dysphoria experienced with their genitals made it difficult to engage in intimate relationships. However, the acceptance to oneself that was developed after getting the piercing also lead to a comfortability with their sexual identity. This made it easier to engage in intimate relationships with partners.

“it’s kind of opened up my world in in terms of uhm just like sexuality even because I feel (inaudible) with my body so I feel like I can be a more sexual person and it’s okay because I don’t feel that cut off kind of tie mentally from a part of my body”

Use of Genital Piercing to Self-Express and Identify with One’s Gender

This theme indicates the participant's use of the genital piercing to express themselves and how they identify with their gender. First, Star's view that gender identity and expression are too connected to occur separately, so their gender expression and identity are both related to their gender identity and expression.

"I also believe that being vulnerable and talking about gender and your identity and how you feel and how other people perceive you is also really intimate thing so I feel like they really kind of go hand in hand... Yeah it all kind of exists within the same within the same boxes because I think that you can't really have one without the other I feel like I can't really separate them"

Additionally, this theme indicates that beyond Star's sexual identity, the genital piercing is also used to express themselves. The idea that the genital piercing was used as a way to prove to Star that they were allowed to decorate their body the way they want was mentioned often throughout the interview and explicitly identified during the portion of the interview where they were asked what it meant to their gender identity and expression.

"it kind of re-solidifies that this is my body and I am going to be able to do with it what I want in that I can decorate it how I want"

Why the Research is Important

Lack of Information and Resources

This theme illustrates the lack of discussion on the topic of genital piercings and the transgender community in both research and the community itself. Star expressed throughout the interview that they often read research on the transgender community and had not discovered a dialogue within the research literature on this topic.

“I think its really important uhm that these studies be conducted and that we can put information out to the community and say this is a percentage of you people that do this this is why you do it you know you you put out those resources and then people are going to start to talk about it and then maybe more people will do it because they understand that people have had positive experience”

Additionally, this lack of dialogue was noticed by them even within their community. Star believes there are others who have a genital piercing and even used or are considering using it for the same reasons. However, Star reports not having many within their own circle to discuss this with.

“with specific regards to the trans community I don’t know any other trans people that I talk to on the regular or I’m friends with in my close circles that have any of these done or have ever had them done and I fell like there’s a there’s a pretty big group of us that do have them but we just don’t talk about them in the same you know kind of breath as lining up with gender identity and kind of how it could play together to make you feel better about yourself”

An Alternative Modification

This theme explains use of a genital piercing as a way to connect with one’s body outside of surgeries. It is important to note that Star did not explicitly indicate the genital piercing was an alternative method to other body modifications for themselves as a motivation to get their genital piercing. However, they did indicate that sharing the information from this study could indicate to others that a genital piercing can be an alternative to surgeries for people in the transgender community.

“it’s obviously much cheaper to get a piercing or a tattoo than it is to go through surgeries and I know that always the end goal for everyone they’re also not always accessible to everyone so I think that this is really nice way of kind of reclaiming oneself”

Reasons Star believes it could be an important alternative to surgeries is that surgeries are costly and not everyone’s goal is the same. Specifically, Star states that not everyone will choose to change the structure of their genitals and simply changing the appearance through a genital piercing may be enough to bring about the positive experience they have had.

Discussion

This research study explores the motivations to, expectations to, and experiences of getting a genital piercing of a person who identifies as transgender. Due to the lack of literature exclusively on genital piercings and the transgender community and the exploratory nature of the study, no previous hypotheses were developed. The following discussion will compare and contrast the themes identified in previous literature on cisgender individuals and other members of the LGBT community on body modifications in general as well as blogs and chatrooms for people who identify as transgender and have or consider getting a genital piercing.

Motivations

Motivation to Reclaim One’s Body

This study found that the primary motivating factor for choosing to get a genital piercing was to reclaim or feel a connectedness with one’s body. Star indicated that they experienced a disconnect with their genitals and the piercing was a way to alter how they related to that part of their body. Similar to this finding, there were individuals in chatrooms who endorsed a similar desire or outcome for their genital piercing (FTM Triangle Piercing, 2016; NSFW Transgender genital piercing MTF, 2017). This motivation to reclaim one’s body was not identified as one of

the four common motivations—sexual enhancement and expression, self-expression, resisting the dominate culture, and community and uniqueness—found in the literature among the cisgender population. It appears that this motivation is more typical for someone who identifies with a sexual minority status.

Making the Decision

Support

Star indicated that support from both their friend and the piercer was an outside factor that was the final push needed to get their genital piercing. Once they received validation from their friend and confirmation from the piercer that it was possible to be done with someone they trusted, Star decided to get the genital piercing. Others in the transgender community have used social support as a means of choosing to get a genital piercing, through the use of chatrooms. Many of the threads posted about genital piercings were asking about opinions and experiences of getting and having a genital piercing. For example, one user started a thread on Susan's Place with the question "Hi there. I've been having conversations with a friend about being pre-srs and having genital piercings. Has anybody had a genital piercing before SRS? Does it effect possible surgery later? Do you consider any certain type of piercing to be more feminine/girly than others? Any that you have had or enjoyed? Anybody have experience with this?" (Topic: Pre-Transition Genital Piercing, 2011).

Expectations

Piercers Should Create a Safe Environment

Star stated that they expected the shop they chose to get their genital piercing to be friendly, understanding, accepting and professional. They also indicated that these were important to experience because they needed it to be a space that did not make them feel on edge

just to be who they were. This statement reflects concerns similar to others in chatrooms. For example, Riley stated “I expected there to be some weirdness about a guy coming in asking for a clit piercing- nope, none” ([NSFW] Weirdly Affirming, 2017). Another user who commented on the thread started by Riley agreed stating “I’m planning on getting a labia piercing soon and I was worried about it being awkward” ([NSFW] Weirdly Affirming, 2017). These comments emphasize how important it is for those who belong to the transgender community to know they are going to be understood, accepted and treated professionally.

Experience

Genital Piercing Leads to Acceptance

Star described experiencing self-acceptance through their genital piercing. Meyers (2003) reported on one study that found self-acceptance to be an ameliorating factor. Therefore, it is possible that getting a genital piercing can be a tool that influences one to feel greater self-acceptance that will then lead to a decrease in stress experienced due to a sexual minority status. While some chatroom users indicated a connectedness that may be translated to experiencing self-acceptance, this phenomenon was not explicitly stated in the chatrooms.

Relation to Gender Identity and Expression

Connecting to One’s Sexual Identity through a Genital Piercing

As Levitt and Iooilito (2014) state, those who identify as transgender may face “challenges in forging sexually intimate relationships because of prejudices and because their bodies are sites of their oppression and sexual intimacy has to be redefined to respect their gender identities” (Levitt & Iooilito, 2014, p. 59). Star indicates during the interview that they too experienced a hesitation in forging sexually intimate relationships and the piercing helped in the process of redefining their sexual intimacy in respect to their gender identity. This process

was described by Star as finding a comfortability with their sexuality following their genital piercing.

While the chatroom users did not explicitly indicate they were using a genital piercing as a way to connect to their sexual identity, the users did indicate they used a genital piercing to enhance their sexual experience as well as express themselves sexually (NSFW Transgender genital piercing MTF, 2017; Topic: Clitoral Hood Piercing, 2014). There was no mention of the genital piercing assisting in connecting to one's sexual identity, but these motivations are related to a part of one's sexual interests. Similar to the chatroom users, cisgender individuals indicated sexual enhancement and expression through body modifications, including genital piercings (Armstrong et al., 2006; Caliendo et al., 2005; Myers, 1992).

Use of Genital Piercing to Self-Express and Identify with One's Gender

Star described that their gender identity and gender expression coexist and could not be separated. Additionally, they explained that their genital piercing affirmed they were in control of the way they decorated their body. This is similar to findings in the research literature on cisgender population and the LGBT community. They are similar findings in that both used the piercing as a form of self-expression (Armstrong et al., 2007; Caliendo et al., 2005; Greif et al., 1999; Myers, 1992; Pitts, 1999; Pitts, 2000; Tobar-Dupres, 1999). However, for those who are part of the cisgender population, it is likely did not need the genital piercing to affirm they were in control of their self-expression. Most likely, the cisgender participants of those studies already felt empowered to decorate their body as they wish because they are the dominate group in this comparison.

Why the Research is Important

Lack of Information and Resources

Star mentions that there is not much research and dialogue. This is apparent through a lack of research published exclusively on this community. Others in the transgender community may be experiencing the inability to find information. A number of chatroom users are utilizing the chatrooms to determine whether or not getting a piercing after genital confirmation surgery is safe. Through the chatrooms search, four threads on reddit were created to ask questions related to getting or already having a genital piercing and getting genital confirmation surgery (asktransgender, n.d.). One more additional thread was created on Susan's Place asking about the effects of a previous genital piercing on genital confirmation surgery (Topic: Pre-Transition Genital Piercing, 2011).

An Alternative Modification

Star stated that they envision others who have similar goals being able to use a genital piercing to get similar positive results as an alternative due to high costs of surgeries. Through chatrooms, it has been identified that others share this belief and have done the same (FTM Triangle Piercing, 2016; NSFW Transgender genital piercing, 2017). These individuals all have used only the piercing as a way to change their genital appearance in a way that suits them. Others have indicated use of a genital piercing to assist in another method to change the appearance of their genitals (Topic: Pre-Transition Genital Piercing, 2011; Tucking with a genital piercing?, 2015). It would seem that this may be a viable alternative for those who cannot afford other forms of modification, such as genital confirmation surgery. It is important to note here that, even with more data to back this up, this may not be the right option for everyone even if they face similar barriers, such as high cost of desired transition-related procedures.

Implications

This study is a resource for future researchers to use to begin further researching and understanding the motivations, expectations and experiences of the transgender community and genital piercings as well as how a genital piercing may be related to transgender identities. These findings suggest that a genital piercing may be used as a tool to build self-acceptance to alleviate negative effects of stigma. Meyers (2013) reported that self-acceptance may lead to a decrease in the negative effects of stigma. For Star, as well as reddit chatroom users, this appeared to be the case. Additionally, Star and others in reddit chatrooms see potential for a genital piercing to work for them as an alternative method to surgeries in changing the appearance of their genitals. Although genital piercings will not fit everyone's goals, it is possible that genitals piercings may be an alternative to other transition-related procedures for the transgender community to help foster self-acceptance and to regain control of one's body.

Limitations of the Current Study

An issue of generalizability exists for this study. This being a case study, the results gathered from the interview were based off of only one participant's responses. Further research on this topic needs to be conducted before it can be claimed that these themes are representative of the population of interest. This research should be strictly viewed as an exploratory study that describes the experiences of one person who identifies as transgender and not a summary of those in the transgender community who have a genital piercing. The addition of more participants would not only increase generalizability but would also allow the researcher to have conducted another step to further validate the code. Had other interviews been conducted, the code would have been created from a subset of transcripts and then validated by using it on the remaining transcripts. Because only one transcript exists, this step was not a possibility.

Another potential limitation was the participant explaining that gender expression and identity occur within the same box. It is possible that the primary researcher did not include a clear enough description or should have included examples to explain the difference. However, it is also possible that the participant had a full understanding of what the researcher meant and would have given the same answer with a clearer description. Also, thematic analysis and the primary research do not assume that there are themes to be discovered that already exist within the data (Braun & Clarke, 2006). Rather, they acknowledge the role the researcher plays in interpreting the meaning of what is found within the data. Especially considering the primary researcher does not personally identify with the population being studied, it is possible that data is biased due the interpretation involved in analyzing the data. That being said, the methods chosen (e.g., data-driven code development and manifest-level approach and use of double coding) were employed in an attempt to eliminate as much bias as possible in the analysis.

Future Directions

Future studies should address the limitations previously mentioned as well as build upon the current research. As an exploratory and case study, these findings cannot be assumed to represent an entire population. Additionally, future research should explore other gender differences in the motivations, expectations and experiences of people who identify with the transgender community. This study included a gender dysphoria measure to test any differences that were found between those who have and those who have not experienced it. However, due to only having one participant, this study was unable to look at any differences between the two groups. Additionally, researchers could explore gender differences among different transgender identities. For example, a future study may explore the differences between those who identify as gender fluid and those who identify as either transgender men or transgender women. Another

direction to be considered is the differences among those who chose another form of body modification, such as genital confirmation surgery, compared to those who opted for a genital piercing. The future directions presented could lead to a better understanding of the uses of genital piercings in the transgender community and, if determined as a viable option, its use as an alternative method to lead towards greater self-acceptance and to regain control over one's body.

References

- Anderson, W. (2016). Piercings: Body Piercings. In Encyclopedia of Forensics and Legal Medicine. Retrieved from <https://www.sciencedirect.com/science/article/pii/B9780128000342003104>
- Armstrong, M., Caliendo, C., & Roberts, A. (2006). Genital piercings: What is known and what people with genital piercings tell us. *Urologic Nursing*, 26(3), 173-179.
- Armstrong, M., Koch, J., Saunders, J., Roberts, A., & Owen, D. (2007). The hole picture: Risks, decision making, purpose, regulations, and the future of body piercing. *Clinics in Dermatology* 25, 398-406.
- asktransgender. (2015). Retrieved from <https://www.reddit.com/r/asktransgender/>
- Bockting, W. O., Miner, M. H., Swinburne Romine, R. E., Hamilton, A., & Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the US transgender population. *American journal of public health*, 103(5), 943-951.

Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development*. sage.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.

Caliendo, C., Armstrong, M. L., & Roberts, A. E. (2005). Self-reported characteristics of women and men with intimate body piercings. *Journal of Advanced Nursing*, 49, 474–484.

Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., ... & Monstrey, S. (2012). Standards of care for the health of transsexual, transgender, and gender-nonconforming people, version 7. *International journal of transgenderism*, 13(4), 165-232.

Davis, K. (1997). Cosmetic Surgery as Feminist Utopia?. *European Journal of Women's Studies*, 4(1), 23-37.

Dorfer, L., Moser, M., Bahr, F., Spindler, K., Egarter-Vigl, E., Giullén, S., ... & Kenner, T. (1999). A medical report from the stone age?. *The Lancet*, 354(9183), 1023-1025.

FTM Triangle Piercing-- experience and photos! [NSFW]. (2016). ftm [Msg 27]. Message posted to https://www.reddit.com/r/ftm/comments/3b38ui/ftm_triangle_piercing_experience_and_photos_nsfw/

Gordon, A. R., Krieger, N., Okechukwu, C. A., Haneuse, S., Samnaliev, M., Charlton, B. M., & Austin, S. B. (2017). Decrements in health-related quality of life associated with gender nonconformity among US adolescents and young adults. *Quality of Life Research*, 26(8), 2129-2138.

- Grant, J. M., Mottet, L., Tanis, J. E., Harrison, J., Herman, J., & Keisling, M. (2011). *Injustice at every turn: A report of the national transgender discrimination survey*. National Center for Transgender Equality.
- Greif, J., Hewitt, W., & Armstrong, M. L. (1999). Tattooing and body piercing: Body art practices among college students. *Clinical Nursing Research*, 8(4), 368-385.
- Kozee, H. B., Tylka, T. L., & Bauerband, L. A. (2012). Measuring transgender individuals' comfort with gender identity and appearance: Development and validation of the Transgender Congruence Scale. *Psychology of Women Quarterly*, 36(2), 179-196.
- Levitt, H. M., & Ippolito, M. R. (2014). Being transgender: Navigating minority stressors and developing authentic self-presentation. *Psychology of Women Quarterly*, 38(1), 46-64.
- LGBTQ+ Definitions (n.d.) Trans student educational resources. Retrieved from <http://www.transstudent.org/definitions>
- Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual review of Sociology*, 27(1), 363-385
- lipofilling. (n.d.) *Farlex Partner Medical Dictionary*. (2012). Retrieved April 20 2018 from <https://medical-dictionary.thefreedictionary.com/lipofilling>
- liposuction. (n.d.) *Gale Encyclopedia of Medicine*. (2008). Retrieved April 20 2018 from <https://medical-dictionary.thefreedictionary.com/liposuction>
- Mahan, R. J., Bailey, T. A., Bibb, T. J., Fenney, M., & Williams, T. (2016). Drug Therapy for Gender Transitions and Health Screenings in Transgender Older Adults. *Journal of the American Geriatrics Society*, 64(12), 2554-2559.
- Mathison, S. (1988). Why triangulate?. *Educational researcher*, 17(2), 13-17.

- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological bulletin*, 129(5), 674.
- Myers, J. (1992). Nonmainstream body modification genital piercing, branding, burning, and cutting. *Journal of Contemporary Ethnography*, 21(3), 267-306.
- NSFW Transgender genital piercing MTF. (2017). piercing [Msg 6]. Message posted to https://www.reddit.com/r/piercing/comments/5t8dzo/nsfw_transgender_genital_piercing_mtf/#bottom-comments
- NSFW Transgender genital piercing MTF. (2017). piercing [Msg 10]. Message posted to https://www.reddit.com/r/piercing/comments/5t8dzo/nsfw_transgender_genital_piercing_mtf/#bottom-comments
- [NSFW] Weirdly Affirming Trans Experience – Genital Piercing. (2017). ftm [Msg 1]. Message posted to https://www.reddit.com/r/ftm/comments/6ujiqp/nsfw_weirdly_affirming_trans_experience_genital/
- [NSFW] Weirdly Affirming Trans Experience – Genital Piercing. (2017). ftm [Msg 2]. Message posted to https://www.reddit.com/r/ftm/comments/6ujiqp/nsfw_weirdly_affirming_trans_experience_genital/
- penectomy. (n.d.) *Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health, Seventh Edition*. (2003). Retrieved April 20 2018 from <https://medical-dictionary.thefreedictionary.com/penectomy>

- Pitts, V. (1999). Body modification, self-mutilation and agency in media accounts of a subculture. *Body & Society*, 5(2-3), 291-303.
- Pitts, V. (2000). Visibly queer: Body technologies and sexual politics. *The Sociological Quarterly*, 41(3), 443-463.
- Powls, J., & Davies, J. (2012). A descriptive review of research relating to sadomasochism: Considerations for clinical practice. *Deviant Behavior*, 33(3), 223-234.
- Rood, B. A., Maroney, M. R., Puckett, J. A., Berman, A. K., Reisner, S. L., & Pantalone, D. W. (2017). Identity concealment in transgender adults: A qualitative assessment of minority stress and gender affirmation. *American Journal of Orthopsychiatry*, 87(6), 704.
- Scott, E. (2015). Body modification. In Blanco, J., Hunt-Hurst, P. K., Lee, H. V., & Doering, M. (Eds.), *Clothing and Fashion: American Fashion from Head to Toe* (p. 55-57). Santa Barbara, CA: ABC-CLIO.
- scrotoplasty. (n.d.) *Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health, Seventh Edition*. (2003). Retrieved April 22 2018 from <https://medical-dictionary.thefreedictionary.com/scrotoplasty>
- Topic: Clitoral Hood Piercing – anyone done it? (2014, June 29). Susan’s place transgender resources [Msg 1]. Message posted to <https://www.susans.org/forums/index.php?topic=168153.0>
- Topic: Pre-Transition Genital Piercing. (2011). Susan’s place transgender resources [Msg 1]. Message posted to <https://www.susans.org/forums/index.php?topic=106242.0>
- Topic: Pre-Transition Genital Piercing. (2011). Susan’s place: Transgender resources [Msg 2]. Message posted to <https://www.susans.org/forums/index.php?topic=106242.0>

Tucking with a genital piercing? (2015). asktransgender [Msg 1]. Message posted to

https://www.reddit.com/r/asktransgender/comments/2b9kil/tucking_with_a_genital_piercing/

Vaginectomy. (n.d.) *Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health, Seventh Edition*. (2003). Retrieved April 20 2018 from <https://medical-dictionary.thefreedictionary.com/vaginectomy>

Williams, V. (2016). Ritual Tattooing, International. In Williams, V. (Eds.) *Celebrating Life Customs around the World: From Baby Showers to Funerals [3 volumes]*. Santa Barbara, CA: ABC-CLIO.

Wohlrab, S., Stahl, J., Rammsayer, T., & Kappeler, P. M. (2007). Differences in personality characteristics between body-modified and non-modified individuals: associations with individual personality traits and their possible evolutionary implications. *European Journal of Personality*, 21(7), 931-951.

Young, M. A. K. (2001). Flesh journeys: Neo primitives and the contemporary rediscovery of radical body modification. *Deviant Behavior*, 22(2), 117-146.

Descriptive frequency and percent statistics for reported demographic characteristics

Variable	Frequency	Percent
Age		
21	1	20%
24	1	20%
25	2	40%
28	1	20%
Race/Ethnicity		
Mexican/Native American	1	20%
White	4	80%
Gender		
Trans, Genderfluid	1	20%
Genderqueer	2	40%
Nonbinary/Transman	1	20%
Transsexual	1	20%
Intersex		
No	5	100%
Sexual Orientation		
Asexual, Bi-romantic	1	20%
Pansexual	1	20%
Queer	3	60%
Religious Preference		
Atheist	1	20%
None	3	60%
Non-Practicing Lutheran	1	20%
Relationship Status		
Casually Dating	1	20%
Legal Partnership ()	1	20%
Partnered ()	3	60%
Area of Country		
Midwest	5	100%
Level of Education		
Post High School Vocation/ Technical Training	2	40%
Bachelor's Degree	3	60%
Occupation		
Assistant Manager	1	20%
PCA	1	20%
Registrar/Receptionist	1	20%
Retail	1	20%
Sex Worker	1	20%
Household Income		
Less than \$20,000	3	60%
\$20,000 - \$34,999	1	20%
\$35,000 - \$49,999	1	20%
Genital Piercing		
Guiche Piercing	1	20%
Prince Albert	1	20%
Vertical Hood Piercing	4	80%

Appendix A

Demographics Table

Table 1

Appendix B

Definitions of Transgender Identities and Sexual Orientation

Agender. “An umbrella term encompassing many different genders of people who commonly do not have a gender and/or have a gender that they describe as neutral. Many agender people are trans” (LGBTQ+ Definitions, n.d.).

Asexual. “The lack of a sexual attraction, and one identifying with this orientation. This may be used as an umbrella term for other emotional attractions such as demisexual” (LGBTQ+ Definitions, n.d.).

Bigender. “Refers to those who identify as two genders. Can also identify as multigender (identifying as two or more genders). Do not confuse this term with Two-Spirit, which is specifically associated with Native American and First Nation cultures” (LGBTQ+ Definitions, n.d.).

Cisgender. “A term for someone who exclusively identifies as their sex assigned at birth. The term cisgender is not indicative of gender expression” (LGBTQ+ Definitions, n.d.).

Genderfluid. “A changing or ‘fluid’ gender identity” (LGBTQ+ Definitions, n.d.).

Genderqueer. “An identity commonly used by people who do not identify or express their gender within the gender binary. Those who identify as genderqueer may identify as neither male nor female, may see themselves as outside of or in between the binary gender boxes, or may feel simply restricted by gender labels. Many genderqueer people are cisgender and identify with it as an aesthetic. Not everyone who identifies as genderqueer identifies as trans or nonbinary” (LGBTQ+ Definitions, n.d.).

Intersex. “Describing a person with a less common combination of hormones, chromosomes, and anatomy that are used to assign sex at birth. There are many examples such as Klinefelter Syndrome, Androgen Insensitivity Syndrome, and Congenital Adrenal Hyperplasia. Parents and medical professionals usually coercively assign intersex infants a sex and have, in the past, been medically permitted to perform surgical operations to conform the infant’s genitalia to that assignment. This practice has become increasingly controversial as intersex adults speak out against the practice. The term *intersex* is **not** interchangeable with or a synonym for *transgender* (although some intersex people do identify as transgender)” (LGBTQ+ Definitions, n.d.).

Nonbinary. “Preferred umbrella term for all genders other than female/male or woman/man, used as an adjective (e.g. Jesse is a nonbinary person). Not all nonbinary people identify as trans and not all trans people identify as nonbinary. Sometimes (and increasingly), nonbinary can be used to describe the aesthetic/presentation/expression of a cisgender or transgender person” (LGBTQ+ Definitions, n.d.).

Pansexual. “Capable of being attracted to many/any gender(s). Sometimes the term omnisexual is used in the same way. ‘Pansexual’ is being used more and more frequently as more people acknowledge that gender is not binary. Sometimes, the identity fails to recognize that one cannot know individuals with every existing gender identity” (LGBTQ+ Definitions, n.d.).

Queer. “General term for gender and sexual minorities who are not cisgender and/or heterosexual. There is a lot of overlap between queer and trans identities, but not all queer people are trans and not all trans people are queer. The word queer is still sometimes used as a hateful slur, so although it has mostly been reclaimed, be careful with its use” (LGBTQ+ Definitions, n.d.).

Sexual Orientation. “A person’s physical, romantic, emotional, aesthetic, and/or other form of attraction to others. In Western cultures, gender identity and sexual orientation are not the same. Trans people can be straight, bisexual, lesbian, gay, asexual, pansexual, queer, etc. just like anyone else” (LGBTQ+ Definitions, n.d.).

Transgender/Trans. “Encompassing term of many gender identities of those who do not identify or exclusively identify with their sex assigned at birth. The term transgender is not indicative of gender expression, sexual orientation, hormonal makeup, physical anatomy, or how one is perceived in daily life. Note that transgender does not have an ‘ed’ at the end” (LGBTQ+ Definitions, n.d.).

Trans man/Trans woman. “Trans woman generally describes someone assigned male at birth who identifies as a woman. This individual may or may not actively identify as trans. It is grammatically and definitionally correct to include a space between trans and woman. The same concept applies to trans men. Often it is good just to use woman or man. Sometimes trans women identify as male-to-female (also MTF, M2F, or trans feminine) and sometimes trans men identify as female-to-male (also FTM, F2M, or trans masculine). Please ask before identifying someone. Use the term and pronouns preferred by the individual” (LGBTQ+ Definitions, n.d.).

Transsexual. “A deprecated term that is often considered pejorative similar to transgender in that it indicates a difference between one’s gender identity and sex assigned at birth. Transsexual often – though not always – implicates hormonal/surgical transition from one binary gender (male or female) to the other. Unlike *transgender/trans*, *transsexual* is not an umbrella term, as many transgender people do not identify as transsexual” (LGBTQ+ Definitions, n.d.).

Appendix C

Definitions of Transition-Related Procedures

Hormone Therapy:

Estrogen Therapy. “A hormone used to reduce male secondary sex characteristics, such as coarse body hair and facial hair, and to increase female secondary sex characteristics, such as greater adipose tissue resulting in breast and hip development” (Mahan et al., 2016, p. 2555).

Antiandrogen Therapy. “A hormone used to reduce male secondary sex characteristics, such as coarse body hair and facial hair, and to increase female secondary sex characteristics, such as greater adipose tissue resulting in breast and hip development” (Mahan et al., 2016, p. 2555).

Testosterone Therapy. A drug used to “induce masculinization and regress female characteristics”. “It is important to reach the therapeutic testosterone level during hormonal therapy to achieve the desired effects, which include masculinating physical qualities, such as deepening of the voice, clitomegaly, and increased air growth”. The drug can be used as either a gel or patch (Mahan et al., 2016, p. 2555).

Genital Surgeries:

Hysterectomy/Ovariectomy. “The surgical removal of the uterus” (Grant et al., 2011, p. 181).

Metoidioplasty. “A surgical procedure to create a neopenis by releasing and extending the clitoris, often combined with surgery to allow for urination through the penis” (Grant et al., 2011, p. 181).

Penectomy. “Surgical removal of the penis” (penectomy, n.d.).

Phalloplasty. “Surgically creates the testes and penis” (Grant et al., 2011, p. 79).

Orchiectomy. “Removal of testes” (Grant et al., 2011, p. 79).

Vaginoplasty. “Creation of a vagina and/or removal of the penis” (Grant et al., 2011, p. 79).

Vaginectomy. “Surgical excision of the vagina” (vaginectomy, n.d.).

Other Surgeries:

Breast Augmentation Mammoplasty. “Breast augmentation (sometimes called “chest reconstruction”) is not different from the procedure in natal a female patient. It is usually performed through implantation of breast prostheses and occasionally with the lipofilling technique” (WPATH, 2011, p. 62).

Lipofilling. “Plastic surgery procedure in which defects are filled with autografted fat tissue (for example, augmenting lip volume)” (lipofilling, n.d.).

Liposuction. “A cosmetic surgical procedure in which excess fatty tissue is removed from a specific area of the body, such as the thighs or abdomen, by means of suction. Also called *suction lipectomy*” (liposuction, n.d.).

Reduction Thyroid Chondroplasty. “Reduction of the Adam’s apple” (WPATH, 2011, p. 64)

Subcutaneous Mastectomy. “Creation of a male chest” (WPATH, 2011, p. 57).

Scrotoplasty. “Plastic reconstruction of the scrotum” (scrotoplasty, n.d.).

Appendix D
Qualtrics Screener Survey

Q14 ONLINE/ANONYMOUS SURVEY CONSENT

You are invited to participate in a thesis research study conducted by Haley Peterson and supervised by Dr. Eric Sprankle from Minnesota State University, Mankato on genital piercings within the trans community. The goal of this survey is to determine your eligibility to further participate in an interview that aims to understand the motivations behind choosing to get a genital piercing by someone in the trans community.

Procedures

If you consent to participate, you will be asked to complete several questions. This survey should only take 5-10 minutes to complete.

Voluntary Nature of Study

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relationships with Minnesota State University, Mankato. If you decide to participate, you are free to withdraw at any time without penalty. A participant may withdraw by exiting out of the web browser that is hosting the survey at any moment. Once a survey is complete, the researchers cannot go back and delete individual survey responses due to the anonymity of the survey.

Confidentiality

The surveys are anonymous and participant responses cannot be traced to any identifying information other than the email address provided. Only Dr. Eric Sprankle and Haley Peterson will have secured access to the raw data. Participant email addresses will be deleted after the follow-up interview. The rest of the data stored on Qualtrics will be erased after 3 years by the researchers. If you have additional questions about the security of this information, please contact the information security manager at 507-389-6654, ITSecurity@MNSU.edu.

Risks and Benefits

The risks of participating are no more than are experienced in daily life. There are no direct benefits for participating. Society might benefit by gaining a better understanding of transgender identities, and hopefully, this understanding can be a step in decreasing social stigma surrounding transgender individuals with genital piercings.

Contacts and Questions

If you have any questions, you are encouraged to contact Dr. Eric Sprankle (the principal investigator) at Minnesota State University, Armstrong Hall 103, 507-389-5825 or by email at eric.sprankle@mnsu.edu. The co-investigator for this study is Haley Peterson (haley.peterson@mnsu.edu) who is a graduate student.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, or if you have questions/concerns about the treatment of human subjects, you are encouraged to contact the Dean of Graduate Studies and Research at Minnesota

State University, Mankato, Dr. Barry Ries at 507-389-1424 via phone or at barry.ries@mnsu.edu via email.

Consent

By continuing on to the survey, you affirm that you are at least 18 years of age, have read and understood the above information, and consent to participate.

Please print a copy of this page for your future reference.

MSU IRBNet ID# 1071677-4

Q2 Age

Q3 Race/Ethnicity

Q4 Gender (e.g. transgender, genderqueer, nonbinary, bigender, agender, androgyne)

Q22 Some people are born with reproductive or sexual anatomy that doesn't fit the typical definitions of female or male, which is referred to as intersex. Do you have an intersex variation?

- Yes (1)
- No (2)

Q5 Sexual Orientation

Q8 Religious Preference

Q6 Relationship Status

- Single and not dating (1)
- Casually dating (no committed partner) (2)
- Partnered (boyfriend, girlfriend, significant other, fiancé) (3)
- Legal partnership (married, civil union) (4)
- Other (5) _____

Q1 In what area of the country do you currently live?

- Northeast (ME, NH, VT, MA, CT, RI, NY, NJ, DE, MD, DC, PA) (1)
- Southeast (VA, WV, KY, TN, NC, SC, GA, FL, AL, MS, LA, AR) (2)
- Midwest (OH, IN, IL, MI, MO, IA, WI, MN, ND, SD, NE, KS) (3)
- Southwest (OK, TX, NM, AZ) (4)
- Mountain (CO, WY, UT, MT, ID, NV) (5)
- Pacific (WA, OR, CA, AK, HI) (6)
- I do not live in the U.S. (Please specify) (7) _____

Q7 What is your highest level of education?

- Less than a high school diploma (1)
- High school diploma or equivalent (2)
- Post-high school vocational/technical training (3)
- Associate's degree (4)
- Bachelor's degree (5)
- Master's degree (6)
- Graduate or post-baccalaureate/professional degree (7)
- Doctoral degree (8)

Q9 What is your occupation?

Q11 What is your household income?

- Less than \$20,000 (1)
- \$20,000 - \$34,999 (2)
- \$35,000 - \$49,999 (3)
- \$50,000 - \$74,999 (4)
- \$75,000 - \$99,999 (5)
- Over \$100,000 (6)

Q12 Please indicate which genital piercing(s) you have (check all that apply).

- Ampallang piercing: A piercing on the head of the penis from side-to-side. (1)
- Apadravya piercing: A piercing that goes through the top-center of the penis and out the bottom side. (2)
- Foreskin piercing: A piercing on foreskin. (3)
- Dolphin piercing: A piercing that connects a Prince Albert to a deeper Prince Albert. (4)
- Duke piercing: A vertical clitoral hood piercing located off to the side of the hood. (5)
- Dydoe piercing: A horizontal piercing that goes through the top edge of the head of the penis. (6)
- Frenum piercing: A surface piercing done side-to-side along the bottom side of the penile shaft. (7)
- Frenum Ladder: A series of frenum piercings. (8)
- Guiche piercing: A piercing of the male perineum, which is the area in between the testicles and the anus. (9)
- Lorum piercing: A low frenum piercing, located towards the top or bottom side of the base of the penile shaft. (10)
- Prince Albert piercing: A piercing that goes through the underside of the penile shaft, into the urethra and out through the hood. (11)
- Pubic Piercing: A piercing located where the body and the penile shaft meet. (12)
- Reverse Prince Albert piercing: A piercing that goes through the top of the head of the penis rather than the underside. (13)
- Transscrotal piercing (e.g. Hafada or scrotal piercing): A piercing located anywhere on the scrotum. (14)
- Christina piercing: A piercing on the surface, above and vertical to the top of the clitoral hood. (15)
- Clitoris piercing: A piercing on the clitoris. (16)
- Fourchette piercing: A piercing located at the back edge of the vulva. (17)
- Horizontal hood/HCH piercing: A piercing on the clitoral hood, piercing runs from side-to-side. (18)
- Vertical hood piercing: A piercing on the clitoral hood, piercing runs up-and-down. (19)
- Isabella piercing: A piercing that begins below the clitoris and above the urethra, travels up through the clitoral shaft and exists where the outer labia meet at the top of the hood. (20)
- Inner labia piercing: A piercing on the inner labia, from inside to out. (21)
- Outer labia piercing: A piercing on the outer labia. (22)
- Princess Diana piercing: A vertical clitoral hood piercing located off to the side of the hood. (23)
- Nerfertiti piercing: A surface piercing that is a combination of the Christina and vertical clitoral hood piercing. (24)
- Princess Albertina piercing: A piercing that enters the urethra and exists at the top of the vagina. (25)

- Triangle piercing: A piercing located under the clitoris, passes through the base of the clitoral hood from side-to-side. (26)
- Other (please specify) (27) _____

Q13 Gender identity is defined as the gender(s) that you experience yourself as; it is not necessarily related to your assigned gender at birth. For the following items, please indicate the response that best describes your experience over the past two weeks.

	Strongly Disagree (1)	Somewhat Disagree (2)	Neither Agree Nor Disagree (3)	Somewhat Agree (4)	Strongly Agree (5)
My outward appearance represents my gender identity. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I experience a sense of unity between my gender identity and my body. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My physical appearance adequately expresses my gender identity. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am generally comfortable with how other perceive my gender identity when they look at me. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My physical body represents my gender identity. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The way my body currently looks does NOT represent my gender identity. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<p>I am happy with the way my appearance expresses my gender identity. (7)</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>I do NOT feel that my appearance reflects my gender identity. (8)</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>I feel that my mind and body are consistent with one another. (9)</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>I am NOT proud of my gender identity. (10)</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>I am happy that I have the gender identity that I do. (11)</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>I have accepted my gender identity. (12)</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix E

Consent Form for Interview

Interview Consent Form

You are invited to participate in an interview-based research study conducted by Haley Peterson and supervised by Dr. Eric Sprankle from Minnesota State University-Mankato. The goal of the interview is to better understand the motivations, experiences, and identities of those with genital piercings.

Procedures

If you consent to participate, you will be interviewed by Haley Peterson. Participation should last approximately 20 minutes, but may go longer if desired.

Voluntary Nature of Study

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relationships with Minnesota State University, Mankato. If you decide to participate, you are free to stop at any time without penalty. You may stop the interview at any time by verbalizing your desire to discontinue.

Confidentiality

This study involves the audio and/or video recording of your interview with the researcher. The technology used will allow you to turn off your webcam, so you may turn it off if you only want an audio recording of this interview. Neither your name nor any other identifying information will be associated with the audio or video recording or the transcript. Only the research team

(Haley Peterson, Dr. Sprankle, and Elliott Kunerth) will be able to listen to and/or view the recordings. The recording will be transcribed by the researcher and erased once the transcriptions are checked for accuracy. Transcripts of your interview may be reproduced in whole or in part for use in presentations or written products that result from this study. Neither your name nor any other identifying information (such as your voice or picture) will be used in presentations or in written products resulting from the study.

Although responses will only be listened to or viewed by the research team, whenever one works with online technology there is always the risk of compromising privacy, confidentiality, and/or anonymity. If you would like more information about the specific privacy and anonymity risks posed by online interviews, please contact the information security manager at 507-389-6654, ITSecurity@MNSU.edu.

The recording and transcripts will be stored on a password-protected computer, and will be erased after 3 years by the researchers.

Risks and Benefits

The risks of participating are no more than those experienced in daily life.

There are no direct benefits for participating. Society might benefit by gaining a better understanding of transgender identities, and hopefully, this understanding can be a step in decreasing social stigma surrounding transgender individuals with genital piercings.

Contacts and Questions

If you have any questions, you are encouraged to contact Dr. Eric Sprankle (the principal investigator) at Minnesota State University, Armstrong Hall 103, 507-389-5825 or by email at eric.sprankle@mnsu.edu.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, or if you have questions/concerns about the treatment of human subjects, you are encouraged to contact the Dean of Graduate Studies and Research at Minnesota State University, Mankato, Dr. Barry Ries at 507-389-1424 via phone or at barry.ries@mnsu.edu via email.

Consent

If interested in being interviewed, signing this document by hand will indicate your consent. Please print it out to sign it. Then, once you have signed it, please send it as an email attachment to Haley at haley.peterson@mnsu.edu.

By signing this document, you are consenting to participate and indicate your assurance that you are at least 18 years of age.

Please keep a copy of this page for your future reference.

Please Print Your Name

Date

Please Sign Your Name

MSU IRBNet ID# 1071677-4

Appendix F

Semi-Structured Interview Script

Interviewee:

Introduction:

Could you confirm your name for me? Next, the purpose of this study is to explore why you chose to get your genital piercing, your expectations and experience while getting the piercing done and whether you feel your piercing is part of your gender identity and/or expression. This interview should take approximately 20 minutes, but it may go longer if desired. There is not more risk in participating in this interview than you may encounter in your daily life. Are you still interested in participating?

Now, I would like to give you an opportunity to ask me any questions about either this research study or about me.

I would like to start this interview by asking why you are interested in participating?

(If not addressed in their first response...) How do you believe this research could be useful?

I just have one last question before we get into the bulk of the interview. First, on the online survey, you listed _____ as your gender identity. Could you explain what that term means to you?

Now I would like to move on to asking you about your motivations for getting your _____ piercing.

RQ1: Basic motivations, comparison between primarily cisgender individuals (highly motivated for sexual reasons) and responses to this study.

- 1) What were your motivations for getting your piercing?
- 2) Did you use any resources, such as friends or the internet, in making your decision to get your piercing?
 - a. How much did that information impact your decision? **OR**
 - b. Why did you choose to not seek out advice or information?

I would now like to ask you about your expectations and experience getting your piercing.

RQ2: Their selection process of finding a piercer to provide them with this service. Perceived competence of the piercer. 1) Selection and perception. 2) Experience when they were in the studio. Did they meet expectations.

- 3) How did you make your decision on where to go to get your piercing done?
 - a. Which aspects were most important to you?
- 4) What were your expectations for your piercer?
 - a. (If not covered in response) What were your expectations for how they interacted with you?
- 5) Did you feel that your piercer met these expectations?
 - a. Did you feel your gender identity was respected?

Now, I would like to discuss whether you feel this piercing is part of your gender identity and/or your gender expression. To make sure that we are talking about the same thing, how do you believe gender identity is different than gender expression?

(If answer is different) I would like to briefly explain what I mean by those two terms. In this interview, gender identity is your internal sense of being male, female, neither of these, both, or other genders. Gender expression is the physical manifestations of one's gender identity through, clothing, hairstyle, voice, body shape, other body modifications, etc. Gender expression is influenced by gender identity, but they are not the same thing. Does this make sense, or do you need more clarification?

RQ3: How does a genital piercing fit into a non-cisgender person's identity?

- 6) What does your piercing mean to your gender identity?

- 7) (If it is not discussed in the response to the previous question...) How does this piercing contribute to your gender expression?
- 8) What kind of an impact has getting this piercing had on your life?
 - a. How has it positively impacted you? (For yes) **OR**
 - b. How has it negatively impacted you? (For no)

In your opinion, how might this research be beneficial to others?

Ending: "I have asked all of the questions I have prepared for this interview. Are there any topics important to you that you would like to discuss?"

I would now like to give you one last opportunity to ask me any questions you would like. Again, they could be anything about this research project or about me.

"I really appreciate getting to hear about your experience, and I want to thank you for participating in this study."