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13
14 **UNITED STATES DISTRICT COURT**
15 **FOR THE DISTRICT OF ARIZONA**

16 Helen Roe, a minor, by and through her
parent and next friend Megan Roe; et al.,

17 Plaintiffs,

18 v.

19 Jennie Cunico, in her official capacity as
20 State Registrar of Vital Records and
Director of the Arizona Department of
21 Health Services,

22 Defendant.

Case No. 4:20-cv-484-JAS

**DECLARATION OF COLIN M. PROKSEL
IN SUPPORT OF PLAINTIFFS’ MOTION
FOR SUMMARY JUDGMENT**

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1 I, Colin M. Proksel, declare:

2 1. I am a lawyer at Osborn Maledon, P.A., attorneys of record for Plaintiffs
3 Helen Roe, James Poe, and Carl Voe, and the Class (collectively, "Plaintiffs"). The
4 following statements are true and to the best of my knowledge, information, and belief,
5 formed after a reasonable inquiry under the circumstances. If called to testify about them,
6 I would competently testify the same.

7 2. Attached hereto as Exhibit 1 is a true and correct copy of the Expert Report
8 of Dr. Randi C. Ettner, Ph.D., served on May 8, 2023.

9 3. Attached hereto as Exhibit 2 is a true and correct copy of the Expert Report
10 of Dr. Daniel Shumer, MD, MPH, served on May 8, 2023.

11 4. Attached hereto as Exhibit 3 is a true and correct copy of the transcript of the
12 deposition of Daniel Shumer MD, taken on July 20, 2023.

13 5. Attached hereto as Exhibit 4 is a true and correct copy of the transcript of the
14 deposition of Randi C. Ettner, Ph.D., taken on July 26, 2023.

15 6. Attached hereto as Exhibit 5 is a true and correct copy of the transcript of the
16 deposition of the designated representative of the Arizona Department of Health Services
17 ("ADHS"), Krystal Colburn, taken pursuant to Federal Rule of Civil Procedure 30(b)(6) on
18 April 10, 2023 ("ADHS Deposition").

19 7. Attached hereto as Exhibit 6 is a true and correct copy of the transcript of the
20 deposition of Laura Poe (Confidential), taken on November 3, 2022.

21 8. Attached hereto as Exhibit 7 is a true and correct copy of the transcript of the
22 deposition of Megan Roe (Confidential), taken on November 3, 2022.

23 9. Attached hereto as Exhibit 8 is a true and correct copy of The Report of the
24 2015 U.S. Transgender Survey, publicly available as of November 17, 2023, on the U.S.
25 Transgender Survey website at <https://www.ustranssurvey.org/reports>.

26 10. Attached hereto as Exhibit 9 is a true and correct copy of a document titled
27 "Corrections to Birth Records," dated May 17, 2021, produced by ADHS in this litigation
28 bearing Bates range ADHS000393 through ADHS000401, and marked as "Exhibit 6 K.

1 Colburn” during the April 10, 2023, ADHS Deposition.

2 11. Attached hereto as Exhibit 10 is a true and correct copy of a document titled
3 “Corrections to Birth Records” dated May 17, 2021, and produced by ADHS in this
4 litigation bearing Bates range ADHS000487 through ADHS000495.

5 12. Attached hereto as Exhibit 11 is a true and correct copy of a document titled
6 “Bureau of Vital Records Desk Procedure for Corrections and Amendments,” dated August
7 28, 2019, produced by ADHS in this litigation bearing Bates range ADHS000287 through
8 ADHS000293, and marked as “Exhibit 7 K. Colburn” during the April 10, 2023, ADHS
9 Deposition.

10 13. Attached hereto as Exhibit 12 is a true and correct copy of a document titled
11 “Amendments to Birth Records,” dated March 28, 2019, produced by ADHS in this
12 litigation bearing Bates range ADHS000160 through ADHS000178, and marked as
13 “Exhibit 10 K. Colburn” during the April 10, 2023, ADHS Deposition.

14 14. Attached hereto as Exhibit 13 is a true and correct copy of a document titled
15 “Amendments to Birth Records,” dated August 7, 2020, produced by ADHS in this
16 litigation bearing Bates range ADHS000007 through ADHS000023, and marked as
17 “Exhibit 11 K. Colburn” during the April 10, 2023, ADHS Deposition.

18 15. Attached hereto as Exhibit 14 is a true and correct copy of a document titled
19 “Amendments to Birth Records,” dated September 22, 2022, and produced by ADHS in
20 this litigation bearing Bates range ADHS000496 through ADHS000513.

21 16. Attached hereto as Exhibit 15 is a true and correct copy of a document titled
22 “Court Orders and Subpoenas,” dated August 29, 2019, bearing Bates range
23 PR_ADHS_008716 through PR_ADHS_008728, and marked as “Exhibit 19 K. Colburn”
24 during the April 10, 2023, ADHS Deposition. ADHS provided this document to me on
25 October 27, 2020, in response to a public records request under Arizona law.

26 17. Attached hereto as Exhibit 16 is a true and correct copy of a document titled
27 “Court Orders and Subpoenas,” dated April 19, 2023, and produced by ADHS in this
28 litigation bearing Bates range ADHS000474 through ADHS000486.

1 18. Attached hereto as Exhibit 17 is a true and correct copy of Arizona Revised
2 Statutes Section 36-337, titled “Amending Birth Certificates,” marked as “Exhibit 8 K.
3 Colburn” during the April 10, 2023, ADHS Deposition, marked as “Exhibit 1 L. Poe”
4 during the November 3, 2022, deposition of Laura Poe, and marked as “Exhibit 6 M. Roe”
5 during the November 3, 2022, deposition of Megan Roe.

6 19. Attached hereto as Exhibit 18 is a true and correct copy of Arizona
7 Administrative Code Section R9-19-208, publicly available as of November 17, 2023, on
8 the ADHS website at [https://www.azdhs.gov/documents/licensing/vital-records/new-rules-](https://www.azdhs.gov/documents/licensing/vital-records/new-rules-9-aac-19.pdf)
9 [9-aac-19.pdf](https://www.azdhs.gov/documents/licensing/vital-records/new-rules-9-aac-19.pdf).

10 20. Attached hereto as Exhibit 19 is a true and correct copy of Arizona Revised
11 Statutes Section 36-301, titled “Definitions,” and marked as “Exhibit 9 K. Colburn” during
12 the April 10, 2023, ADHS Deposition.

13 21. Attached hereto as Exhibit 20 is a true and correct copy of excerpts from
14 Defendant’s Responses to Plaintiffs’ First Set of Requests for Production, dated
15 December 6, 2021.

16 22. Attached hereto as Exhibit 21 is a true and correct copy of an email with
17 subject line “Gender Transition Approvals/Denials” from an ADHS employee, dated
18 August 9, 2019, bearing Bates range PR_ADHS_012121 through PR_ADHS_012122, and
19 marked as “Exhibit 15 K. Colburn” during the April 10, 2023, ADHS Deposition. ADHS
20 provided this document to me on October 27, 2020, in response to a public records request
21 under Arizona law.

22 23. Attached hereto as Exhibit 22 is a true and correct copy of the “Arizona
23 Department of Health Services’ Objection to Order to Amend Applicant’s Registered Birth
24 Certificate,” which ADHS filed publicly on February 15, 2017, in the Superior Court of
25 Arizona in Pima County.

26 24. Attached hereto as Exhibit 23 is a true and correct copy of excerpts from
27 Defendant’s Second Supplemental Responses to Plaintiffs’ First Set of Interrogatories,
28 dated October 17, 2022.

1 25. Attached hereto as Exhibit 24 is a true and correct copy of the “Petition For
2 Change of Name of a Minor and an Order Correcting Documents,” dated March 2, 2020,
3 bearing Bates range POE01293 through POE01294, and marked as “Exhibit 2 L. Poe”
4 during the November 3, 2022, deposition of Laura Poe.

5 26. Attached hereto as Exhibit 25 is a true and correct copy of the “Petition For
6 Change of Name of a Minor and an Order Correcting Documents,” dated January 24, 2020,
7 bearing Bates range ROE00036 through ROE00037, and marked as “Exhibit 7 M. Roe”
8 during the November 3, 2022, deposition of Megan Roe.

9 27. Attached hereto as Exhibit 26 is a true and correct copy of the transcript of
10 the deposition of Rachel Voe (Confidential), taken on November 10, 2022.

11 28. Attached hereto as Exhibit 27 is a true and correct copy of the “FORMS and
12 INSTRUCTIONS” provided by the Superior Court of Arizona in Maricopa County to
13 “Amend/Correct Birth Certificate for a MINOR,” publicly available as of November 17,
14 2023, on the court’s official website at [https://superiorcourt.maricopa.gov/media/
15 2019/cvabmlz.pdf](https://superiorcourt.maricopa.gov/media/2019/cvabmlz.pdf).

16 29. Attached hereto as Exhibit 28 is a true and correct copy of a letter from
17 Tanque Verde Pediatrics regarding Plaintiff James Poe’s medical treatment and bearing
18 Bates stamp POE01291.

19 30. Attached hereto as Exhibit 29 is a true and correct copy of a letter from El Rio
20 Health regarding Plaintiff Helen Roe’s medical treatment, dated December 9, 2019, and
21 bearing Bates stamp ROE00033.

22 31. Attached hereto as Exhibit 30 is a true and correct copy of a letter from Chase
23 Brexton Health Care regarding Plaintiff Carl Voe’s medical treatment, dated August 15,
24 2022, and bearing Bates stamp VOE00382.

25 32. Attached hereto as Exhibit 31 is a true and correct copy of a document titled
26 “Selecting your Gender Marker,” publicly available as of November 17, 2023, on the
27 website of the U.S. Department of State at [https://travel.state.gov/content/
28 travel/en/passports/need-passport/selecting-your-gender-marker.html](https://travel.state.gov/content/travel/en/passports/need-passport/selecting-your-gender-marker.html).

EXHIBIT 1

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA**

HELEN ROE, a minor, by and through her parent and next friend MEGAN ROE; JAMES POE, a minor, by and through his parent and next friend LAURA POE; AND CARL VOE, a minor by and though his parent and next friend RACHEL VOE,

Plaintiffs,

v.

DON HERRINGTON, in his official capacity as Interim State Registrar of Vital Records and Interim Director of the Arizona Department of Health Services,

Defendant.

Case No. 4:20-cv-00484-JAS

EXPERT REPORT OF DR. RANDI C. ETTNER, Ph.D.

I. INTRODUCTION

1. I have been retained by counsel for Plaintiffs as an expert in connection with the above-mentioned litigation. I have been asked by Plaintiffs' counsel to provide my expert opinion regarding the Arizona law prohibiting transgender persons born in Arizona from obtaining accurate birth certificates reflecting their sex and gender identity unless they either: (1) submit a written request for an amended birth certificate accompanied by a written statement from a physician that verifies the applicant or applicant's child has "undergone a sex change operation" (also referred to herein as a private administrative process); or (2) obtain a court order.

2. I have actual knowledge of the matters stated herein. If called to testify in this matter, I would testify truthfully and based on my expert opinion.

II. BACKGROUND AND QUALIFICATIONS

3. I am a licensed clinical and forensic psychologist with a specialization in the diagnosis, treatment, and management of gender dysphoric individuals. I received my Doctorate in Psychology (with honors) from Northwestern University in 1979. I am a Fellow and Diplomate in Clinical Evaluation of the American Board of Psychological Specialties, and a Fellow and Diplomate in Trauma/Post-Traumatic Stress Disorder.

4. During the course of my career, I have evaluated, diagnosed, and treated approximately 3,000 individuals with gender dysphoria and mental health issues related to gender incongruity from 1977 to present.

5. I have published four books related to the treatment of individuals with gender dysphoria, including the medical text entitled *Principles of Transgender Medicine and Surgery* (coeditors Monstrey & Eyler; Routledge 2007) and the second edition (coeditors Monstrey & Coleman; Routledge 2016). In addition, I have authored numerous articles in peer-reviewed journals regarding the provision of healthcare to the transgender population.

6. I have served as a member of the University of Chicago Gender Board, am on the editorial boards of *Transgender Health* and the *International Journal of Transgender Health*, and am an author of the *WPATH Standards of Care for the Health of Transsexual, Transgender and Gender-Nonconforming People* (7th version), published in 2011. I am also an author of the newly released World Professional Association for Transgender Health (“WPATH”)’s Standards of Care Version 8, published in 2022. WPATH is an international association of 2,700 medical and mental health professionals worldwide specializing in the treatment of gender diverse people.

7. I am on the Medical Staff at Weiss Memorial Hospital in Chicago, and I have lectured throughout North America, Europe, South America, and Asia on topics related to gender

dysphoria. I am the honoree of the externally funded Randi and Fred Ettner Fellowship in Transgender Health at the University of Minnesota. I have been an invited guest at the National Institutes of Health to participate in developing a strategic research plan to advance the health of sexual and gender minorities, and in November 2017, I was invited to address the Director of the Office of Civil Rights of the United States Department of Health and Human Services regarding the medical treatment of gender dysphoria. I received a commendation from the United States House of Representatives on February 5, 2019, recognizing my work for WPATH and gender dysphoria in Illinois.

8. I have been a consultant to news media and have been interviewed as an expert on gender dysphoria for hundreds of television, radio, and print articles throughout the country.

9. I have been retained as an expert regarding gender dysphoria and the treatment of gender dysphoria in multiple court cases and administrative proceedings and have repeatedly qualified as an expert.

10. A true and accurate copy of my Curriculum Vitae is attached hereto as **Exhibit A**. It documents my education, training, research, and years of experience in this field and includes a list of publications. A bibliography of the materials reviewed in connection with this report is attached hereto as **Exhibit B**. The sources cited therein are authoritative, scientific peer-reviewed publications. I generally rely on these materials when I provide expert testimony, and they include the documents specifically cited as supportive examples in particular sections of this report. The materials I have relied on in preparing this report are the same type of materials that experts in my field of study regularly rely upon when forming opinions on the subject.

11. I have not met or spoken with the Plaintiffs for purposes of this report. My opinions are based solely on the information I have been provided by Plaintiffs' attorneys, the materials

referenced in the Bibliography as **Exhibit B** and cited herein, and my extensive experience studying gender dysphoria and in treating transgender patients.

a. Previous Testimony

12. In the last four years, I have testified as an expert at trial or by deposition in the following cases: *Diamond v. Ward*, No. 5:20-cv-00543 (M.D. Ga. 2022); *Stillwell v. Dwenger*, No. 1:21-cv-1452-JRS-MPB (S.D. Ind. 2022); *Letray v. Jefferson Cty.*, No. 20-cv-1194 (N.D.N.Y. 2022); *C.P. v. BCBSIL*, No. 3:20-cv-06145-RJB (W.D. Wash. 2022); *Kadel v. Folwell*, No. 1:19-cv-00272 (M.D.N.C. 2021); *Iglesias v. Connor*, No. 3:19-cv-00415-NJR (S.D. Ill. 2021); *Monroe v. Jeffreys*, No. 3:18-CV-00156-NJR (S.D. Ill. 2021); *Singer v. Univ. of Tennessee Health Sciences Ctr.*, No. 2:19-cv-02431-JPM-cgc (W.D. Tenn. 2021); *Morrow v. Tyson Fresh Meats, Inc.*, No. 6:20-cv-02033 (N.D. Iowa 2021); *Claire v. Fla. Dep't of Mgmt. Servs.*, No. 4:20-ov-00020-MW-MAF (N.D. Fla. 2020); *Williams v. Allegheny Cty.*, No. 2:17-cv-1556 (W.D. Pa. 2020); *Gore v. Lee*, No. 3:19-CV-00328 (M.D. Tenn. 2020); *Eller v. Prince George's Cty. Public Sch.*, No. 8:18-cv-03649-TDC (D. Md. 2020); *Monroe v. Baldwin*, No. 18-CV-00156-NIR-MAB (S.D. Ill. 2020); *Gilbert v. Dell Technologies*, No. 19-cv-1938 (JGK) (S.D.N.Y. 2019); *Ray v. Acton*, No. 2:18-cv-00272 (S.D. Ohio 2019); *Soneeya v. Turco*, No. 07-12325-DPW (D. Mass. 2019); *Edmo v. Idaho Dep't of Corr.*, No. 1:17-CV-00151-BLW (D. Idaho 2018).

b. Compensation

13. I am being compensated for my work on this matter at a rate of \$375.00 per hour for preparation of declarations and expert reports. I will be compensated \$525.00 per hour for any pre-deposition and/or pre-trial preparation and any deposition testimony or trial testimony. I will receive a flat fee of \$2,500.00 for any travel time to attend a deposition or trial and will be reimbursed for reasonable out-of-pocket travel expenses incurred for the purpose of providing

expert testimony in this matter. My compensation does not depend on the outcome of this litigation, the opinions I express, or the testimony I may provide.

III. SUMMARY OF OPINIONS

14. Medical management of gender dysphoria includes the alignment of appearance, presentation, expression, and often, the body, to reflect a person's true sex as determined by their gender identity. Correcting the gender marker on identification documents confers social and legal recognition of identity and is crucial to this process. The necessity and importance of privacy is universal and exists even in animals. A wide range of species avoid predators by managing information about internal states and future intentions, for purposes of survival. Privacy enables normal psychological functioning, the ability to have experiences that promote healthy personal growth and interpersonal relationships and allows for measured self-disclosure. It is the basis for the development of individuality and autonomy.

15. For a transgender person, a birth certificate bearing an incorrect gender marker invades privacy, releases confidential medical information, and places the individual at risk for grave psychological and physical harm.

IV. EXPERT OPINIONS

a. Sex and Gender Identity

16. At birth, infants are assigned a sex, typically male or female, based solely on the appearance of their external genitalia. For most people, that assignment turns out to be accurate, and their birth-assigned sex matches that person's actual sex. However, for transgender people, the sex assigned at birth does not align with the individual's genuine, experienced sex, resulting in the distressing condition of gender dysphoria.

17. External genitalia alone—the critical criterion for assigning sex at birth—is not an accurate proxy for a person’s sex.

18. A person’s sex is comprised of a number of components including, *inter alia*, chromosomal composition (detectible through karyotyping); gonads and internal reproductive organs (detectible by ultrasound, and occasionally by a physical pelvic exam); external genitalia (which are visible at birth); sexual differentiations in brain development and structure (detectible by functional magnetic resonance imaging studies and autopsy); and gender identity.

19. Gender identity is a person’s inner sense of belonging to a particular sex, such as male or female. It is a deeply felt and core component of human identity. It is detectible by self-disclosure in adolescents and adults.

20. When there is divergence between anatomy and identity, one’s gender identity is paramount and the primary determinant of an individual’s sex. Developmentally, identity is the overarching determinant of the self-system, influencing personality, a sense of mastery, relatedness, and emotional reactivity, across the life span. It is also the foremost predictor of satisfaction and quality of life. Psychologist Eric Erickson defined identity as “the single motivating force in life.”

21. Like non-transgender people, transgender people do not simply have a “preference” to act or behave consistently with their gender identity. Every person has a gender identity. It is a firmly established elemental component of the self-system of every human being.

22. The only difference between transgender people and non-transgender people is that the latter have gender identities that are consistent with their birth-assigned sex whereas the former do not. A transgender man cannot simply turn off his gender identity like a switch, any more than anyone else could.

23. In other words, transgender men are men and transgender women are women.

24. A growing assemblage of research documents that gender identity is immutable and biologically based. Efforts to change an individual's gender identity are therefore both futile and unethical.

25. Researchers have documented the risks and harms of attempting to coerce individuals to conform to their birth-assigned sex. These include, but are not limited to, the onset or increase of depression, suicidality, substance abuse, loss of relationships, family estrangement, and a range of post-traumatic responses. *See* Byne (2016); Green, et al. (2020); Turban, et al. (2020).

26. The evidence demonstrating that gender identity cannot be altered, either for transgender or for non-transgender individuals, further underscores the innate and immutable nature of gender identity. Past attempts to "cure" transgender individuals by means of psychotherapy, aversion treatments or electroshock therapy, in order to change their gender identity to match their birth-assigned sex, proved ineffective and caused extreme psychological damage. All major associations of medical and mental health providers, such as the American Medical Association, the American Psychiatric Association, the American Psychological Association, and WPATH's *Standards of Care* consider such efforts unethical.

b. Gender Dysphoria and Its Treatment

27. Gender dysphoria is the clinically significant distress or impairment of functioning that can result from the incongruence between a person's gender identity and the sex assigned to them at birth. Gender dysphoria is a serious medical condition associated with severe and unremitting emotional pain from the incongruity between various aspects of one's sex. It is codified in the *International Classification of Diseases* (10th revision: World Health

Organization), the diagnostic and coding compendia for mental health and medical professionals, and the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* Fifth Edition (DSM-5). People diagnosed with gender dysphoria have an intense and persistent discomfort with their assigned sex.

28. Gender dysphoria was previously referred to as gender identity disorder. In 2013, the American Psychiatric Association changed the name and diagnostic criteria to be "more descriptive than the previous DSM-IV term gender identity disorder and focus[] on dysphoria as the clinical problem, not identity per se." DSM-5 at 451.

29. The diagnostic criteria for Gender Dysphoria in Adolescents and Adults in DSM-5 are as follows:

- a. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least six months' duration, as manifested by at least two of the following:
 - i. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).
 - ii. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated sex characteristics).
 - iii. A strong desire for the primary and/or secondary sex characteristics of the other gender.

- iv. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).
 - v. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
 - vi. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).
- b. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

30. Once a diagnosis of gender dysphoria is established, individualized treatment should be initiated. Without treatment, individuals with gender dysphoria experience anxiety, depression, suicidality, and other attendant mental health issues and are often unable to adequately function in occupational, social, or other areas of life.

31. Although rates of suicide are higher amongst the transgender community than the general population, a 2015 study identified several factors that were associated with large reductions in suicide risk. The study reported that having an identity document with a gender marker notation that matched their lived gender was associated with a large reduction in suicidal ideation and attempts. The study noted that having one or more of these concordant identity documents has the potential to prevent suicidal ideation and suicide attempts—demonstrating that in a hypothetical sampling of 1,000 transgender people who were permitted to change an identity document gender marker, 90 cases of ideation could be prevented, and, in a hypothetical sampling of 1,000 transgender people with suicidal ideation who were permitted to change an identity document gender marker, 230 suicide attempts could be prevented (Bauer, Scheim & Pyne). A

review of 24 studies similarly found that social and legal gender validation was positively related to improved health outcomes (King & Gamarel, 2021).

32. The medically accepted standards of care for treatment of gender dysphoria are set forth in the *WPATH Standards of Care* (7th version, 2011), first published in 1979 and the *WPATH Standards of Care* (8th version, 2022). The WPATH-promulgated *Standards of Care* are the internationally recognized guidelines for the treatment of persons with gender dysphoria and inform medical treatment throughout the world.

33. The American Medical Association, the Endocrine Society, the American Psychological Association, the American Psychiatric Association, the World Health Organization, the American Academy of Family Physicians, the National Commission of Correctional Health Care, the American Public Health Association, the National Association of Social Workers, the American College of Obstetrics and Gynecology, the American Society of Plastic Surgeons, and the American Society of Gender Surgeons all endorse protocols in accordance with the WPATH standards. (See, e.g., American Medical Association (2008) Resolution 122 (A-85); *Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline* (2009); *American Psychological Association Policy Statement on Transgender, Gender Identity and Gender Expression Nondiscrimination* (2009).)

34. The Standards of Care identify the following treatment protocols for treating individuals with gender dysphoria, which should be tailored to the patient's individual medical needs:

- Changes in gender expression and role, also known as social transition (which involves living in the gender role consistent with one's gender identity);

- Hormone therapy to feminize or masculinize the body to reduce the distress caused by the discordance between one's gender identity, and sex assigned at birth;
- Surgery to change primary and/or secondary sex characteristics; and
- Psychotherapy (individual, couple, family, or group) for purposes such as exploring gender identity, role, and expression; addressing the negative impact of gender dysphoria and stigma on mental health; alleviating internalized transphobia; enhancing social and peer support; improving body image; and promoting resilience.

35. These treatments do not change a transgender person's sex, which is already determined by their gender identity.

36. As I understand it, A.R.S. § 36-337 prohibits transgender persons born in Arizona from obtaining accurate birth certificates reflecting their gender identity unless they: (1) submit a written request for an amended birth certificate accompanied by a written statement from a physician that verifies the applicant or applicant's child has "undergone a sex change operation"; or (2) obtain a court order. As it relates to the first method, from a medical standpoint, this mandate is impossible to fulfill, as surgery does not change a person's immutable sex.

37. To the extent transgender persons can amend their birth certificates through a court order, that court process would by its nature require transgender persons to file documents or appear in person in court, or both, and therefore invade their privacy because they would have to publicly disclose their transgender status. Invasions of privacy of this nature exacerbate gender dysphoria and lead to an erosion of coping mechanisms. Such experiences can precipitate the onset of major psychiatric disorders, including, but not limited to, posttraumatic stress disorder, major depressive disorder, and even suicidality.

c. The Process of Gender Transition

38. Gender transition is the process through which a person begins bringing their outer appearance and lived experience into alignment with their core gender. Transition may or may not include medical or legal aspects such as taking hormones, having surgeries, or correcting the sex designation on identity documents. Social transition—which often includes correcting one’s identity documents to accurately reflect one’s sex—is the most important, and sometimes the only, aspect of transition that transgender people undertake. Changes often associated with gender transition include changes in clothing, name, pronouns, and hairstyle.

39. A complete transition is one in which a person attains a sense of lasting personal comfort with their gendered self, thus maximizing overall health, well-being, and personal safety. Social role transition has an enormous impact in the treatment of gender dysphoria. An early seminal study emphasizes the importance of aligning presentation and identity. Greenberg and Laurence (1981) compared the psychiatric status of individuals with gender dysphoria who had socially transitioned with those who had not. Those who had implemented a social transition showed “a notable absence of psychopathology” compared to those who were living in their birth-assigned sex. Similarly, a recent study found that use of a transgender person’s chosen name, if different from the one given at birth, was linked to reduced depression, suicidal ideation and suicidal behavior (Russell, Pollitt & Grossman, 2018).

40. Hormones are often medically indicated for patients with gender dysphoria and are extremely therapeutic. In addition to inducing a sense of well-being, owing to the influence of sex steroids on the brain, hormones induce physical changes which attenuate the dysphoria. One or more surgical procedures are medically indicated for some, but by no means all, transgender individuals.

41. A person's gender identity is an innate, immutable characteristic; it is not determined by a particular medical treatment or procedure. The medical treatments provided to transgender people (including social transition), do not "change a woman into a man" or vice versa. Instead, they affirm the authentic gender that an individual person is.

42. The goal of proper treatment is to align the person's body and lived experience with the person's fixed identity, which already exists. Treatment creates more alignment between the person's identity and the person's appearance, attenuating the dysphoria, and allowing the person's actual sex to be seen and recognized by others. Treatments fall below the accepted *Standards of Care* if they fail to recognize that a person's affirmed gender identity is not how they feel, but rather essentially who they are.

d. The Importance of Accurate Identity Documents, Including Birth Certificates, for Transgender People

43. My experience with patients over 40 years as a practicing psychologist has underscored the essential and often life-saving nature of having accurate identity documents. Accurate identity documents are critical to ensuring that people with gender dysphoria can live safely and comfortably, free of the fear of exposure or the actual harms that can, and often do, result.

44. A discordance between identity documents that include a transgender person's birth-assigned sex (typically based only on the appearance of genitalia at birth) rather than their actual sex as determined by their gender identity and their lived experience creates a myriad of deleterious social and psychological consequences.

45. Identity documents consistent with one's lived experience affirm and consolidate one's gender identity, mitigating distress and functional consequences. Changes in gender

presentation and role, to feminize or masculinize appearance, and social and legal recognition, are crucial components of treatment for gender dysphoria. Social transition involves dressing, grooming, and otherwise outwardly presenting oneself through social signifiers of a person's true sex as determined by their affirmed gender identity.

46. Through this process, the shame of growing up living as a "false self" and the grief of being born into the "wrong body" are ameliorated. Being socially and legally recognized with correct identification is essential to successful treatment. The *WPATH Standards of Care* explicitly state that changing the gender marker on identity documents greatly assists in alleviating gender dysphoria. Uncorrected identity documents serve as constant reminders that one's identity is perceived by society and government as "illegitimate." Individuals who desire and require surgery must, as a prerequisite, undergo social role transition, which can be thwarted or upended by inaccurate identification documents.

47. An inability to access identity documents that accurately reflect one's true sex for any reason is harmful and exacerbates gender dysphoria, kindling shame and amplifying fear of exposure. Inaccurate documents can cause an individual to isolate to avoid situations that might evoke discrimination, ridicule, accusations of fraud, harassment, or even violence—experiences that are all too common among transgender people. Ultimately, this leads to feelings of hopelessness, lack of agency, and despair. Being stripped of one's dignity, privacy, and the ability to move freely in society can lead to a degradation of coping strategies and cause major psychiatric disorders, including generalized anxiety disorder, major depressive disorder, posttraumatic stress disorder, emotional decompensation, and suicidality. Research has also demonstrated that transgender women who fear disclosure are at a 100% increased risk for hypertension, owing to the intersection of stress and cardiac reactivity (Ettner, Ettner & White, 2012).

48. An abundance of research establishes that transgender people suffer from stigma and discrimination. The “minority stress model” explains that the negative impact of the stress attached to being stigmatized is socially based. This stress can be both *external*, i.e., actual experiences of rejection or discrimination (enacted stigma), and, as a result of such experiences, *internal*, i.e., perceived rejection or the expectation of being humiliated or discriminated against (felt stigma). Both are corrosive to physical and mental health (Bockting, 2014; Bradford, et al., 2013; Frost, Lehavot, & Meyer, 2015).

49. Until recently, it was not understood that these experiences of humiliation and discrimination have serious and enduring consequences. It is now well documented that stigmatization and victimization are the most powerful predictors of current and future mental health problems. The presentation of a birth certificate is required in numerous situations. For the transgender individual, an inaccurate birth certificate can transform a mundane interaction into a traumatic experience. Repeated negative experiences inevitably erode resilience, creating an increscent course of gender dysphoria and attendant psychiatric disorders (Ohashi, Anderson & Bolder, 2017).

50. Many people who suffer from gender dysphoria go to great lengths to align their physical characteristics, voice, mannerisms, and appearance to match their gender identity. Since gender identity is immutable, these changes are the appropriate, and indeed the only treatment for the condition. Understandably, the desire to make an authentic appearance is of great concern for transgender individuals, as the *sine qua non* of the gender dysphoria diagnosis is the desire to be regarded in accordance with one’s true sex as determined by one’s gender identity. Privacy, and the ability to control whether, when, how, and to whom to disclose one’s transgender status, is essential to accomplishing this therapeutic aim.

51. Thus, when an individual implements a social role transition, legal recognition of that transition is vital and an accurate birth certificate is a crucial aspect of that recognition, in large part because congruent identity documentation confers privacy—the right to maintain stewardship of personal and medical information—allowing an individual to live a safe and healthy life (Barry, 2019; Restar, et al., 2020).

52. From a medical and scientific perspective, there is no basis for refusing to acknowledge a transgender person's sex, as determined by their gender identity, based on whether that person has undergone surgery. Such a requirement is not consistent with the well-established standards of care, nor is it often developmentally or medically appropriate. The appearance of genitalia is not relevant to a person's innate and immutable gender identity.

53. Moreover, not all individuals with gender dysphoria require surgical therapy. For some, social role transition may be the essential and sufficient therapeutic intervention to alleviate distress. Indeed, for many transgender individuals, surgery is not medically necessary or may be safely delayed for some time as their dysphoria is alleviated through social role transition and other medical treatments. It is estimated that only 33% of transgender individuals undergo some form of gender-related surgery. Not all individuals for whom surgical intervention is medically indicated are able to access these options due to financial and other systemic barriers to necessary medical treatments.

54. Many insurance companies have policies that specifically exclude coverage of surgical treatments for gender dysphoria. Additionally, there are some medical complications that preclude surgical treatment. These include brittle diabetes, allergy to anesthesia, morbid obesity, recent history of stroke, or other uncontrolled disease or organ damage.

55. Thus, transgender people should not be required to undergo surgical treatment in order to use Arizona's private administrative process to obtain and possess identity documents (including birth certificates) that accurately reflect who they are.

56. Transgender people also should not be required to seek a court order to have identity documents (including birth certificates) that accurately reflect who they are. A court process greatly invades their privacy as they would have to publicly reveal they are transgender. Invasions of privacy of this nature exacerbate gender dysphoria and lead to an erosion of coping mechanisms. Such experiences can precipitate the onset of major psychiatric disorders, including, but not limited to, posttraumatic stress disorder, major depressive disorder, and even suicidality.

V. CONCLUSION

57. Medical management of gender dysphoria includes the alignment of appearance, presentation, expression, and often, the body, to reflect a person's true sex as determined by their gender identity. Correcting the gender marker on identification documents confers social and legal recognition of identity and is crucial to this process.

58. The necessity and importance of privacy is universal. A wide range of species avoid predators by managing information about internal states and future intentions for purposes of survival. Privacy enables normal psychological functioning, the ability to have experiences that promote healthy personal growth and interpersonal relationships and allows for measured self-disclosure. It is the basis for the development of individuality and autonomy.

59. For a transgender person, a birth certificate bearing an incorrect gender marker or revealing one's birth name risks disclosing the fact that the person is transgender. This disclosure

invades privacy, releases confidential medical information, and places the individual at risk for grave psychological and physical harm. Drawing on the largest sample of transgender people ever surveyed—22,286 U.S. respondents—investigators found that those who had gender-concordant identity documents had far less psychological distress and less suicide attempts than individuals who were barred from correcting identity documents. The authors underscored the important role of government and administrative bodies in reducing distress by allowing access to documents that accurately reflect identity (Scheim, et al., 2020).

I declare under penalty of perjury under the laws of the state of Arizona that the foregoing is true and correct.

Dated this 3rd day of May, 2023 in Evanston, Illinois.

Dr. Randi C. Ettner
Dr. Randi C. Ettner

Exhibit A

RANDI ETTNER, PHD
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POSITIONS HELD

Clinical Psychologist
Forensic Psychologist
Fellow and Diplomate in Clinical Evaluation, American Board of
Psychological Specialties
Fellow and Diplomate in Trauma/PTSD
President, New Health Foundation Worldwide
Past Secretary, World Professional Association for Transgender Health
(WPATH)
Chair, Committee for Institutionalized Persons, WPATH
Global Education Initiative Committee Curriculum Development, WPATH
University of Minnesota Medical Foundation: Leadership Council
Psychologist, Center for Gender Confirmation Surgery, Weiss Memorial
Hospital
Adjunct Faculty, Prescott College
Editorial Board, *International Journal of Transgender Health*
Editorial Board, *Transgender Health*
Television and radio guest (more than 100 national and international
appearances)
Internationally syndicated columnist on women's health issues
Private practitioner
Adjunct Medical staff; Department of Medicine: Weiss Memorial Hospital,
Chicago, IL
Advisory Council, National Center for Gender Spectrum Health
Global Clinical Practice Network; World Health Organization
Harvard Law School LGBTQ Clinic Leadership Council

EDUCATION

PhD, 1979	Northwestern University (with honors) Evanston, Illinois
MA, 1976	Roosevelt University (with honors) Chicago, Illinois
BA, 1969-73	Indiana University Bloomington, Indiana Cum Laude Major: Clinical Psychology; Minor: Sociology
1972	Moray College of Education Edinburgh, Scotland International Education Program
1970	Harvard University Cambridge, Massachusetts Social Relations Undergraduate Summer Study Program in Group Dynamics and Processes

CLINICAL AND PROFESSIONAL EXPERIENCE

- 2017-2023 Psychologist: Weiss Memorial Hospital Center for Gender Confirmation Surgery
- Consultant: Walgreens; Tawani Enterprises
- Private practitioner: clinical and forensic practice
- 2013 Instructor, Prescott College: Gender-A multidimensional approach
- ICD-11 Member of International Working Group
- 2011 Consultant to Wisconsin Public Schools
- 2010 President New Health Foundation Worldwide
- 2000 Instructor, Illinois School of Professional Psychology
- 1995-present Supervision of clinicians in counseling gender non-conforming clients
- 1993 Post-doctoral continuing education with Dr. James Butcher in MMPI-2 Interpretation, University of Minnesota
- 1992 Continuing advanced tutorial with Dr. Leah Schaefer in psychotherapy
- 1983-1984 Staff psychologist, Women's Health Center, St. Francis Hospital, Evanston, Illinois
- 1981-1984 Instructor, Roosevelt University, Department of Psychology: Psychology of Women, Tests and Measurements, Clinical Psychology, Personal Growth, Personality Theories, Abnormal Psychology
- 1976-1978 Research Associate, Cook County Hospital, Chicago, Illinois, Department of Psychiatry
- 1975-1977 Clinical Internship, Cook County Hospital, Chicago, Illinois, Department of Psychiatry
- 1971 Research Associate, Department of Psychology, Indiana University
- 1970-1972 Teaching Assistant in Experimental and Introductory Psychology
Department of Psychology, Indiana University
- 1969-1971 Experimental Psychology Laboratory Assistant, Department of Psychology, Indiana University

INVITED PRESENTATIONS AND GRAND ROUNDS

Shifting Sands: Challenges in Providing Surgical Care American Society of Reconstructive Microsurgery, Miami, FL 2023

The Standard of Care for Institutionalized Persons WPATH 27th Scientific Symposium, Montreal, Canada 2022

Healthcare for Transgender Prisoners Rush University, Department of Plastic and Reconstructive Surgery, Chicago, IL 2022

Sexual Function: Expectations and outcomes for patients undergoing gender-affirming surgery. Whitney, N., Ettner, R., Schechter, L. Rush University, Department of Plastic and Reconstructive Surgery, Chicago, IL 2022

Care of the Older Transgender Patient, Weiss Memorial Hospital, Chicago, IL, 2021

Working with Medical Experts, The National LGBT Law Association, webinar presentation, 2020

Legal Issues Facing the Transgender Community, Illinois State Bar Association, Chicago, IL, 2020

Providing Gender Affirming Care to Transgender Patients, American Medical Student Association, webinar presentation, 2020

Foundations in Mental Health for Working with Transgender Clients; Center for Supporting Community Development Initiatives, Vietduc University Hospital, Hanoi, Vietnam, 2020

Advanced Mental Health Issues, Ethical Issues in the Delivery of Care, Development Initiatives, Vietduc University Hospital, Hanoi, Vietnam, 2020

What Medical Students Need to Know about Transgender Health Care, American Medical Student Association, webinar presentation, 2019

The Transgender Surgical Patient, American Society of Plastic Surgeons, Miami, FL 2019

Mental health issues in transgender health care, American Medical Student Association, webinar presentation, 2019

Sticks and stones: Childhood bullying experiences in lesbian women and transmen, Buenos Aires, 2018

Gender identity and the Standards of Care, American College of Surgeons, Boston, MA, 2018

Expectations of individuals undergoing gender-confirming surgeries Schechter, L., White, T., Ritz, N., Ettner, R. Buenos Aires, 2018

The mental health professional in the multi-disciplinary team, pre-operative evaluation and assessment for gender confirmation surgery, American Society of Plastic Surgeons, Chicago, IL, 2018; Buenos Aires, 2018

Navigating transference and countertransference issues, WPATH Global Education Initiative, Portland, OR; 2018

Psychological aspects of gender confirmation surgery International Continence Society, Philadelphia, PA 2018

The role of the mental health professional in gender confirmation surgeries, Mt. Sinai Hospital, New York City, NY, 2018

Mental health evaluation for gender confirmation surgery, Gender Confirmation Surgical Team, Weiss Memorial Hospital, Chicago, IL 2018

Transitioning; Bathrooms are only the beginning, American College of Legal Medicine, Charleston, SC, 2018

Gender Dysphoria: A medical perspective, Department of Health and Human Services, Office for Civil Rights, Washington, D.C, 2017

Multi-disciplinary health care for transgender patients, James A. Lovell Federal Health Care Center, North Chicago, IL, 2017

Psychological and Social Issues in the Aging Transgender Person, Weiss Memorial Hospital, Chicago, IL, 2017

Psychiatric and Legal Issues for Transgender Inmates, USPATH, Los Angeles, CA, 2017

Transgender 101 for Surgeons, American Society of Plastic Surgeons, Chicago, IL, 2017

Healthcare for transgender inmates in the US, Erasmus Medical Center, Rotterdam, Netherlands, 2016

Tomboys Revisited: Replication and Implication; Amsterdam, Netherlands, 2016

Orange Isn't the New Black Yet- Care for incarcerated transgender persons, WPATH symposium, Amsterdam, Netherlands, 2016

Can two wrongs make a right? Expanding models of care beyond the divide, Amsterdam, Netherlands, 2016

Foundations in mental health; WPATH Global Education Initiative, Chicago, IL 2015

Role of the mental health professional in legal and policy issues, WPATH Global Education Initiative, Chicago, IL 2015

Healthcare for transgender inmates; WPATH Global Education Initiative, Chicago, IL 2015

Children of transgender parents; WPATH Global Education Initiative; Atlanta, GA, 2016

Transfeminine genital surgery assessment: WPATH Global Education Initiative, Columbia, MO, 2016

Foundations in Mental Health; WPATH Global Education Initiative; Ft. Lauderdale, FL, 2016; Washington, D.C., 2016, Los Angeles, CA, 2017, Minneapolis, MN, 2017, Chicago, IL, 2017; Columbus, Ohio, 2017; Portland, OR, 2018; Cincinnati, OH, 2018, Buenos Aires, 2018.

Role of the forensic psychologist in transgender care; WPATH Global Education Initiative, Minneapolis, MN, 2017; Columbus, Ohio, 2017.

Pre-operative evaluation in gender affirming surgery-American Society of Plastic Surgeons, Boston, MA, 2015

Gender affirming psychotherapy; Fenway Health Clinic, Boston, 2015

Transgender surgery- Midwestern Association of Plastic Surgeons, Chicago, 2015

Assessment and referrals for surgery-Standards of Care- Fenway Health Clinic, Boston, 2015

Adult development and quality of life in transgender healthcare- Eunice Kennedy Shriver National Institute of Child Health and Human Development, 2015

How do patients choose a surgeon? WPATH Symposium, Bangkok, Thailand 2014

Healthcare for transgender inmates- American Academy of Psychiatry and the Law, Chicago, 2014

Supporting transgender students: best school practices for success- American Civil Liberties Union of Illinois and Illinois Safe School Alliance, 2014

Addressing the needs of transgender students on campus- Prescott College, Prescott, AZ, 2014

The role of the behavioral psychologist in transgender healthcare – Gay and Lesbian Medical Association, 2013

Understanding transgender- Nielsen Corporation, Chicago, 2013

Grand Rounds: Evidence-based care of transgender patients- North Shore University Health Systems, University of Chicago, Illinois, 2011

Care of the aging transgender patient University of California San Francisco, Center for Excellence, 2013

Grand Rounds: Evidence-based care of transgender patients Roosevelt-St. Vincent Hospital, New York, 2011

Grand Rounds: Evidence-based care of transgender patients Columbia Presbyterian Hospital, Columbia University, New York, 2011

Hypertension: Pathophysiology of a secret. WPATH symposium, Atlanta, GA, 2011

Exploring the Clinical Utility of Transsexual Typologies- Oslo, Norway, 2009

*Children of Transsexual Parents-*International Association of Sex Researchers, Ottawa, Canada, 2005

Children of Transsexual Parents- Chicago School of Professional Psychology, Chicago, 2005

Gender and the Law- DePaul University College of Law, Chicago, Illinois, 2003

Family and Systems Aggression against Providers, WPATH Symposium, Ghent, Belgium 2003

*Children of Transsexual Parents-*American Bar Association annual meeting, New York, 2000

Grand Rounds: Gender Incongruence in Adults, St. Francis Hospital, 1999.

Gender Identity, Gender Dysphoria and Clinical Issues –WPATH Symposium, Bangkok, Thailand, 2014; Argosy College, Chicago, Illinois, 2010; Cultural Impact Conference, Chicago, Illinois, 2005; Weiss Hospital, Department of Surgery, Chicago, Illinois, 2005; Resurrection Hospital Ethics Committee, Evanston, Illinois, 2005; Wisconsin Public Schools, Sheboygan, Wisconsin, 2004, 2006, 2009; Rush North Shore Hospital, Skokie, Illinois, 2004; Nine Circles Community Health Centre, University of Winnipeg, Winnipeg, Canada, 2003; James H. Quillen VA Medical Center, East Tennessee State University, Johnson City, Tennessee, 2002; Sixth European Federation of Sexology, Cyprus, 2002; Fifteenth World Congress of Sexology, Paris, France, 2001; Illinois School of Professional Psychology, Chicago, Illinois 2001; Lesbian Community Cancer Project, Chicago, Illinois 2000; Emory University Student Residence Hall, Atlanta, Georgia, 1999; Parents, Families and Friends of Lesbians and Gays National Convention, Chicago, Illinois, 1998; In the Family Psychotherapy Network National Convention, San Francisco, California, 1998; Evanston City Council, Evanston, Illinois 1997; Howard Brown Community Center, Chicago, Illinois, 1995; YWCA Women’s Shelter, Evanston, Illinois, 1995; Center for Addictive Problems, Chicago, 1994

Psychosocial Assessment of Risk and Intervention Strategies in Prenatal Patients- St. Francis Hospital, Center for Women's Health, Evanston, Illinois, 1984; Purdue University School of Nursing, West Layette, Indiana, 1980

Psychoneuroimmunology and Cancer Treatment- St. Francis Hospital, Evanston, Illinois, 1984

Psychosexual Factors in Women's Health- St. Francis Hospital, Center for Women's Health, Evanston, Illinois, 1984.

Grand Rounds: Sexual Dysfunction in Medical Practice- St. Francis Hospital, Dept. of OB/GYN, Evanston, Illinois, 1990

Sleep Apnea - St. Francis Hospital, Evanston, Illinois, 1996; Lincolnwood Public Library, Lincolnwood, Illinois, 1996

The Role of Denial in Dialysis Patients - Cook County Hospital, Department of Psychiatry, Chicago, Illinois, 1977

PUBLICATIONS

Coleman, E., Radix, A., Bouman, W., Brown, G., deVries, A.L., Deutsch, M., Ettner, R., et al. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *International Journal of Transgender Health*, 23:sup1S1-S259.

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The Work of Worrying: Emotional Preparation for Labor in Pregnancy as Healing. A Holistic Philosophy for Prenatal Care, Peterson, G. and Mehl, L. Vol. II. Chapter 13, Mindbody Press, 1985.

PROFESSIONAL AFFILIATIONS

University of Minnesota Institute for Sexual and Gender Health–Leadership Council

American College of Forensic Psychologists

World Professional Association for Transgender Health

New Health Foundation Worldwide

World Health Organization (WHO) Global Access Practice Network

TransNet national network for transgender research

American Psychological Association

American College of Forensic Examiners

Society for the Scientific Study of Sexuality

Screenwriters and Actors Guild

Phi Beta Kappa

AWARDS AND HONORS

University of Minnesota, Institute for Sexual and Gender Health; *50 Distinguished Sex and Gender Revolutionaries* award, 2021

Letter of commendation from United States Congress for contributions to public health in Illinois, 2019

WPATH Distinguished Education and Advocacy Award, 2018

The Randi and Fred Ettner Transgender Health Fellowship-Program in Human Sexuality, University of Minnesota, 2016

Phi Beta Kappa, 1972

Indiana University Women's Honor Society, 1970-1972

Indiana University Honors Program, 1970-1972

Merit Scholarship Recipient, 1970-1972

Indiana University Department of Psychology Outstanding Undergraduate Award Recipient, 1970-1972

Representative, Student Governing Commission, Indiana University, 1970

LICENSE

Clinical Psychologist, State of Illinois, 1980

Exhibit B

BIBLIOGRAPHY

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EXHIBIT 2

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA**

HELEN ROE, a minor, by and through her parent and next friend MEGAN ROE; JAMES POE, a minor, by and through his parent and next friend LAURA POE; AND CARL VOE, a minor by and through his parent and next friend RACHEL VOE,

Plaintiffs,

v.

DON HERRINGTON, in his official capacity as Interim State Registrar of Vital Records and Interim Director of the Arizona Department of Health Services,

Defendant.

Case No. 4:20-cv-00484-JAS

EXPERT REPORT OF DR. DANIEL SHUMER, MD, MPH

Introduction

1. I have been retained by counsel for Plaintiffs as an expert in connection with the above-mentioned litigation. I have been asked by Plaintiffs' counsel to provide my expert opinion regarding the Arizona law prohibiting transgender persons born in Arizona from obtaining accurate birth certificates reflecting their sex and gender identity unless they either: (1) submit a written request for an amended birth certificate accompanied by a written statement from a physician that verifies the applicant or applicant's child has "undergone a sex change operation" (also referred to herein as a private administrative process); or (2) obtain a court order.

2. I have actual knowledge of the matters stated herein. If called to testify in this matter, I would testify truthfully and based on my expert opinion.

Qualifications and Experience

3. I am a Pediatric Endocrinologist and Medical Director of the Comprehensive Gender Services Program at Michigan Medicine, University of Michigan. I also serve as the Clinic Director of Child and Adolescent Gender Services at C.S. Mott Children's Hospital, and as an Assistant Professor of Medicine at the University of Michigan, where the major focus of my clinical and research work pertains to transgender adolescents. A true and correct copy of my Curriculum Vitae is attached hereto as **Exhibit A**.

4. I received my medical degree from Northwestern University in 2008. After completing a residency in pediatrics, I began a clinical fellowship in pediatric endocrinology at Harvard University's Boston Children's Hospital. During that clinical fellowship, I completed a Masters of Public Health from Harvard University's T.H. Chan School of Public Health. I finished both the fellowship and my degree in 2015.

5. As a fellow at Harvard, I was mentored by Dr. Norman Spack, a pioneer in transgender medicine who established the Gender Management Services Clinic (GeMS), the first major program in the U.S. to focus on gender-diverse and transgender adolescents. GeMS is located at Boston Children's Hospital. Working at GeMS, I became a clinical expert in the field of transgender medicine within pediatric endocrinology and began conducting research on gender identity and the evaluation and management of transgender children and adolescents.

6. Based on my work at GeMS, I was recruited to establish a similar program focusing on gender-diverse and transgender adolescents at the C.S. Mott Children's Hospital. In October 2015, I founded the hospital's Child and Adolescent Gender Services Clinic.

7. The Child and Adolescent Gender Services Clinic has treated over 600 patients since its founding. I have personally evaluated and treated over 400 patients for gender dysphoria. As the Clinical Director, I oversee the clinical practice, which includes four other physicians, two

clinical social workers, nursing, and administrative staff. I also actively conduct research related to transgender medicine and mental health concerns specific to transgender youth.

8. In addition to my work with transgender children and adolescents, I also treat children and adolescents with differences of sex development (“DSD”), commonly referred to as intersex conditions. I participate in the DSD Clinic’s monthly meetings and approximately 5% of my patients are children and adolescents with DSDs.

9. My academic duties as an assistant professor, include teaching lectures entitled “Puberty,” “Transgender Medicine,” and “Pediatric Growth and Development.” I am also the Director of the Transgender Medicine elective for the University of Michigan Medical School.

10. My recent publications include *Health Disparities Facing Transgender and Gender Nonconforming Youth Are Not Inevitable*, *Pediatrics*, 141(3), 1–2 (2018); *Psychological Profile of the First Sample of Transgender Youth Presenting for Medical Intervention in a U.S. Pediatric Gender Center*, *Psychology of Sexual Orientation and Gender Diversity*, 4(3), 374–382 (2017); *The Effect of Lesbian, Gay, Bisexual, and Transgender-Related Legislation on Children*, *J. of Pediatrics*, 178(5-6.e1), 5–7 (2016); *Advances in the Care of Transgender Children and Adolescents*, *Advances in Pediatrics*, 63(1), 79–102 (2016); *The Role of Assent in the Treatment of Transgender Adolescents*, *Int’l J. of Transgenderism*, 16(2), 97–102 (2015); and *Serving Transgender Youth: Challenges, Dilemmas, and Clinical Examples*, *Professional Psychology: Research and Practice*, 46(1), 37–45 (2015). I have also co-authored chapters of textbooks, including “Medical Treatment of the Adolescent Transgender Patient” in *Gender Affirmation: Medical and Surgical Perspectives*, Eds. Christopher J. Salgado et al., Taylor & Francis Group—CRC Press (2016). A listing of my publications is included in my Curriculum Vitae in **Exhibit A**.

11. I have been invited to speak at numerous hospitals, clinics, and conferences on topics related to clinical care and standards for treating transgender children and youth. For example, in December 2017 I spoke at the Nursing Unit (12-West) Annual Educational Retreat in Michigan on the topic of “Gender Identity at the Children’s Hospital,” and in October 2017, I planned, hosted, and spoke at a conference in Michigan entitled “Transgender and Gender Non-Conforming Youth: Best Practices for Mental Health Clinicians, Educators, & School Staff.”

12. In October 2019, I was invited by the Michigan Organization on Adolescent Sexual Health to speak to community groups across Southeast Michigan on the topic of “Gender Identity in Adolescents – Supporting Transgender Youth.” A listing of my lectures is included in my Curriculum Vitae in **Exhibit A**.

13. I belong to a number of professional organizations and associations relating to (i) the health and well-being of children and adolescents, including those who are transgender; and (ii) appropriate medical treatments for transgender individuals. For example, I am currently a member of the Pediatric Endocrine Society where I serve on the Gender Identity Special Interest Group’s Education Committee. This organization has been central in the development of the guidelines for the treatment of gender dysphoria. A complete list of my involvement in various professional associations is located in my Curriculum Vitae in **Exhibit A**.

14. My opinions contained in this report are based on: (i) my clinical experience as a pediatric endocrinologist treating transgender patients, including adolescents and young adults; and (ii) my knowledge of the peer-reviewed research, including my own, regarding the treatment of gender dysphoria, which reflects the clinical advancements in the field of transgender health. I generally rely on these types of materials when I provide expert testimony, and they include the documents specifically cited as supportive examples in particular sections of this report. The

materials I have relied on in preparing this report are the same type of materials that experts in my field of study regularly rely upon when forming opinions on the subject.

15. I have not met or spoken with the Plaintiffs or their parents for purposes of this report. My opinions are based solely on the information that I have been provided by Plaintiffs' attorneys as well as my extensive background and experience treating transgender patients.

16. In the past four years, I have been retained as an expert and provided testimony on behalf of transgender plaintiffs in the following cases: *Dekker, et al. v. Weida et al.*, No. 4:22-cv-0325-RH-MAF (N.D. Fla.); *Boe, et al. v. Marshall et al.*, No. 2:22-cv-184-LCB-CWB (M.D. Ala.); *Roe, et al. v. Utah High School Activities Ass'n, et al.*, No. 220903262 (Third Judicial Dist. in and for Salt Lake County, Utah); *Menefee v. City of Huntsville Bd. of Educ.*, No. 5:18-cv-01481 (N.D. Ala.); *Flack v. Wisc. Dep't of Health Serv.*, No. 3:18-cv-00309 (W.D. Wisc.); *Whitaker v. Kenosha Unified Sch. Dist. No. 1 Bd. of Educ.*, No. 2:16-cv-00943 (W.D. Wisc.). I also provided expert witness testimony on behalf of a parent in a custody dispute involving a transgender child in the following case: *In the Interest of Younger*, No. DF-15-09887 (Dallas County, Texas).

17. I am being compensated at an hourly rate for the actual time that I devote to this case, at the rate of \$300 per hour for any review of records, preparation of reports or declarations. I will be compensated with a day rate of \$1,920 for deposition and trial testimony. My compensation does not depend on the outcome of this litigation, the opinions that I express, or the testimony that I provide.

Scientific and Medical Understanding of Sex

18. By the beginning of the twentieth century, scientific research had established that external genitalia alone are not always an accurate indicator of a person's sex. Instead, a person's sex is comprised of a number of components, including, among others, internal reproductive

organs, external genitalia, chromosomes, hormones, gender identity, and secondary-sex characteristics. Diversity and incongruence in these components of sex are a naturally occurring source of human biological diversity.

19. Scientific research and medical literature across disciplines demonstrate each component of sex has strong biological ties, including gender identity. For example, there are numerous studies detailing the similarities in the brain structures of transgender and non-transgender people with the same gender identity. In one such study, the volume of the bed nucleus of the *stria terminalis* (a collection of cells in the central brain) in transgender women was equivalent to the volume found in non-transgender women. There are also studies highlighting the genetic components of gender identity. A study of identical twins found that if one twin was transgender that the other twin was far more likely to be transgender, as compared to the general population.

20. The above studies are representative examples of the growing body of scientific research and medical literature in this area of study. There is also ongoing research on the effects of the hormonal milieu *in utero*, and genetic sources for gender identity, among others.

21. Although the specific determinants of gender identity remain unknown, the significance of a person's gender identity as a determinant of that person's sex is widely accepted as the standard in medical practice.

Determination of an Individual's Sex

22. At birth, newborns are assigned a sex, either male or female, based solely on the appearance of their external genitalia. For most people, that assignment turns out to be accurate and their assigned sex matches that person's gender identity. However, for transgender people, their assigned sex does not align with their gender identity.

23. When there is a divergence between these factors, medical science and the well-established standards of care recognize that the person's gender identity is the most important and determinative factor of a person's sex.

24. Gender identity is a person's inner sense of belonging to a particular gender, such as male or female. It is a deeply felt and core component of human identity. Everyone has a gender identity.

25. A person's gender identity is innate, cannot be voluntarily changed, and is not undermined by the existence of other sex-related characteristics that do not align with it. In fact, living in a manner consistent with one's gender identity is critical to the health and well-being of any person, including transgender people.

26. Any attempts "cure" transgender individuals by forcing their gender identity into alignment with their assigned sex are harmful, dangerous, and ineffective. Those practices have been denounced as unethical by all major professional associations of medical and mental health professionals, such as the American Medical Association, the American Psychiatric Association, the American Psychological Association, and the World Professional Association for Transgender Health ("WPATH").

27. For more than four decades, the goal of medical treatment for transgender patients has been to alleviate their distress by bringing their lives into closer alignment with their gender identity. The specific treatments prescribed are based on individualized assessment conducted by medical providers in consultation with the patient's treating mental health provider. As discussed in more detail in the following section, research and clinical experience have consistently shown those treatments to be safe, effective, and critical to the health and well-being of transgender patients.

Standards of Care for the Treatment of Gender Dysphoria

28. Due to the incongruence between their assigned sex and gender identity, transgender people experience varying degrees of gender dysphoria, a serious medical condition listed in both the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* ("DSM-5") and the World Health Organization's *International Classification of Diseases* ("ICD-10"). Gender dysphoria is highly treatable and can be effectively managed. If left untreated, however, it can result in severe anxiety and depression, self-harm, and suicidality.

29. The prevailing standards of care for the treatment of gender dysphoria are developed by WPATH—an international multidisciplinary professional association to promote evidence-based care, education, research, advocacy, public policy and respect in transgender health. The most recent WPATH Standards of Care ("SOC") represent expert consensus for clinicians related to medical care for transgender people, based on the best available science and clinical experience. The purpose of the WPATH SOC is to assist health providers in delivering necessary medical care to transgender people to maximize their patients' overall health, psychological well-being, and self-fulfillment. The WPATH SOC has been recognized and adopted as the prevailing standard of care by the major professional association medical and mental health providers in the United States, including the American Medical Association, American Academy of Pediatrics, American Psychiatric Association, American Psychological Association, and Pediatric Endocrine Society.

30. The Endocrine Society is a 100-year-old global membership organization representing professionals in the field of adult and pediatric endocrinology. In 2017, the Endocrine Society published clinical practice guidelines on treatment recommendations for the medical management of gender dysphoria, in collaboration with the Pediatric Endocrine Society, the

European Societies for Endocrinology and Pediatric Endocrinology, and WPATH, among others. The guidelines are considered authoritative due to the respect given to these professional associations, the expertise of the authors, and the clarity with which the authors described what data was used in formulating recommendations.

31. Together, the WPATH SOC and the Endocrine Society's clinical practice guidelines constitute the prevailing standards governing the healthcare and treatment of gender dysphoria. Those treatments are safe, effective, and essential for the well-being of transgender young people.

32. Undergoing treatment to alleviate gender dysphoria is commonly referred to as a transition. The transition process typically includes one or more of the following three components: (i) social transition, including adopting a new name, pronouns, appearance, and clothing, and correcting identity documents; (ii) medical transition, including puberty delaying medication and hormone-replacement therapy; and (iii) surgical transition, including surgeries to alter the appearance and functioning primary- and secondary-sex characteristics. The steps that make up a person's transition will depend on that individual's medical and mental health needs.

33. There are no drug interventions or surgical treatments for gender dysphoria required or considered until after the onset of puberty. At the onset of puberty, adolescents diagnosed with gender dysphoria may be prescribed puberty-delaying medications to prevent the distress of developing permanent, unwanted physical characteristics that do not align with the adolescent's gender identity. The treatment works by pausing endogenous puberty at whatever stage it is at when the treatment begins, limiting the influence of a person's endogenous hormones on their body. For example, a transgender girl will experience no progression of physical changes caused by testosterone, including facial and body hair, an Adam's apple, or masculinized facial structures.

And in a transgender boy, those medications would prevent progression of breast development, menstruation, and widening of the hips.

34. Thereafter, at an appropriate time and according to individual patient needs, the treating provider may prescribe cross-sex hormones to induce the puberty associated with the adolescent's gender identity. This treatment is referred to as hormone-replacement therapy. The result of this treatment is that a transgender boy has the same typical levels of circulating testosterone as his non-transgender male peers. Similarly, a transgender girl will have the same typical levels of circulating estrogen as her non-transgender female peers. Those hormones cause transgender adolescents to undergo the same significant and permanent sex-specific physical changes as their non-transgender peers. For example, a transgender boy will develop a lower voice as well as facial and body hair, while a transgender girl will experience breast growth, female fat distribution, and softer skin.

35. When these medications are initiated at the early onset of puberty, their effects can also obviate the need for future surgical treatments such as male chest reconstruction surgery in transgender males, and electrolysis of facial and body hair and feminizing facial surgeries in transgender females.

36. Puberty-delaying medication and hormone-replacement therapy—both individually and in combination—also significantly improve a transgender young person's mental health because those medications ensure their physical appearance more closely aligns with their gender identity. This also decreases the likelihood that a transgender young person will be incorrectly identified with their assigned sex, further alleviating their gender dysphoria and bolstering the effectiveness of their social transition.

37. Social transition and hormone therapy are sufficient to treat gender dysphoria for many transgender people. The 2015 U.S. Transgender Survey revealed that 12% of transgender women did not require vaginoplasty or labiaplasty, 19% did not require augmentation mammoplasty, and 21% did not require facial feminization surgery. The same survey showed that 3% of transgender men did not require chest surgery reduction or reconstruction and 6% did not require a hysterectomy. Based on my clinical experience, those percentages are likely increasing—especially among transgender boys—as transgender young people have greater and more timely access to puberty-delaying medications and hormone-replacement therapy obviating the need for surgical intervention later in life.

38. For transgender people who require surgery to treat their gender dysphoria, the WPATH SOC do not recommend surgical treatment until the age of majority, except for male chest reconstruction surgery. Because of the age requirement, most transgender young people will be unable to access that care, even if they meet all the other criteria for surgery. Turning eighteen years of age only eliminates one barrier; transgender young people are likely to encounter other significant barriers to accessing surgical care for gender dysphoria including, for example, insurance exclusions, expenses associated with recovery, and availability of competent and affirming providers and surgical centers.

Recognition of a Person's Gender Identity as Their Sex

39. From a medical and scientific perspective, there is no basis for requiring that a transgender person undergo surgical treatment before acknowledging a transgender person's gender identity as their sex in every aspect of their lives. That is particularly true with respect to identity documents that contain indications of a person's sex, given the social significance of a birth certificate and its influence on how a transgender person is treated in their daily lives.

40. Contrary to what many laypeople may assume, the medical treatments that transgender people may undergo do not make a transgender person more of a man or more of a woman than they were before. Rather, a person's gender identity is innate and already exists, just as it does for non-transgender people. The only purpose of medical treatments is to help a transgender person express their innate identity and help others recognize that identity; they do not change the person's identity. As such, there is no specific medical step, or series of medical steps, a person must undertake to be recognized as who they are.

41. This is a well-established practice for other medical diagnoses as well. For decades, doctors have recognized that gender identity is determinative of sex for people with DSDs. Like transgender people, the various components of sex do not align in people with DSDs. For example, patients with Congenital Adrenal Hyperplasia (CAH) could have female chromosomes but be born with ambiguous genitalia due to exposure to high levels of testosterone *in utero*—a hallmark of CAH. Studies show that this population of CAH patients are considerably more likely than the general female population to have a male gender identity. CAH presents a simple and salient example, but there are DSDs with more complex clinical presentations, all of which further reinforce that gender identity is the only medically sound and reliable determinant of a person's sex. The focus of medical treatment is on providing whatever medical care is needed for an intersex or transgender individual to live consistent with their gender identity; it is never ethical or appropriate to try to change the person's gender identity, and doing so can cause severe harm.

42. Recognizing that assigning a sex at birth for a newborn with a DSD is little more than an informed prediction, many states have created a streamlined process that allows people with DSDs to correct their birth certificate without requiring invasive, and potentially medically unnecessary, procedures.

Conclusion

43. Requiring a transgender person to undergo a specific treatment or procedure, which may be invasive and medically inappropriate, to correct their identity documents through a private administrative process to reflect the person's gender identity has no basis in the prevailing standards of care, peer reviewed medical literature, or clinical experience.

44. Such a restriction places a particularly onerous burden on transgender young people who are unable to undergo such a surgery until late adolescence or early adulthood, at the earliest. Furthermore, many transgender young people who have timely access to medications may never need or want surgery and therefore never be eligible. Complying with the law at issue in this case would force transgender young people to submit to invasive and medically inappropriate or unnecessary procedures to correct their birth certificate through a private administrative process.

45. Delaying or denying transgender young people an accurate birth certificate also interferes with the effectiveness of treatments for gender dysphoria, including social transition and hormone-replacement therapy. A transgender young person will not get the full benefit—psychological and otherwise—because the sex marker on their birth certificate will prevent them from being treated consistently with their gender identity in every aspect of their life, including school and extracurricular activities. And it compounds that harm by exposing transgender young people to an increased likelihood of mistreatment by disclosing their transgender status. Those harms can have significant negative short- and long-term implications for their overall health and well-being.

I declare under criminal penalty under the laws of Arizona that the foregoing is true and correct.

Signed on the 19th day of April, 2023 in Ann Arbor, Michigan.

A handwritten signature in black ink, appearing to read 'D. Shumer', with a stylized flourish at the end.

Daniel Shumer, M.D.

Exhibit A

Daniel Shumer, MD MPH

Clinical Associate Professor in Pediatrics - Endocrinology

Email: dshumer@umich.edu

EDUCATION AND TRAINING

Education

- 08/2000-08/2003 BA, Northwestern University, Evanston, United States
- 08/2004-05/2008 MD, Northwestern University, Feinberg School of Medicine, Chicago, United States
- 07/2013-05/2015 MPH, Harvard T.H. Chan School of Public Health, Boston, United States

Postdoctoral Training

- 06/2008-06/2011 Residency, Pediatrics, Vermont Children's Hospital at Fletcher Allen Health Care, Burlington, VT
- 07/2011-06/2012 Chief Resident, Chief Resident, Vermont Children's Hospital at Fletcher Allen Health Care, Burlington, VT
- 07/2012-06/2015 Clinical Fellow, Pediatric Endocrinology, Boston Children's Hospital, Boston, MA

CERTIFICATION AND LICENSURE

Certification

- 10/2011-Present American Board of Pediatrics, General

Licensure

- Michigan, Medical License
- Michigan, Controlled Substance
- 08/2015-Present Michigan, Medical License

09/2015-Present Michigan, DEA Registration

09/2015-Present Michigan, Controlled Substance

WORK EXPERIENCE

Academic Appointment

10/2015-9/2022 Clinical Assistant Professor in Pediatrics - Endocrinology,
University of Michigan - Ann Arbor, Ann Arbor

09/2022-Present Clinical Associate Professor in Pediatrics - Endocrinology,
University of Michigan - Ann Arbor, Ann Arbor

Administrative Appointment

07/2019-Present Fellowship Director - Pediatric Endocrinology, Michigan
Medicine, Department of Pediatrics, Ann Arbor

07/2020-Present Medical Director of the University of Michigan
Comprehensive Gender Services Program, Michigan
Medicine, Ann Arbor

*Oversee the provision of care to transgender and gender non-
conforming patients at Michigan Medicine.*

07/2020-Present Education Lead - Pediatric Endocrinology, University of
Michigan - Department of Pediatrics, Ann Arbor

Clinical Appointments

04/2022-05/2023 Medical Director in UMMG Faculty Benefits Appt.,
University of Michigan - Ann Arbor, Ann Arbor

Private Practice

08/2013-09/2015 Staff Physician, Harvard Vanguard Medical Associates,
Braintree

RESEARCH INTERESTS

- Gender dysphoria
- Prader Willi Syndrome

CLINICAL INTERESTS

- Gender dysphoria
- Disorders of Sex Development
- Prader Willi Syndrome

GRANTS

Past Grants

A Phase 2b/3 study to evaluate the safety, tolerability, and effects of Livoletide (AZP-531), an unacylated ghrelin analog, on food-related behaviors in patients with Prader-Willi syndrome

PI

Millendo Therapeutics

04/2019 - 04/2021

HONORS AND AWARDS

National

2014 Annual Pediatric Endocrine Society Essay Competition:
Ethical Dilemmas in Pediatric Endocrinology: competition
winner - The Role of Assent in the Treatment of Transgender
Adolescents

Institutional

2012 - 2015 Harvard Pediatric Health Services Research Fellowship;
funded my final two years of pediatric endocrine fellowship
and provided tuition support for my public health degree

2016 The University of Michigan Distinguished Diversity Leaders Award, awarded by The Office of Diversity, Equity and Inclusion to the Child and Adolescent Gender Services Team under my leadership

2019 Lecturer of the Month, Department of Pediatrics, Michigan Medicine

TEACHING MENTORSHIP

Resident

07/2020-Present Rebecca Warwick, Michigan Medicine (co-author on publication #22)

Clinical Fellow

07/2017-06/2020 Adrian Araya, Michigan Medicine (co-author on publication #22, book chapter #4)

12/2020-Present Jessica Jary, Michigan Medicine - Division of Adolescent Medicine

Medical Student

09/2017-06/2020 Michael Ho, Michigan Medicine

07/2019-Present Hadrian Kinnear, University of Michigan Medical School (co-author on book chapter #3, abstract #3)

07/2019-Present Jourdin Batchelor, University of Michigan

TEACHING ACTIVITY

Regional

08/2018-Present Pediatric Boards Review Course sponsored by U-M: "Thyroid Disorders and Diabetes". Ann Arbor, MI

Institutional

- 12/2015-12/2015 Pediatric Grand Rounds: "Transgender Medicine - A Field in Transition". Michigan Medicine, Ann Arbor, MI
- 02/2016-02/2016 Medical Student Education: Panelist for M1 Class Session on LGBT Health, Doctoring Curriculum. Michigan Medicine, Ann Arbor, MI
- 02/2016-02/2016 Psychiatry Grand Rounds: "Transgender Medicine - A Field in Transition". Michigan Medicine, Ann Arbor, MI
- 03/2016-03/2017 Pharmacy School Education: "LGBT Health". University of Michigan School of Pharmacy, Ann Arbor, MI
- 04/2016-Present Course Director: Medical Student (M4) Elective in Transgender Medicine. Michigan Medicine, Ann Arbor, MI
- 04/2016-04/2016 Rheumatology Grand Rounds: "Gender Identity". Michigan Medicine, Ann Arbor, MI
- 05/2016-05/2016 Lecture to Pediatric Rheumatology Division: "Gender Dysphoria". Michigan Medicine, Ann Arbor, MI
- 07/2016-07/2016 Internal Medicine Resident Education: "Gender Identity". Michigan Medicine, Ann Arbor, MI
- 09/2016-09/2016 Presentation to ACU Leadership: "Gender Identity Cultural Competencies". Michigan Medicine, Ann Arbor, MI
- 10/2016-10/2016 Presentation to Department of Dermatology: "The iPledge Program and Transgender Patients". Michigan Medicine, Ann Arbor, MI
- 02/2017-02/2017 Swartz Rounds Presenter. Michigan Medicine, Ann Arbor, MI
- 02/2017-02/2017 Lecture to Division of General Medicine: "Transgender Health". Michigan Medicine, Ann Arbor, MI

- 02/2017-02/2017 Presentation at Collaborative Office Rounds: "Transgender Health". Michigan Medicine, Ann Arbor, MI
- 10/2017-10/2017 Family Medicine Annual Conference: "Transgender Medicine". Michigan Medicine, Ann Arbor, MI
- 12/2017-12/2017 Presenter at Nursing Unit 12-West Annual Educational Retreat: "Gender Identity at the Children's Hospital". Michigan Medicine, Ann Arbor, MI
- 02/2018-Present Pediatrics Residency Lecturer: "Puberty". Michigan Medicine, Ann Arbor, MI
- 02/2019-Present Medical Student (M1) Lecturer: "Pediatric Growth and Development". Michigan Medicine, Ann Arbor, MI
- 02/2019-Present Doctors of Tomorrow Preceptor: offering shadowing opportunities to students from Cass Technical High School in Detroit. Michigan Medicine, Ann Arbor, MI
- 03/2019-03/2019 Lecture to Division of Orthopedic Surgery: "Transgender Health". Michigan Medicine, Ann Arbor, MI

MEMBERSHIPS IN PROFESSIONAL SOCIETIES

2012 - Present Pediatric Endocrine Society

COMMITTEE SERVICE

National

- 2014 - 2016 Pediatric Endocrine Society - Ethics Committee, Other, Member
- 2017 - present Pediatric Endocrine Society - Special Interest Group on Gender Identity, Other, Member
- 2018 - present Pediatric Endocrine Society - Program Directors Education Committee, Other, Member

Regional

2013 - 2015 Investigational Review Board - The Fenway Institute, Boston, MA, Other, Voting Member

Institutional

2017 - 2019 Department of Pediatrics at Michigan Medicine; Diversity, Equity, and Inclusion Committee, Other, Fellowship Lead

2017 - 2019 University of Michigan Transgender Research Group, Other, Director

VOLUNTEER SERVICE

2014 Camp Physician, Massachusetts, Served at a camp for youth with Type 1 Diabetes

SCHOLARLY ACTIVITIES

PRESENTATIONS

Extramural Invited Presentation Speaker

1. Grand Rounds, Shumer D, Loyola University School of Medicine, 07/2022, Chicago, Illinois

Other

1. Gender Identity, Groton School, 04/2015, Groton, MA
2. Television Appearance: Gender Identity in Youth, Channel 7 WXYZ Detroit, 04/2016, Southfield, MI
3. It Gets Better: Promoting Safe and Supportive Healthcare Environments for Sexual Minority and Gender Non-Conforming Youth, Adolescent Health Initiative: Conference on Adolescent Health, 05/2016, Ypsilanti, MI
4. Gender Identity, Humanists of Southeast Michigan, 09/2016, Farmington Hills, MI

5. Gender Identity, Pine Rest Christian Mental Health Services, 10/2016, Grand Rapids, MI
6. Pediatric Grand Rounds - Hormonal Management of Transgender Youth, Beaumont Children's Hospital, 11/2016, Royal Oak, MI
7. Transgender Youth: A Field in Transition, Temple Beth Emeth, 11/2016, Ann Arbor, MI
8. Transgender Youth: A Field in Transition, Washtenaw County Medical Society, 11/2016, Ann Arbor, MI
9. Pediatric Grand Rounds: Transgender Youth - A Field in Transition, St. John Hospital, 02/2017, Detroit, MI
10. Transgender Medicine, Veterans Administration - Ann Arbor Healthcare System, 05/2017, Ann Arbor, MI
11. Gender Identity, Hegira Programs, 05/2017, Detroit, MI
12. Care of the Transgender Adolescent, Partners in Pediatric Care, 06/2017, Traverse City, MI
13. Conference planner, host, and presenter: Transgender and Gender Non-Conforming Youth: Best Practices for Mental Health Clinicians, Educators, & School Staff; 200+ attendees from fields of mental health and education from across Michigan, Michigan Medicine, 10/2017, Ypsilanti, MI
14. Endocrinology Grand Rounds: Transgender Medicine, Wayne State University, 11/2017, Detroit, MI
15. Care of the Transgender Adolescent, St. John Hospital Conference: Transgender Patients: Providing Compassionate, Affirmative and Evidence Based Care, 11/2017, Grosse Pointe Farms, MI
16. Hormonal Care in Transgender Adolescents, Michigan State University School of Osteopathic Medicine, 11/2017, East Lansing, MI
17. Working with Transgender and Gender Non-Conforming Youth, Michigan Association of Osteopathic Family Physicians, 01/2018, Bellaire, MI

18. Community Conversations, Lake Orion, 01/2018, Lake Orion, MI
19. "I Am Jazz" Reading and Discussion, St. James Episcopal Church, 03/2019, Dexter, MI
20. Gender Identity, Michigan Organization on Adolescent Sexual Health, 10/2019, Brighton, MI; Port Huron, MI
21. Ask The Expert, Stand With Trans, 05/2020, Farmington Hills, MI (Virtual due to COVID)
22. Transgender Medicine, Michigan Association of Clinical Endocrinologists Annual Symposium, 10/2020, Grand Rapids, MI (Virtual due to COVID)
23. Transgender Youth in Primary Care, Michigan Child Care Collaborative (MC3), 10/2020, Ann Arbor, MI (Virtual due to COVID)
24. Lets Talk About Hormones, Stand With Trans, 10/2020, Farmington Hills, MI (Virtual due to COVID)
25. Gender Identity, Universalist Unitarian Church of East Liberty, 04/2021, Virtual due to COVID
26. Unconscious Bias, Ascension St. John Hospital, 05/2021, Virtual due to COVID

PUBLICATIONS/SCHOLARSHIP

Peer-Reviewed Articles

1. Vengalil N, Shumer D, Wang F: Developing an LGBT curriculum and evaluating its impact on dermatology residents, *Int J Dermatol*.61: 99-102, 01/2022. PM34416015

Chapters

1. Shumer: Coma. In Schwartz MW6, Lippincott Williams & Wilkins, Philadelphia, PA, (2012)
2. Shumer, Spack: Medical Treatment of the Adolescent Transgender Patient. In Đorđević M; Monstrey SJ; Salgado CJ Eds. CRC Press/Taylor & Francis, (2016)

3. Kinnear HA, **Shumer DE**: Duration of Pubertal Suppression and Initiation of Gender-Affirming Hormone Treatment in Youth. In FinlaysonElsevier, (2018)
4. Araya, **Shumer DE**: Endocrinology of Transgender Care – Children and Adolescents. In Poretsky; Hembree Ed. Springer, (2019)

Non-Peer Reviewed Articles

1. Shumer D: The Effect of Race and Gender Labels in the Induction of Traits, *Northwestern Journal of Race and Gender Criticism*.NA01/2014
2. Shumer D: A Tribute to Medical Stereotypes, *The Pharos, Journal of the Alpha Omega Alpha Medical Society*.Summer07/2017
3. Mohnach L, Mazzola S, Shumer D, Berman DR: Prenatal diagnosis of 17-hydroxylase/17,20-lyase deficiency (17OHD) in a case of 46,XY sex discordance and low maternal serum estriol, *Case Reports in Perinatal Medicine*.8(1)01/2018
4. Mohnach L, Mazzola S, Shumer D, Berman DR: Prenatal Diagnosis of 17-hydroxylase/17,20-lyase deficiency (17OHD) in a case of 46,XY sex discordance and low maternal serum estriol, *Case Reports in Perinatal Medicine*.8(1)12/2018
5. Kim C, Harrall KK, Glueck DH, **Shumer DE**, Dabelea D: Childhood adiposity and adolescent sex steroids in the EPOCH (Exploring Perinatal Outcomes among Children) study, *Clin Endocrinol (Oxf)*.91(4): 525-533, 01/2019. PM31278867
6. Araya A, Shumer D, Warwick R, Selkie E: 37. "I've Been Happily Dating For 5 Years" - Romantic and Sexual Health, Experience and Expectations in Transgender Youth, *Journal of Adolescent Health*.66(2): s20, 02/2020
7. Araya A, Shumer D, Warwick R, Selkie E: 73. "I think sex is different for everybody" - Sexual Experiences and Expectations in Transgender Youth, *Journal of Pediatric and Adolescent Gynecology*.33(2): 209-210, 04/2020
8. Araya AC, Warwick R, Shumer D, Selkie E, Rath T, Ibrahim M, Srinivasan A: Romantic Health in Transgender Adolescents, *Pediatrics*.Pediatrics01/2021
9. Martin S, Sandberg ES, **Shumer DE**: Criminalization of Gender-Affirming Care - Interfering with Essential Treatment for Transgender Children and

Adolescents, *New England Journal of Medicine*.385(7): 579-581, 08/2021.
PM34010528

Editorial Comment

1. **Shumer DE**, Harris LH, Opiari VP: The Effect of Lesbian, Gay, Bisexual, and Transgender-Related Legislation on Children, 01/2016. PM27575000
2. **Shumer DE**: Health Disparities Facing Transgender and Gender Nonconforming Youth Are Not Inevitable, 01/2018. PM29437859
3. Martin S, Sandberg ES, Shumer DE: Criminalization of Gender-Affirming Care - Interfering with Essential Treatment for Transgender Children and Adolescents, 01/2021

Erratum

1. Tishelman AC, Kaufman R, Edwards-Leeper L, Mandel FH, **Shumer DE**, Spack NP: Correction to Serving Transgender Youth: Challenges, Dilemmas, and Clinical Examples, [Professional Psychology: Research and Practice, 46(1), (2015) 37-45], *Professional Psychology: Research and Practice*.46(4): 249, 08/2015

Journal Articles

1. **Shumer DE**, Thaker V, Taylor GA, Wassner AJ: Severe hypercalcaemia due to subcutaneous fat necrosis: Presentation, management and complications, *Archives of Disease in Childhood: Fetal and Neonatal Edition*.99(5)01/2014. PM24907163
2. Tishelman AC, Kaufman R, Edwards-Leeper L, Mandel FH, **Shumer DE**, Spack NP: Serving transgender youth: Challenges, dilemmas, and clinical examples, *Professional Psychology: Research and Practice*.46(1): 37-45, 02/2015. PM26807001
3. Reisner SL, Veters R, Leclerc M, Zaslow S, Wolfrum S, **Shumer DE**, Mimiaga MJ: Mental health of transgender youth in care at an adolescent Urban community health center: A matched retrospective cohort study, *Journal of Adolescent Health*.56(3): 274-279, 03/2015. PM25577670

4. **Shumer DE**, Tishelman AC: The Role of Assent in the Treatment of Transgender Adolescents, *International Journal of Transgenderism*.16(2): 97-102, 04/2015. PM27175107
5. **Shumer DE**, Roberts AL, Reisner SL, Lyall K, Austin SB: Brief Report: Autistic Traits in Mothers and Children Associated with Child's Gender Nonconformity, *Journal of Autism and Developmental Disorders*.45(5): 1489-1494, 05/2015. PM25358249
6. Tishelman AC, Kaufman R, Edwards-Leeper L, Mandel FH, **Shumer DE**, Spack NP: Reply to comment on "serving transgender youth: Challenges, dilemmas, and clinical examples" by Tishelman et al. (2015), *Professional Psychology: Research and Practice*.46(4): 307, 08/2015. PM26858509
7. **Shumer DE**, Reisner SL, Edwards-Leeper L, Tishelman A: Evaluation of Asperger Syndrome in Youth Presenting to a Gender Dysphoria Clinic, *LGBT Health*.3(5): 387-390, 10/2016. PM26651183
8. Tishelman AC, **Shumer DE**, Nahata L: Disorders of sex development: Pediatric psychology and the genital exam, *Journal of Pediatric Psychology*.42(5): 530-543, 01/2017. PM27098964
9. Edwards-Leeper L, **Shumer DE**, Feldman HA, Lash BR, Tishelman AC: Psychological profile of the first sample of transgender youth presenting for medical intervention in a U.S. pediatric gender center, *Psychology of Sexual Orientation and Gender Diversity*.4(3): 374-382, 01/2017
10. **Shumer DE**, Abrha A, Feldman HA, Carswell J: Overrepresentation of adopted adolescents at a hospital-based gender dysphoria clinic, *Transgender Health*.2(1): 76-79, 07/2017. PM28861549
11. Strang JF, Meagher H, Kenworthy L, de Vries AL C, Menvielle E, Leibowitz S, Janssen A, Cohen-Kettenis P, **Shumer DE**, Edwards-Leeper L, Pleak RR, Spack N, Karasic DH, Schreier H, Balleur A, Tishelman A, Ehrensaft D, Rodnan L, Kushner ES, Mandel F, Caretto A, Lewis HC, Anthony LG: Initial Clinical Guidelines for Co-Occurring Autism Spectrum Disorder and Gender Dysphoria or Incongruence in Adolescents, *Journal of Clinical Child and Adolescent Psychology*.47(1): 105-115, 01/2018. PM27775428

12. Selkie E, Adkins V, Masters E, Bajpai A, **Shumer DE**: Transgender Adolescents' Uses of Social Media for Social Support, *Journal of Adolescent Health*.66(3): 275-280, 03/2020. PM31690534
13. Warwick RM, **Shumer DE**: Gender-affirming multidisciplinary care for transgender and non-binary children and adolescents, *Children's Health Care*.01/2021
14. Araya AC, Warwick R, **Shumer DE**, Selkie E: Romantic relationships in transgender adolescents: A qualitative study, *Pediatrics*.147(2)02/2021. PM33468600
15. Warwick RM, Araya AC, **Shumer DE**, Selkie EM: Transgender Youths' Sexual Health and Education: A Qualitative Analysis, *Journal of Pediatric and Adolescent Gynecology*.35(2): 138-146, 04/2022. PM34619356

Letters

1. Strang JF, Janssen A, Tishelman A, Leibowitz SF, Kenworthy L, McGuire JK, Edwards-Leeper L, Mazefsky CA, Rofey D, Bascom J, Caplan R, Gomez-Lobo V, Berg D, Zaks Z, Wallace GL, Wimms H, Pine-Twaddell E, **Shumer DE**, Register-Brown K, Sadikova E, Anthony LG: Revisiting the Link: Evidence of the Rates of Autism in Studies of Gender Diverse Individuals, *Journal of the American Academy of Child and Adolescent Psychiatry*.57(11): 885-887, 11/2018. PM30392631

Letters to editor

1. **Shumer DE**: Doctor as environmental steward, 01/2009. PM19364173

Notes

1. **Shumer DE**, Mehringer J, Braverman L, Dauber A: Acquired hypothyroidism in an infant related to excessive maternal iodine intake: Food for thought, *Endocrine Practice*.19(4): 729-731, 07/2013. PM23512394

Podcasts

1. Gaggino L, Shumer WG D: Pediatric Meltdown: Caring for Transgender Youth with Compassion: What Pediatricians Must Know, 01/2020

Reviews

1. **Shumer DE**, Spack NP: Current management of gender identity disorder in childhood and adolescence: Guidelines, barriers and areas of controversy, *Current Opinion in Endocrinology, Diabetes and Obesity*.20(1): 69-73, 02/2013. PM23221495
2. Guss C, **Shumer DE**, Katz-Wise SL: Transgender and gender nonconforming adolescent care: Psychosocial and medical considerations, *Current Opinion in Pediatrics*.27(4): 421-426, 08/2015. PM26087416
3. **Shumer DE**, Nokoff NJ, Spack NP: Advances in the Care of Transgender Children and Adolescents, *Advances in Pediatrics*.63(1): 79-102, 08/2016. PM27426896

Short Surveys

1. **Shumer DE**, Spack NP: Transgender medicine-long-term outcomes from 'the Dutch model', *Nature Reviews Urology*.12(1): 12-13, 01/2015. PM25403246

Abstracts/Posters

1. Shumer D, Kinnear H, McLain K, Morgan H: Development of a Transgender Medicine Elective for 4th Year Medical Students, National Transgender Health Summit, Oakland, CA, 2017
2. Shumer D: Overrepresentation of Adopted Children in a Hospital Based Gender Program, World Professional Association of Transgender Health Biennial International Symposium, Amsterdam, The Netherlands, 2016
3. Shumer D: Mental Health Presentation of Transgender Youth Seeking Medical Intervention, World Professional Association of Transgender Health Biennial International Symposium, Amsterdam, The Netherlands, 2016
4. Adkins V, Masters E, Shumer D, Selkie E: Exploring Transgender Adolescents' Use of Social Media for Support and Health Information Seeking (Poster Presentation), Pediatric Research Symposium, Ann Arbor, MI, 2017

EXHIBIT 3

In the Matter of:

Roe

vs

Herrington

Daniel Shumer MD

July 20, 2023



GRIFFIN GROUP
INTERNATIONAL

3200 East Camelback Road, Suite 177
Phoenix, Arizona 85018

**Roe vs
Herrington**

Daniel Shumer MD

IN THE UNITED STATES DISTRICT COURT
IN AND FOR THE DISTRICT OF ARIZONA

Helen Roe, a minor by and)	
through her parent and next)	
friend Megan Roe; James Poe, a)	
minor, by and through his)	
parent and next friend Laura)	
Poe; and Carl Voe, a minor, by)	No. 4:20-cv-00484-JAS
and through his parent and)	
next friend, Rachel Voe,)	
)	
Plaintiffs,)	
)	
vs.)	
)	
Don Herrington, in his)	
official capacity as Interim)	
State Registrar of Vital)	
Records and Interim Director)	
of the Arizona Department of)	
Health Services,)	
)	
Defendant.)	
)	

VIDEOCONFERENCE DEPOSITION OF DANIEL SHUMER, M.D.

Ann Arbor, Michigan
July 20, 2023
8:00 a.m. (Arizona Time)

REPORTED STENOGRAPHICALLY BY:
PAMELA A. GRIFFIN, RPR, CRR, CRC
Certified Reporter
Certificate No. 50010

PREPARED FOR:
CONDENSED/ASCII

(Certified Copy)



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I N D E X

WITNESS	Page
DANIEL SHUMER, M.D.	
Examination By Mr. Struck	4

E X H I B I T S

Deposition Exhibits:	Description	Page
(None marked)		



1 VIDEOCONFERENCE DEPOSITION OF DANIEL SHUMER,
2 M.D., was taken on July 20, 2023, commencing at 8:00 a.m.
3 (Arizona Time) at the witness location, Ann Arbor,
4 Michigan, before PAMELA A. GRIFFIN, a Certified Reporter in
5 the State of Arizona.

6

7 COUNSEL APPEARING:

8

For the Plaintiffs:

9

10 NATIONAL CENTER FOR LESBIAN RIGHTS
By: Ms. Rachel H. Berg
11 870 Market Street
Suite 370
12 San Francisco, California 94102-3009

13 COOLEY
By: Ms. Stephanie Ainbinder
14 500 Boylston Street
14th Floor
15 Boston, Massachusetts 02116-4019

16 For the Defendant:

17 STRUCK LOVE BOJANOWSKI & ACEDO, PLC
By: Mr. Daniel P. Struck
18 3100 West Ray Road
Suite 300
19 Chandler, Arizona 85226-2473

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1 DANIEL SHUMER, M.D.,
2 a witness herein, having been first duly sworn by the
3 Certified Reporter to speak the truth and nothing but the
4 truth, was examined and testified as follows:
5

6 EXAMINATION

7 BY MR. STRUCK:

8 Q. Dr. Shumer, would you state your name for the
9 record, please.

10 A. Daniel Shumer.

11 Q. And, Dr. Shumer, how many times have you been
12 deposed?

13 A. Probably four.

14 Q. Okay. And I think in your report, you mentioned
15 some cases that you provided expert opinions in.

16 Was it in those four --

17 A. Yes.

18 Q. -- was it with respect to those cases? All right.

19 And where you are you currently located
20 today?

21 A. I'm in Ann Arbor, Michigan.

22 Q. All right. Is there anybody in the room with you?

23 A. There's not.

24 MR. STRUCK: All right. And, Pam, can we
25 have -- I don't know if we have -- have made appearances of



1 counsel yet. I don't know who else is on.

2 THE CERTIFIED STENOGRAPHER: Not on the
3 record, we have not.

4 MR. STRUCK: Let's do that.

5 THE CERTIFIED STENOGRAPHER: Okay.

6 MR. STRUCK: Rachel, are you the only -- is
7 there anybody else from Plaintiffs on -- on -- on the line?

8 MS. BERG: Rachel Berg from the National
9 Center for Lesbian Rights. I will be defending the
10 deposition today. And we have Stephanie Ainbinder from our
11 co-counsel who will just be observing.

12 MR. STRUCK: Okay. Thank you.

13 And I'm Dan Struck for the Defendants.

14 If we have anybody else join, we'll note it
15 for the record.

16 BY MR. STRUCK:

17 Q. Doctor, when were you first approached regarding
18 an expert opinion in this case?

19 A. 2020.

20 Q. Okay. Let me just ask. Do you happen to have
21 your expert report in front of you?

22 A. I don't, but I can pull it up quickly, if needed.

23 Q. Okay. All right. Well, I'm probably going to be
24 going through it. So to the extent it helps you answer
25 questions, you can -- you can feel free to pull it up.



1 Just let me know when you do that. Okay?

2 **A. May I do that -- I'll do that right now just to**
3 **have it ready then.**

4 Q. Okay. Do you have any other documents in front of
5 you?

6 **A. No.**

7 Q. Did you receive a subpoena duces tecum in this
8 case for documents?

9 **A. Not to my knowledge.**

10 Q. Okay. All right. Who -- who contacted you?

11 MS. BERG: Object to -- objection to that.
12 Calls for privileged information.

13 MR. STRUCK: That actually doesn't call for
14 privileged information. I'm not asking what was said. I'm
15 just asking who contacted him. That's not privileged. I
16 didn't ask what the --

17 MS. BERG: That's fine. That's fine. He can
18 go ahead and answer.

19 MR. STRUCK: All right.

20 BY MR. STRUCK:

21 Q. Doctor, who contacted you?

22 **A. It was an attorney, and it's been a while, so I'm**
23 **not 100 percent sure. It might have been someone named**
24 **Asaf Orr.**

25 Q. All right. And -- and Asaf was an attorney that



1 was previously on this case, so that's possible.

2 Was it a telephone call, or what was the
3 nature of the communication?

4 A. I think there was an e-mail. And then to my -- to
5 my recollection, there was a phone call to further explain
6 what was being asked of me related to the case.

7 Q. And have you ever been hired by Asaf Orr in -- in
8 other cases?

9 A. I don't believe so.

10 Q. Have you ever been hired by the National Center
11 For Lesbian Rights in any other cases?

12 A. Currently I'm involved in a few cases that -- that
13 I understand they're being represented by several firms.
14 And so I do believe that NCLR is part of some of those,
15 yes.

16 Q. All right. Are those cases referred to in your
17 report?

18 A. Yes.

19 Q. All right. I'll ask you about those in a little
20 bit.

21 And how about the Cooley firm? Have you ever
22 been hired by them?

23 A. Again, I guess -- I guess I'm not so clear on
24 which firms are which cases. So I'm more familiar with the
25 cases themselves and pay less attention maybe to the firm



1 **so I'm not sure.**

2 Q. That's fine. And, you know, I'm not asking you to
3 guess. If you don't know, just say you don't know, and
4 we'll just move on.

5 **A. Sure.**

6 Q. Now, what were you asked to do in this particular
7 case?

8 **A. I was asked to provide an expert report.**

9 Q. And specifically an expert report with respect to
10 what?

11 **A. Related to the scientific understanding of gender
12 identity and how that may relate to this case.**

13 Q. Okay. And -- and is all -- all of your opinions
14 that you have with respect to this case, are they included
15 in this report?

16 **A. Yes.**

17 Q. All right. What is your understanding with
18 respect to how a transgendered juvenile in Arizona can get
19 their gender marker changed on the birth certificate?

20 **A. As I understand it, there's one route that they
21 will submit a letter, outlining that they've had a,
22 quote-unquote, sex change operation and another route where
23 they could get a court order through some other means.**

24 Q. Okay. So in other words, a -- a -- getting gender
25 reassignment surgery is not a prerequisite to your



1 understanding in order to get your gender marker changed on
2 the birth certificate in Arizona?

3 **A. Yes. I understand that to be one of the two --**

4 Q. Okay.

5 **A. -- routes.**

6 Q. And you're currently -- you're a pediatric
7 endocrinologist and medical director at the Gender Services
8 Program at the University of Michigan, Michigan Medicine.
9 Is that right?

10 **A. Correct.**

11 Q. All right. How long have you been there?

12 **A. Since 2015.**

13 Q. And in your report you state that your major --
14 the major focus of your clinical and research work pertains
15 to transgender adolescence. Is that right?

16 **A. Yes.**

17 Q. What is the percentage of your work that relates
18 to clinical and research work pertaining to transgender
19 adolescence?

20 **A. About 40 percent.**

21 Q. And what about the other 60 percent of your work?

22 **A. As a pediatric endocrinologist, I also see**
23 **children with diabetes, thyroid problems and other**
24 **endocrine disorders and also disorders of sex development.**

25 Q. And I think in your report you mentioned that over



1 the course of your career, you've actually treated
2 approximately 400 juveniles with gender dysphoria. Is that
3 correct?

4 **A. Yes.**

5 Q. All right. With respect to -- is that -- the 400
6 number, is that how many individuals have come to you
7 requesting treatment for gender dysphoria, or were you
8 actually diagnosing them with general dysphoria?

9 **A. Those would be patients that were referred to the
10 child adolescent and gender clinic, which I'm a part of,
11 for assessment and potential management of gender
12 dysphoria.**

13 Q. And when you are assessing a patient for potential
14 gender dysphoria, what do you do? How do you -- how do you
15 go about that?

16 **A. In -- in our -- in our clinic here we have a
17 multidisciplinary team approach. So that when a patient is
18 referred, typically that's by the primary care doctor or a
19 mental health professional.**

20 **The first thing that would happen is a phone
21 triage with one of our mental health professionals, with
22 the family to understand the reason for the referral, and
23 what the goals of the referral may be. And leading from
24 that, that triage phone call, then other parts of
25 assessment may be scheduled, such as a biopsychosocial**



1 assessment by our social work team. And so after this sort
2 of assessment phase, medical visits could be scheduled as
3 necessary with myself or other members of our team. And
4 then in meeting those patients, then I would complete
5 further medical assessments and then discuss potential
6 options for care.

7 Q. And when you're conducting those assessments as an
8 endocrinol -- a pediatric endocrinologist, what do you --
9 are there particular tests that you run? What -- what is
10 your role with respect to these assessments?

11 A. I think there's a few things. One is that it's
12 helpful for us to understand if a particular individual
13 meets the diagnostic criteria for gender dysphoria. And
14 that's an assessment that -- that is typically performed by
15 the -- the health professional seeing the patient. But
16 then it can be sort of confirmed in the questions that I'm
17 asking the patient; but then more specifically, whether or
18 not someone does have gender dysphoria as a diagnosis, how
19 that actually relates to their life and how it may be
20 impacting their life, understanding their medical history,
21 their social situation, and how -- how potential medical
22 inventions may or may not benefit them.

23 Q. And as a pediatric endocrinologist, are you able
24 to make a diagnosis of gender dysphoria, or is that
25 something that you'd defer to a mental health professional?



1 **A.** I can make a diagnosis of gender dysphoria. At
2 the same time, I think that the collaboration between
3 myself and other members of our team provides the -- the
4 assessment that -- that we've determined works best for our
5 clinic.

6 **Q.** And you have been at University of Michigan
7 since -- is it 2018? Is that right?

8 **A.** 2015.

9 **Q.** 2015. Okay. Prior to that, you were at the
10 Boston Children's Hospital?

11 **A.** Correct.

12 **Q.** And you received your -- or you completed your
13 fellowship and your degree in 2015?

14 **A.** Correct. I -- I guess I completed my fellowship
15 in 2015. My medical degree I completed in 2008.

16 **Q.** In your report on page 3 you refer to
17 publications, recent publications, that you have been an
18 author or helped author. One of them was the Effect of
19 Lesbian, Gay, Bisexual and Transgender Related Legislation
20 on Children. Is that right?

21 **A.** Yes.

22 **Q.** All right. And what was the focus of that
23 particular article?

24 **A.** The focus was the -- the concern regarding
25 legislation banning gender affirming care to youth and how



1 **that may effect children with gender dysphoria.**

2 Q. Okay. That particular article didn't deal with --
3 excuse me -- the legislation that we're talking about here
4 in terms of the requirement that a transgendered juvenile
5 go to court to get their gender marker changed. It was
6 more related to some states who are trying to ban treatment
7 for gender dysphoria. Is that right?

8 MS. BERG: Objection. Ambiguous.
9 Mischaracterizes the case.

10 BY MR. STRUCK:

11 Q. You can answer the question unless she instructs
12 you not to answer, Doctor.

13 A. **Sure. I -- I -- I think that the impetus to**
14 **writing the article was related to banning trans healthcare**
15 **for youth, although maybe the larger theme is related to**
16 **concerns regarding legislating the lives and healthcare**
17 **decisions of trans youth.**

18 Q. Okay. Now, in your opinion, does the requirement
19 that somebody who is a trans youth who wants to have their
20 gender marker changed go to the judge, is that what -- is
21 that legislation that you're concerned about, the trying to
22 go to get a court order to get a change a gender marker?

23 A. **Yes.**

24 Q. Okay. And why is that?

25 A. **Becau- -- correcting a birth certificate is an**



1 important aspect of -- is an important thing for anyone to
2 do that has an error on their birth certificate. And
3 having unnecessary barriers to making that correction could
4 cause harm to the individual.

5 Q. All right. So do you think, like, for example, a
6 juvenile who's being adopted, do you think that they should
7 not have to go to court to have their name changed on their
8 birth certificate, that that might cause undue mental
9 distress?

10 MS. BERG: Objection. Relevance. Objection.
11 Outside of the scope of the expert's assigned task.

12 BY MR. STRUCK:

13 Q. You can answer the question, Doctor.

14 A. I don't -- I'm not sure I have an opinion on
15 whether the court needs to be involved in birth certificate
16 changes. But what I am concerned about is a process making
17 it challenging for individuals to correct a birth
18 certificate that -- that wouldn't apply to other
19 situations.

20 Q. I'm sorry. I didn't understand that last part of
21 the -- of your answer, "that wouldn't apply to other
22 situations."

23 What do you mean by that?

24 A. Correcting a gender marker on a birth certificate
25 as an error on a birth certificate is not -- should not be



1 **subjected to unnecessary barriers.**

2 Q. All right. And do you think the same is true for
3 a transgendered juvenile who wants to change their name,
4 that they shouldn't have to go to court to have the name
5 changed on their birth certificate either?

6 MS. BERG: Objection. Relevance.

7 Objection. Outside of the scope of the
8 expert's task.

9 BY MR. STRUCK:

10 Q. You can answer the question, Doctor.

11 **A. I don't have an opinion that the -- that the**
12 **child -- a name change doesn't have to be in court, but**
13 **there shouldn't be unnecessary barriers to the -- the**
14 **request.**

15 Q. Okay. So in -- in your opinion -- or you don't
16 have an opinion with respect to whether or not it causes
17 undue -- could cause undue mental distress for the -- a
18 barrier relating to getting a name change on a birth
19 certificate, but you do believe that it's -- it could
20 potentially cause mental distress to have a barrier
21 relating to having your gender marker changed on a birth
22 certificate? Am I understanding --

23 MS. BERG: Objection. Mischaracterizes the
24 testimony.

25 MR. STRUCK: Rachel, if you wouldn't mind



1 letting me finish the question before you object.

2 MS. BERG: Sorry. I thought you were done.

3 MR. STRUCK: I wasn't. That's okay.

4 MS. BERG: Go ahead. Reask -- reask the
5 question.

6 MR. STRUCK: Let me ask the question again.

7 BY MR. STRUCK:

8 Q. Doctor, I just want to make sure I understand your
9 opinion.

10 You -- you -- in your opinion, there is --
11 there's a potential for mental distress due to a barrier of
12 having to go to court for a transgender juvenile to get a
13 gender marker change. Is that right?

14 **A. I'm not sure that I can opine on what a court**
15 **order process means for someone's mental health, but I can**
16 **talk more about what transgender youth face in terms of**
17 **medical decision-making.**

18 Q. Okay. Well, but -- and just to be clear, this
19 case isn't about, you know, preventing transgender youth
20 from getting treatment for gender dysphoria. This case is
21 about birth certificates and being able to change the
22 gender marker on the birth certificate.

23 You understand that?

24 **A. I do understand that.**

25 Q. Okay. And -- and so my -- let me ask this then.



1 I just want to make sure I understand.

2 You don't have an opinion, then, whether or
3 not the barrier in place in Arizona that requires a
4 transgendered juvenile to go to court to get their name
5 changed on their birth certificate causes any kind of
6 mental distress?

7 **A. I'm sorry. I don't think I understand your**
8 **question. Can you repeat that?**

9 Q. Right. You don't have -- I think what you told me
10 before was you don't have an opinion as to whether or not
11 the barrier in Arizona with respect to a transgendered
12 juvenile getting their name changed and having to go to
13 court to do so could cause mental distress?

14 **A. I don't know anything about the process for name**
15 **change in Arizona.**

16 Q. Okay. So you weren't told that if a transgendered
17 juvenile wants their -- to get their name changed on their
18 birth certificate in Arizona, they have to go through that
19 court process? You were never told that?

20 **A. I don't -- I don't recall ever talking about the**
21 **name change process in Arizona, no.**

22 Q. And is -- in addition to getting the birth
23 certificate, the gender marker changed on their birth
24 certificate with respect to importance in the treatment of
25 gender dysphoria, isn't it equally important to be able to



1 get the -- the correct name on the birth certificate for a
2 transgendered juvenile --

3 MS. BERG: Objection. Relevance.

4 BY MR. STRUCK:

5 Q. -- with respect to treatment for gender dysphoria?

6 **A. I think that having the correct name and gender**
7 **marker on a birth certificate is important for the**
8 **treatment of gender dysphoria.**

9 Q. Okay. Would you agree -- well, let me -- let me
10 make sure I understand.

11 You didn't speak to any of the plaintiffs or
12 any of the children of the plaintiffs in this case. Is
13 that right?

14 **A. That's correct.**

15 Q. Have you ever treated any juveniles with gender
16 dysphoria from the state of Arizona as far as you know?

17 **A. Not to my recollection.**

18 Q. Have you ever -- have any of your patients ever
19 come to you and said that they were distressed by not being
20 able to get their gender marker changed without having to
21 go through a court process?

22 **A. Many patients are distressed about the process of**
23 **changing the gender marker on the birth certificate. In --**
24 **and so, yes, those conversations have -- have occurred.**

25 Q. Are all your juvenile patients distressed by that



1 or just some of them?

2 **A. I haven't had a conversation with all of my**
3 **patients about this.**

4 Q. Sure. But if -- is it fair to say that -- well,
5 strike that.

6 The -- do you have a -- a questionnaire that
7 asks about things that are distressing to individuals
8 who -- who come to you for treatment for gender dysphoria?
9 Is there some sort of a questionnaire that you give them?

10 **A. No.**

11 Q. No? Are there -- is there a list of questions
12 that you ask them when you are assessing them for gender
13 dysphoria treatment and diagnosis of gender dysphoria with
14 respect to determining what -- what kind of stressors are
15 going on in their life?

16 **A. The questions that I ask patients are**
17 **individualized. I wouldn't characterize it as a list.**

18 Q. Okay. How many patients have you had, juvenile
19 patients that you've had, that have told you that they were
20 distressed by having to go to court to get their gender
21 marker changed?

22 **A. In Michigan recently, none, because you don't have**
23 **to go to court to have your gender marker changed.**

24 Q. All right. So under Michigan law, that can be
25 done through some sort of an administrative process?



1 **A. Correct.**

2 Q. And when did that change?

3 **A. A couple of years ago, I believe.**

4 Q. Okay. Prior to that, how many patients came to
5 you and said that they were distressed by the process of
6 getting their gender marker changed on their birth
7 certificate?

8 **A. I don't think that I can give you a number, but I**
9 **would say several dozen.**

10 Q. Okay. Based upon your experience treating
11 transgendered juveniles for gen- -- for gender dysphoria,
12 would you agree that there are -- there could be just as
13 many that aren't concerned about going to court to getting
14 their gender -- to get their gender marker changed on their
15 birth certificate?

16 **A. I would find that challenging to believe as most**
17 **people don't like to go to court. And I would find it**
18 **would be distressing to go to court related to -- to this**
19 **topic for trans youth.**

20 Q. Do you know in Michigan, do trans youth have to go
21 to court to get their -- the name changed on their birth
22 certificate?

23 **A. They have to go to court to change their name, but**
24 **I don't believe they have to go to court to change the name**
25 **on the birth certificate.**



1 Q. Okay. So you think that as far as the birth
2 certificate goes, that's also an administrative process in
3 Michigan?

4 **A. That's my understanding.**

5 MS. BERG: Objection. Relevance.

6 BY MR. STRUCK:

7 Q. You provided testimony on behalf of transgender
8 plaintiffs in a case called Dekker, D-e-k-k-e-r, versus
9 Weida, W-e-i-d-a, which is a case out of Florida.

10 What -- what was the nature of your testimony
11 in that case?

12 **A. I was asked to outline the details of best
13 practices related to the treatment of gender dysphoria.**

14 Q. Was that an individual plaintiff, or was that a
15 class action? Do you know?

16 **A. There were multiple plaintiffs.**

17 Q. Okay. And did you -- and you provided deposition
18 testimony in that case?

19 **A. I -- I provided in-person testimony at a hearing.
20 I believe I provided deposition testimony as well.
21 Sometimes it runs together in my brain, though.**

22 Q. Sure. I understand. So you think you -- you
23 testified in court, and you believe you may have given a
24 deposition. And presumably you prepared a report in that
25 case as well?



1 **A. Yes.**

2 Q. You also provided expert testimony regarding -- on
3 behalf of transgendered plaintiffs in a case called Boe,
4 B-o-e, et al., versus Marshall, M-a-r-s-h-a-l-l, which is a
5 case out of Alabama.

6 What was the nature of your testimony in that
7 case?

8 **A. Again, providing the rationale for treatment of**
9 **gender dysphoria with hormonal inter- -- hormonal**
10 **interventions.**

11 Q. Did you provide deposition testimony in that case?

12 **A. I think -- I believe I have.**

13 Q. Did you testify in court? Do you know?

14 **A. I don't think that has gone to court yet.**

15 Q. All right. And do you remember who hired you in
16 the Boe case, which law firm or law group?

17 **A. If I'm not mistaken, that case is the U.S.**
18 **government that is.**

19 Q. The Department of Justice or the --

20 **A. Yeah, I believe so.**

21 Q. Okay. And how about the Dekker case?

22 **A. I can pull that information up if you'd like, but**
23 **I -- I don't have -- have the law firm on hand.**

24 Q. I can -- you don't have to do that. I can -- I
25 can find that out.



1 And then you also provided expert testimony
2 on behalf of transgender plaintiffs in Roe versus Utah High
3 School Activities Association. Is that right?

4 **A. Yes.**

5 Q. And what was the nature of that testimony?

6 **A. That had to do with the effect of -- of hormones**
7 **on muscular strength and such related to athletic**
8 **performance.**

9 Q. Was that testimony in relation to allowing a
10 transgendered youth to participate in high school
11 athletics?

12 **A. Yes.**

13 Q. All right. So transgendered females participating
14 with -- with other females?

15 **A. Correct.**

16 Q. And what was your -- what was your opinion in that
17 case?

18 **A. I think I had a lot of different opinions, but**
19 **primarily was there to discuss puberty and how**
20 **interventions for gender dysphoria affect puberty and its**
21 **relationship to athletic performance. So that as**
22 **testosterone is the major driver of competitive advantage**
23 **for -- for biologic males, that one who does not go through**
24 **male puberty would not have that advantage.**

25 Q. Okay. So -- so I -- I guess puberty blockers



1 would prevent a transgender female from having any kind of
2 an advantage over females, other females with respect to
3 athletic events? Is that -- was that the nature of your
4 testimony?

5 **A. Yes.**

6 Q. Okay. Who hired you in that case? Do you
7 remember?

8 **A. I don't.**

9 Q. And you provided testimony in a case called
10 Menefee -- I'm not sure if I'm pronouncing that
11 correctly -- M-e-n-e-f-e-e, versus City of Huntsville Board
12 of Education. It's an Alabama case.

13 What was the nature of your testimony in that
14 case?

15 **A. That case involved a young adult who had
16 experienced various forms of mistreatment in high school,
17 and I was providing information on gender identity, gender
18 dysphoria and how that related to the way that the person
19 experienced this mistreatment in high school.**

20 Q. So that was a -- an individual plaintiff who was
21 suing the City of Huntsville Board of Education?

22 **A. Correct.**

23 Q. Do you remember who hired you in that case?

24 **A. I don't.**

25 Q. Okay. Flack, F-l-a-c-k, versus Wisconsin



1 Department of Health Services.

2 What was the nature of your testimony in the
3 Flack case?

4 **A. Similar to the previous student in Wisconsin that**
5 **experienced mistreatment in high school.**

6 Q. And Whitaker, W-h-i-t-a-k-e-r, versus Kenosha
7 Unified School District, also a Wisconsin case. What was
8 the nature of your testimony in that case?

9 **A. Oh, I -- I think I was thinking about Whitaker in**
10 **the last question. So Whitaker was definitely related to a**
11 **high school issue in Kenosha.**

12 Can you read the title of the Flack case
13 again?

14 Q. Sure. It was -- it's Flack versus Wisconsin
15 Department of Health Services. And it's a --

16 **A. I think -- I believe we're getting way back now,**
17 **but I believe that that case involved access to gender**
18 **affirming care.**

19 Q. All right. And what in that -- and what was your
20 opinion in the Flack case?

21 **A. If I'm not mistaken, the plaintiff was requiring a**
22 **certain medical intervention that wasn't being provided,**
23 **and I provided the rationale for the medical necessity of**
24 **that intervention.**

25 Q. And what particular intervention was it?



1 **A. If I'm not mistaken, I believe that was chest**
2 **surgery.**

3 Q. Okay. And that would have been the removal of
4 breasts?

5 **A. Yes.**

6 Q. And this was a -- and this was -- and all of these
7 were in relation to juvenile plaintiffs. Correct?

8 **A. No.**

9 Q. Okay.

10 **A. I don't think that Flack was a juvenile. And**
11 **Menefee was not a juvenile at the time that they became a**
12 **plaintiff. I'm not sure about Whitaker.**

13 Q. It was against the Kenosha Unified School
14 District, so I'm assuming it was probably a juvenile?

15 **A. I think the harm occurred as a juvenile, but I'm**
16 **not sure if Whitaker was a juvenile when the case was**
17 **filed.**

18 Q. Understood. Okay.

19 Any other cases that you're -- besides this
20 one and the ones that I just mentioned in the last four
21 years that you have provided or worked as an expert?

22 **A. There are cases that I hired as an expert,**
23 **but that I have yet to or haven't provided deposition or**
24 **testimony.**

25 Q. Okay. And -- and what other cases have you been



1 hired as an expert?

2 **A. Cases involving the banning of gender affirming**
3 **care in Indiana, in Missouri, and in Texas.**

4 Q. And then you have -- you -- I'm assuming you were
5 hired by the plaintiffs in those cases?

6 **A. Yes.**

7 Q. Is this the only case that you've ever provided
8 any expert testimony with respect to legislation relating
9 to changing birth certificates?

10 **A. Yes.**

11 Q. And -- and in this case, is it -- I'm assuming
12 based on -- on your report that your opinion is that one of
13 the -- one of the important aspects of treating gender
14 dysphoria is gender identity as a determinant. Is that
15 right?

16 **A. All right. Can you say that again? I'm sorry.**

17 Q. That one of the -- one of the important ways of
18 treating -- or one of the important aspects of treating
19 gender dysphoria is gender identity as a determinant?

20 MS. BERG: Objection. Vague.

21 **THE WITNESS: I don't know what you mean by**
22 **that exactly.**

23 BY MR. STRUCK:

24 Q. Well, what I mean is if -- if I am a transgender
25 individual, I would -- I want people to see me as I see



1 myself. If I am identifying as a female, I want people to
2 identify me as a female.

3 Is that -- isn't that what --

4 **A. Yes. That's typically an aspect of treatment for**
5 **gender dysphoria.**

6 Q. Okay. And in -- in this case, what is it about
7 requiring a transgendered juvenile to go through a court
8 process to get their gender marker changed? What -- what
9 is it that -- how does that affect their treatment for
10 gender dysphoria?

11 **A. Again, I'm not sure --**

12 MS. BERG: Objection.

13 Sorry. One second.

14 Objection. Outside the scope of the expert's
15 assigned task.

16 BY MR. STRUCK:

17 Q. You can answer the question if you can, Doctor.

18 **A. Sure. I guess I -- as an endocrinologist, I don't**
19 **think that I can opine what a court order process would**
20 **mean for the treatment of someone's gender dysphoria. What**
21 **I can say is that -- that in clinical practice, patients**
22 **that I see do have a lot of anxiety around processes**
23 **related to correcting things like the gender marker on**
24 **their birth certificate. They're often asking -- asking**
25 **me, you know, where to start and sometimes it's challenging**



1 for me to understand the process. So I think that the
2 topic in general does cause a lot of clinical concern.

3 But what the current court order process in
4 Arizona means for someone's treatment of gender dysphoria,
5 I think, is outside of my -- my sort of expertise.

6 Q. Okay. Thank you.

7 And also, I think -- and you may have
8 mentioned this before, but individuals that you've treated
9 have -- also have the same type of anxiety, I guess, or
10 concerns with respect to changing their name on their birth
11 certificate?

12 MS. BERG: Objection. Relevance.

13 And objection. Outside the scope of the
14 expert's assigned task.

15 BY MR. STRUCK:

16 Q. You can answer the question, Doctor.

17 A. I think that all elements of identity verification
18 can cause distress. Fortunately, more recently in
19 Michigan, the routes to these -- these changes have become
20 much easier.

21 Q. With respect to your patient base, are they -- is
22 it 100 percent Michigan residents, or do you get people
23 coming from out of state as well?

24 A. The vast majority are Michigan residents, but some
25 people from out of state; second place would be Ohio.



1 Q. Because of its proximity?

2 A. Correct.

3 Q. What does gender fluid mean?

4 With respect to your practice, someone's
5 who's gender fluid, what does that mean?

6 MS. BERG: Objection. Relevance.

7 THE WITNESS: Someone may use the term
8 "gender fluid" to describe a gender identity that changes
9 over time or one's understanding of their gender identity
10 changes over time.

11 BY MR. STRUCK:

12 Q. Is there a different clinical term that you use
13 with respect to individuals who identify as being gender
14 fluid?

15 A. I don't have a different term to describe a
16 phenomenon where someone's understanding of their gender
17 identity changes over time. But I wouldn't necessarily
18 consider gender fluid to be a medical term.

19 Q. Okay. So in -- with respect to the 400 patients
20 that you've treated for gender dysphoria, have you had any
21 of those patients later decide that they identify --
22 instead of identifying now as a female, now they're going
23 to identify as a male?

24 In other words, if you -- do you have any --
25 have you had any patients that were -- that consider



1 themselves or were considered themselves gender fluid at
2 some point in their lives?

3 MS. BERG: Objection. Relevance.

4 **THE WITNESS: I have had a few patients that**
5 **have over time changed their understanding of their gender**
6 **identity.**

7 BY MR. STRUCK:

8 Q. How many, do you think?

9 A. **Two or three.**

10 Q. In your report you talk about undergoing treatment
11 to alleviate gender dysphoria, and you re- -- and you say
12 it's commonly referred to as a transition. Is that right?

13 A. **Yes.**

14 Q. Can you explain that?

15 A. **Explain what exactly?**

16 Q. The treatment process with respect to alleviating
17 gender dysphoria.

18 A. **So a patient with gender dysphoria by definition**
19 **is having some distress associated with the disconnect**
20 **between their gender identity and the sex that they were**
21 **assigned at birth. And the task of the medical assessment**
22 **and potential intervention is to determine the sources of**
23 **that distress and then work with a patient and family to**
24 **determine what, if any, interventions may help reduce that**
25 **distress. And those interventions may include things like**



1 **social transition or medical interventions.**

2 Q. And in your report you talk about social
3 transition as including things like adopting a new name.
4 Is that right?

5 **A. That would be an element of a social transition,**
6 **yes.**

7 Q. Pronouns?

8 **A. Yes. Yes.**

9 Q. Clothing?

10 **A. Yes. All of these may be elements of someone's**
11 **social transition.**

12 Q. And correcting identity documents?

13 **A. Yes.**

14 Q. And that would be a driver's license, for example?

15 **A. That would be an example.**

16 Q. A birth certificate?

17 **A. Yes.**

18 Q. And correcting identity documents would include
19 changing the name and the gender marker. Correct?

20 **A. If applicable.**

21 Q. Have you ever treated -- in any of the 400
22 patients that you've treated, have any of them kept their
23 birth name?

24 **A. Yes.**

25 Q. How -- what's -- how many of them out of the 400



1 actually kept their birth name?

2 A. I don't know the answer to that question. I would
3 say that sometimes a birth name does not cause distress
4 and so, therefore, would not necessitate a change. Other
5 times people use a name, but don't have the -- the --
6 either financial or social wherewithal to understand how to
7 change their name, but would otherwise like to change their
8 name.

9 Q. Okay. Would you agree that the majority of the
10 patients that you've treated prefer -- would prefer to
11 either change their name or have already changed their --
12 are using another name? And now I'm not talking about
13 surnames. I'm talking about their first name.

14 A. I would agree with that.

15 Q. And then the next aspect of treating gender
16 dysphoria is medical transition. Is that correct?

17 A. It may be, if necessary, yes.

18 Q. And that would include puberty blockers and then
19 maybe later hormone replacement therapy. Is that correct?

20 A. It may, depending on the age and stage of the
21 patient. And patients that have completed puberty would
22 not be prescribed puberty blockers. But both puberty
23 suppressions and GnRH agonists and use of hormones may be
24 an important part of a person's gender affirming care
25 treatment plan.



1 Q. Are there -- I'm curious. Are there debates going
2 on within the medical field with respect to certain aspects
3 of medical transition for juveniles who are undergoing
4 treatment for gender dysphoria?

5 MS. BERG: Objection. Relevance.

6 **THE WITNESS: All of the major medical**
7 **bodies, such as the American Association of Pediatrics,**
8 **American Psychiatric Association, Endocrine Society, World**
9 **Professional Association for Transgender Health support the**
10 **notion that children and adolescence with gender dysphoria**
11 **benefit from treatment, and that treatment is safe and**
12 **efficacious.**

13 BY MR. STRUCK:

14 Q. Are there concerns with respect to the long term?
15 Do endocrinologists have concerns with respect to the long
16 term, potential long-term effects of, for example, hormone
17 replacement therapy?

18 MS. BERG: Objection. Relevance.

19 **THE WITNESS: Endocrinologists in this field**
20 **use hormones to treat gender dysphoria, knowing that the**
21 **current literature demonstrates that appropriate use of**
22 **hormones results in improvement of gender dysphoria and**
23 **improvement in mental health and health outcomes.**

24 **As with any medical intervention, medication**
25 **must be prescribed safely and with appropriate monitoring.**



1 So I wouldn't -- I wouldn't categorize the current field of
2 gender affirming care as you did, no.

3 BY MR. STRUCK:

4 Q. Okay. Do you see the -- were you -- are you
5 familiar with the letter that was signed by the 21
6 endocrinologists around the world that was, I think, in the
7 Wall Street Journal recently? Are you familiar with that?

8 A. I haven't read the letter, but I -- I believe I --
9 I heard of what you're talking about.

10 Q. And you weren't interested in reading the letter?

11 MS. BERG: Objection. Relevance.

12 BY MR. STRUCK:

13 Q. You can answer the question.

14 A. I haven't considered reading or not reading the
15 letter. Wouldn't know where to find a letter that you're
16 referring to.

17 But what I do know is that -- that I'm
18 familiar with all of the data related to gender affirming
19 care. And so, therefore, consider myself an expert in the
20 safety and efficacy of gender affirming care, so that
21 opinions of other folks that may or may not have as much
22 familiarity with that literature wouldn't change my
23 clinical practice.

24 Q. Okay. So there have been long-term studies with
25 respect to the potential effects on individuals, juveniles



1 who have taken hormone replacement therapy with respect to,
2 like, for example, bone loss?

3 MS. BERG: Objection. Relevance.

4 **THE WITNESS: Yes.**

5 BY MR. STRUCK:

6 Q. There have been?

7 **A. Yes.**

8 MS. BERG: Objection.

9 BY MR. STRUCK:

10 Q. And the third aspect of undergoing treatment to
11 alleviate gender dysphoria is surgical transition. Is that
12 right?

13 **A. Surgical intervention is -- may be an important
14 part of someone's treatment plan for gender dysphoria, but
15 not necessarily for everybody.**

16 Q. And when you say not necessarily for everybody,
17 are you referring to juveniles?

18 **A. I'm referring to people in general.**

19 Q. Okay. What -- what is the standard of care with
20 respect to surgical transition surgery for juveniles for
21 the treatment of gender dysphoria?

22 **A. Typically surgical options for treatment of gender
23 dysphoria are reserved for adults. However, there may be
24 some juveniles who would benefit from, for example, a
25 masculinizing chest surgery; that surgeries that involve**



1 changes to the genitalia in my practice are typically
2 reserved for people of -- over 18.

3 Q. And, Doctor, the reason I'm asking you about this,
4 this is -- I mean, you talk about all this in your report,
5 so I'm not going -- I don't think I'm going outside the
6 scope of your report. I think you spend several pages
7 talking about hormone therapy and surgical options for
8 individuals who are -- who have been treated for gender
9 dysphoria.

10 Is it your understanding, Doctor, that
11 Arizona requires a transgender person to undergo surgical
12 treatment before being able to get their -- the gender
13 marker changed on their birth certificate? Is that your
14 understanding?

15 A. My understanding that one of the routes in
16 order -- that one can go to change their birth certificate
17 is providing a letter from a physician stating that one has
18 had a sex change operation.

19 Q. And presumably you -- you're not aware of the --
20 the history of how that legislation came about?

21 A. No.

22 Q. You don't -- like, you don't know when it was
23 enacted or anything like that?

24 A. No.

25 Q. In your report you talk about individuals who have



1 DSDs.

2 Can you describe what a DSD is?

3 A. DSD stands for a difference in sex development,
4 and that broadly refers to individuals with differences in
5 their anatomy or their hormones or chromosomes, such that
6 when they're born, it's more challenging to understand
7 their -- their sex and sex assignment.

8 Q. And that -- that's different from an individual
9 who was born as a -- genetically as a male, but identifies
10 as a female and transitions to a female as a -- later. Is
11 that right? Those are two different categories of
12 individuals?

13 A. Not necessarily. I think that everyone has a
14 gender identity. So a person that may identify as
15 transgender may have had a DSD. But an individual with a
16 DSD has -- there's -- there's some component of -- of
17 disconnect between anatomic chromosomal and hormonal sex at
18 birth that's recognized by the healthcare team.

19 Q. Okay. And so the gender identity is -- it's
20 not -- it's not mutually exclusive of somebody with DSD.
21 Somebody with DSD could have a gender identity issue as
22 well.

23 Is that what -- is that my understanding of
24 your testimony?

25 A. Yes.



1 Q. Okay. And in paragraph 42 of your report, you say
2 that many states have created a streamlined process that
3 allows people with DSDs to correct their birth
4 certificates.

5 What -- can you tell me what -- what states
6 you were referring to? Presumably, Michigan might be one
7 of them.

8 A. Yes. So I -- I work in Michigan and in
9 Massachusetts, and so I was most familiar with those and
10 don't have specific knowledge of -- of other states.

11 Q. Okay. So with respect to paragraph 42, in your
12 mind you were thinking of Michigan and Massachusetts having
13 the streamlined process that allows people with DSDs to
14 correct their birth certificate without requiring medically
15 unnecessary procedures?

16 A. While I might have been more intimately
17 knowledgeable about those two states, and maybe it was an
18 assumption, but that individuals with differences in sex
19 development, oftentimes there's a challenge in determining
20 what sex to put on the birth certificate.

21 And so -- so it -- it's quite common to have
22 to change the sex marker on the birth certificate, maybe
23 even in infancy once more information is gathered about the
24 individual, and so -- so in the report where I -- where I
25 say "many states have streamlined," maybe more specifically



1 referring to the states that I've worked in, but also
2 extrapolating that that -- that I expect that to be the
3 case in most states as this is a very common issue that
4 comes up in working with individuals with DSD.

5 Q. Okay. Do you know what the streamline process is
6 in Michigan that allows people with DSDs to correct their
7 birth certificates?

8 A. Yes.

9 Q. What is -- what is the streamline process?

10 A. There's a form you can fill out and send to the
11 appropriate governmental agency outlining the correction.

12 Q. Okay. And is that a form that a physician has to
13 be involved in filling out?

14 A. No.

15 Q. Okay. So anybody can fill out that form and send
16 it in in the state of Michigan to get their --

17 A. That's my -- that's my understanding.

18 Q. Is that the same in Massachusetts?

19 A. I don't know.

20 Q. In your conclusions, you state:

21 "Requiring a transgender person to
22 undergo a specific treatment or procedure,
23 which may be invasive and medically
24 inappropriate, to correct their identity
25 documents through a private administrative



1 process to reflect the person's gender
2 identity has no basis in the prevailing
3 standards of care, peer reviewed medical
4 literature, or clinical experience."

5 When reaching that conclusion, you are taking
6 into account the fact that they can actually go through a
7 court process to have their gender marker changed, is that
8 correct? -- without having to have surgery?

9 **A. That was a really long sentence. Can you please**
10 **repeat what I said in that sentence so that I can better**
11 **understand how to answer the question?**

12 Q. Sure. If you want to pull up your report, it's on
13 page 13 of your report.

14 **A. Okay.**

15 Q. It's paragraph 43.

16 **A. Okay. That's helpful. Thank you. Let me just**
17 **take a look.**

18 Q. Sure.

19 **A. Which paragraph did you say?**

20 Q. In -- in the report I have, it's paragraph 43.
21 It's the first paragraph under the heading "Conclusion."

22 **A. Oh, I see. It's 45 on mine, I believe, but maybe**
23 **I have an old copy.**

24 MS. BERG: Dr. Shumer, are you looking at
25 your report or at the preliminary injunction declaration?



1 **THE WITNESS: I'm looking at -- I'm not sure**
2 **that I know the difference.**

3 BY MR. STRUCK:

4 Q. Well, there's a -- I'm on page 13 of your report.

5 A. Okay. I see the paragraph, and I was referring
6 to -- I was referring to requiring medical interventions in
7 that sentence.

8 Q. Okay. And that was the sole focus of that set --
9 of that particular conclusion was requirement of sexual --
10 or of surgical intervention. Is that right?

11 A. I -- I use the words "undergo a specific treatment
12 of procedure." And I was referring to medical procedures
13 in writing that sentence.

14 Q. Okay. And the next paragraph in your report is
15 44, and it begins with "Such a restriction places..."

16 Do you see that?

17 A. Uh-huh.

18 Q. Okay. So in your conclusion, you say:

19 "Such a restriction" -- and the
20 restriction being the medical treatment or
21 specific treatment or procedure -- "places a"
22 particular "onerous" -- "particularly onerous
23 burden on transgender young people who are
24 unable to undergo such a surgery until late
25 adolescence or early adulthood, at the



1 earliest."

2 **A. Yes.**

3 Q. All right. When reaching that conclusion, you
4 aren't taking into account the fact that transgender young
5 people are able to change their birth -- or their gender
6 marker on their birth certificate by going through a court
7 process and not going through any kind of specific
8 treatment or procedure. Correct?

9 MS. BERG: Objection.

10 **THE WITNESS: This sentence was**
11 **specifically --**

12 MS. BERG: Vague.

13 **THE WITNESS: -- referring to the requirement**
14 **for medical intervention.**

15 BY MR. STRUCK:

16 Q. All right. And then the next sentence in
17 paragraph 44 starts with:

18 "Furthermore, many transgender young
19 people who have timely access to medications
20 may never need or want surgery and therefore
21 never be eligible. Complying with the law at
22 issue in this case would force transgender
23 young people to submit to invasive and
24 medically inappropriate or unnecessary
25 procedures to correct their birth certificate



1 through a private" administration --
2 "administrative process."

3 Do you see that?

4 **A. Yes.**

5 Q. Okay. But if transgender young people can correct
6 that gender marker on their birth certificate by going to
7 court and not going through surgery, they're not being
8 forced to -- they're not being forced to have the surgical
9 intervention to change their gender marker, are they?

10 MS. BERG: Objection. Outside the scope of
11 the expert's assigned task.

12 BY MR. STRUCK:

13 Q. Do you understand my question?

14 **A. I do. This sentence is, again, referring to the**
15 **requirement for a surgical intervention, and I don't -- I**
16 **don't claim to know the ins and outs of what a court**
17 **process would look like or how that may or may not impact**
18 **someone with gender dysphoria in Arizona.**

19 Q. Okay. But you don't have an opinion on that?

20 **A. I do not.**

21 MR. STRUCK: Okay. Let me -- let's take
22 about five minutes. I may be done, but I just want to make
23 sure I don't have any more questions.

24 We can go off the record.

25 (Recess from 9:07 a.m. to 9:12 a.m.)



1 BY MR. STRUCK:

2 Q. Dr. Shumer, how much time have you spent on this
3 case, if you can -- if you know, how many hours have you
4 spent working on this case?

5 **A. I would estimate about ten.**

6 Q. And with respect to documents reviewed, is that --
7 have you listed -- did you list all the documents that you
8 reviewed regarding this case? I don't think I saw that in
9 here.

10 **A. I don't -- I don't know that I -- I didn't know**
11 **there was a section in this report on documents reviewed.**

12 Q. Okay. Well, under the rule there's supposed to
13 be, and that's not your fault. I'll talk to Rachel about
14 it.

15 Do you know what -- what you were provided by
16 Plaintiffs' counsel with respect to this case to review?

17 **A. I don't recall what I reviewed. I -- I think that**
18 **I reviewed -- I believe that I reviewed information about**
19 **the process of changing the birth certificate.**

20 Q. Like the statute, the actual statute?

21 **A. I -- I believe so, but this was in 2020, and --**
22 **and I don't recall.**

23 Q. Okay. Can you think of anything else that you
24 reviewed besides maybe the statute?

25 **A. No.**



1 Q. Okay. Did you review the complaint?

2 **A. Yes, I would have reviewed the complaint.**

3 Q. Okay. Anything else you can remember?

4 **A. No.**

5 Q. Okay. Did you review any declarations or opinions
6 from any other experts in the case that you recall?

7 **A. More recently I've read the expert reports that**
8 **were submitted by other experts in the case.**

9 Q. Okay. Did that -- based upon that review, did
10 that -- do you need to alter your report in any way?

11 **A. No.**

12 Q. Okay. Are you being paid for your testimony?

13 **A. Yes.**

14 Q. How much are you being paid?

15 **A. I believe it's \$300 per hour.**

16 Q. Okay. And that's -- and that's for your work in
17 preparing your report?

18 **A. Preparing my report and in being deposed.**

19 Q. Okay.

20 **A. And when you were asking about what I've reviewed**
21 **before, I was trying to think about what I reviewed in**
22 **writing -- in preparing to write the report. And that was**
23 **why I was having a hard time remembering. But -- but since**
24 **then I've reviewed my old report, other experts' report,**
25 **and the complaints.**



1 Q. So you looked at your -- the declaration that you
2 did in support of the motion for preliminary injunction.
3 You looked at the complaints in the case, and you looked at
4 the other experts' report?

5 **A. Correct.**

6 Q. And declaration. Okay.

7 And you -- I think you said you spent about
8 ten hours on this case, you believe?

9 **A. I think that's a good estimate.**

10 Q. All right. And then you're charging me \$300 an
11 hour for your testimony today?

12 **A. Yes.**

13 Q. Okay.

14 **A. Not charging you.**

15 Q. Well, my client will end up paying it so -- at
16 least for your testimony today.

17 And when -- when was the last time you met
18 with either Rachel Berg or any of the other Plaintiffs'
19 counsel to discuss this -- the case?

20 MS. BERG: Objection to the extent that calls
21 for privileged information.

22 But you can go ahead and answer, you know,
23 when we've met.

24 BY MR. STRUCK:

25 Q. Yeah. I'm not asking for what was said, just



1 when -- when -- when you met.

2 **A. We met two days ago.**

3 Q. All right. And was that a Zoom meeting, over the
4 phone? What was the nature of the meeting?

5 **A. We had a Zoom meeting.**

6 Q. All right. And how long was that, did that last?

7 **A. I believe it was about an hour.**

8 Q. All right. And who did you meet with?

9 **A. I met with Ms. Berg. Stephanie was there. And**
10 **then I believe there was a trainee in-law of some sort who**
11 **was also present.**

12 Q. Anybody else on -- on -- on your end, or was it
13 just you?

14 **A. Just me.**

15 MR. STRUCK: Okay. All right. I don't have
16 any more questions for you. You have the opportunity to
17 review the deposition transcript for accuracy, make any
18 changes and sign it, or you can waive signature. But it's
19 your choice.

20 **THE WITNESS: Thank you.**

21 MR. STRUCK: And you need to let us know. Do
22 you want to review it and sign it, or do you want to waive
23 signature?

24 **THE WITNESS: I'd like to.**

25 MS. BERG: Review it?



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THE WITNESS: I'd like to review it.

MR. STRUCK: Okay all right. Thank you.

I'm sorry, Rachel, do you have any questions?

MS. BERG: I do not have any questions. I
have just one thing after we go off the record.

THE CERTIFIED STENOGRAPHER: Go off the
record?

MR. STRUCK: Yes.

MS. BERG: Yes.

(The deposition concluded at 9:18 a.m.)

DANIEL SHUMER, M.D.



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CERTIFICATE OF CERTIFIED REPORTER

BE IT KNOWN that the foregoing proceedings were taken before me; that the witness before testifying was duly sworn by me to testify to the whole truth; that the foregoing pages are a full, true, and accurate record of the proceedings, all done to the best of my skill and ability; that the proceedings were taken down by me in shorthand and thereafter reduced to print under my direction; that I have complied with the ethical obligations set forth in ACJA 7-206(F)(3) and ACJA 7-206 J(1)(g)(1) and (2).

I CERTIFY that I am in no way related to any of the parties hereto, nor am I in any way interested in the outcome hereof.

Review and signature was requested; any changes made by the witness will be attached to the original transcript.

Review and signature was waived/not requested.

Review and signature not required.

Dated at Phoenix, Arizona, this 25th day of July, 2023.

_____/s/ Pamela A. Griffin_____
PAMELA A. GRIFFIN, RPR, CRR, CRC
Certified Reporter
Arizona CR No. 50010

* * * * *

I CERTIFY that GRIFFIN GROUP INTERNATIONAL, has complied with the ethical obligations set forth in ACJA 7-206 (J)(1)(g)(1) through (6).

_____/s/ Pamela A. Griffin_____
GRIFFIN GROUP INTERNATIONAL
Registered Reporting Firm
Arizona RRF No. R1005



**Roe vs
Herrington**

Daniel Shumer MD

1 GRIFFIN GROUP INTERNATIONAL -ERRATA SHEET - CHANGES IN TESTIMONY
 2 3200 East Camelback Road Suite 177 Phoenix, Arizona 85018
 3 Roe vs Herrington-Daniel-Shumer MD-July 20, 2023
 4 Errata & Signature due no later than the Sept 1, 2023.

5	7	PAGE	LINE	CORRECTIONS/CHANGES	REASON
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Roe vs
Herrington

Daniel Shumer MD

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EXHIBIT 4

In the Matter of:

Roe

vs

Herrington

Videoconference Deposition of Randi C. Ettner, Ph. D.

July 26, 2023



GRIFFIN GROUP
INTERNATIONAL

3200 East Camelback Road, Suite 177
Phoenix, Arizona 85018

**Roe vs
Herrington**

Videoconference Deposition of Randi C. Ettner, Ph. D.

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA

Helen Roe, a minor, by and)	
through her parent and next)	
friend Megan Roe; James Poe, a)	
minor, by and through his)	
parent and next friend Laura)	
Poe; and Carl Voe, a minor, by)	No. 4:20-cv-00484-JAS
and through his parent and)	
next friend, Rachel Voe,)	
)	
Plaintiffs,)	
)	
v.)	
)	
Don Herrington, in his)	
official capacity as Interim)	
State Registrar of Vital)	
Records and Interim Director)	
of the Arizona Department of)	
Health Services,)	
)	
Defendant.)	
)	

VIDEOCONFERENCE DEPOSITION OF RANDI C. ETTNER, Ph.D.

Evanston, Illinois
July 26, 2023
8:02 a.m.

REPORTED STENOGRAPHICALLY BY:
KRISTI K. SPIRES, RPR
Certified Reporter
Certificate No. 50135

PREPARED FOR:
ASCII/COPY

(Certified Copy)



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I N D E X

WITNESS:

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VIDEOCONFERENCE DEPOSITION OF
RANDI C. ETTNER, Ph.D., located in Evanston,
Illinois, was taken on July 26, 2023, commencing at
8:02 a.m. before KRISTI K. SPIRES, a Certified
Reporter in the State of Arizona.

COUNSEL APPEARING:

For the Plaintiffs:

National Center for Lesbian Rights
By: Rachel Berg
(Via videoconference)
870 Market Street, Suite 370
San Francisco, California 94102

COOLEY, LLP
By: Stephanie Ainbinder
(Via videoconference)
500 Boylston Street
Boston, Massachusetts 02116

For the Defendants:

STRUCK LOVE BOJANOWSKI & ACEDO, PLC
By: Daniel P. Struck
(Via videoconference)
3100 West Ray Road, Suite 300
Chandler, Arizona 85226



1 RANDI C. ETTNER, Ph.D., a witness
2 herein, having been first duly sworn by the Certified
3 Court Reporter to speak the truth and nothing but the
4 truth, was examined and testified as follows:

5

6

EXAMINATION

7

BY MR. STRUCK:

8

Q. Doctor, my name is Dan Struck. I represent
9 the defendants in the Roe case. Good morning.

10

A. Good morning.

11

Q. Doctor, I have a copy of your report. Do you
12 happen to have that available to you in case you need
13 to refer to it?

14

A. I could get it quickly.

15

Q. Well, it might be helpful for you to have
16 that.

17

A. Okay. Shall I get a hard copy now?

18

Q. Why don't we just do some preliminaries, and
19 then I'm going to start kind of going through your
20 report. So we can take a short break and grab a
21 copy.

22

Doctor, when were you first approached
23 about this case by plaintiffs?

24

A. Spring of this year.

25

Q. March? April? Around there?



1 **A. Yes.**

2 Q. And who contacted you?

3 **A. Rachel Berg.**

4 Q. And what were you asked to do in the case?

5 **A. I was asked to opine on the Arizona law which**
6 **would only allow transgender citizens born in the**
7 **state of Arizona to amend a birth certificate in one**
8 **of two ways: either with a written request and a**
9 **statement from a physician that the transgender**
10 **individual had undergone a sex change operation or**
11 **through a court order.**

12 Q. Were you familiar with the Arizona law with
13 respect to changing birth certificates prior to that?

14 **A. No.**

15 Q. Have you had an opportunity to actually
16 review the Arizona law?

17 **A. I've reviewed what was provided to me by the**
18 **attorneys. Nothing more.**

19 Q. And if you wouldn't mind letting me know what
20 you were provided. I don't -- I should have a
21 listing of what you were provided, but I don't
22 believe I was provided that myself.

23 Do you know what you were given by
24 plaintiffs' counsel in this case?

25 **A. I believe it was the complaint in this case.**



1 Q. Okay. And that was -- was that the amended
2 complaint?

3 A. I would have to look at the file to be
4 certain.

5 Q. Were you provided anything else?

6 A. Yes.

7 Q. What else were you provided?

8 A. I was provided with the declaration,
9 curriculum vitae of two other experts in this case,
10 and I was provided with my own declaration and the
11 WPATH Standards of Care, Version 8, and several
12 articles that were mentioned in a literature review.

13 MR. STRUCK: Just let me ask Rachel a
14 question.

15 Rachel, if you wouldn't mind, I think
16 under Rule 26, we're supposed to be provided with a
17 listing of the documentation that was provided to
18 Dr. Ettner. Could you provide that to me maybe even
19 before the deposition is concluded?

20 MS. BERG: You're asking for a list of
21 documents that were provided to her before she wrote
22 her report?

23 MR. STRUCK: Well, before and after, yes.

24 MS. BERG: Okay. I'm not going to be
25 able to do that during this deposition. She has



1 mentioned just now all of them, but I can send you a
2 list formally after.

3 MR. STRUCK: That would be great because
4 she wasn't very specific on what articles or whatever
5 it was that she was provided.

6 MS. BERG: She was provided the articles
7 that are cited in her expert report.

8 MR. STRUCK: Well, her expert report has
9 a bibliography with about 200 citations.

10 MS. BERG: That are actually cited in the
11 text of the report.

12 MR. STRUCK: All right. Thank you.

13 BY MR. STRUCK:

14 Q. Doctor, I'm sorry for the interruption.

15 You said you were provided with expert
16 declarations of two other doctors. Was one of them
17 Dr. Shumer?

18 A. Yes.

19 Q. And who is the other expert declaration?

20 A. I believe her name was Dr. Linda Hawkins.

21 Q. Did you rely on Dr. Shumer's expert report in
22 the preparation of your report?

23 A. No. I didn't have those reports prior to
24 producing my report.

25 Q. Okay. So the documentation you received from



1 plaintiffs' counsel was after you had already
2 produced your report?

3 **A. Correct.**

4 Q. When did you prepare your report?

5 **A. I believe it's dated May. Again, when I**
6 **retrieve that document, I can tell you precisely.**

7 Q. I have it in front of me. May 3rd of this
8 year is when you signed it. Is that when you
9 finalized your report?

10 **A. Yes.**

11 Q. But you didn't receive -- and I just want
12 to -- and maybe I'm misunderstanding. Did you
13 receive any information from plaintiffs' counsel
14 prior to May 3rd of 2023?

15 **A. No written information.**

16 Q. And so the only information that you received
17 from plaintiffs' counsel was just information that
18 was relayed to you orally?

19 **A. Related to what? I'm sorry?**

20 Q. Related. I'm sorry. I spoke too fast.
21 Relayed to you orally. In other words, they told
22 you.

23 **A. Correct.**

24 Q. Were there any email communications?

25 **A. There may have been email communications**



1 regarding a letter of engagement.

2 Q. And, Doctor, how much are you charging for
3 your testimony here today?

4 A. \$525 for the hour.

5 Q. For an hour. Okay.

6 And what did you charge per hour to
7 prepare your expert report?

8 A. I charged \$375 per hour.

9 Q. How long did it take you to prepare your
10 expert report in this case?

11 A. Approximately three hours. Slightly more
12 possibly but not much more.

13 Q. Doctor, were there portions of your report
14 that you were able to obtain from other reports that
15 you had written in other cases?

16 A. Yes.

17 Q. And, I guess, when I say "written," I
18 should -- you were able to cut and paste portions of
19 reports in other cases and put it into this
20 particular report?

21 A. Or portions of information such as the DSM-5
22 characteristics are cut and pasted.

23 Q. What percentage of your report, if you can
24 tell me, do you think was cut and pasted or obtained
25 from other reports that you had prepared or other



1 things like DSM-5?

2 **A. Just the standard protocols such as standard**
3 **of care treatments for gender dysphoric individuals,**
4 **the characteristics that I mentioned that are**
5 **required for making a diagnosis, the characteristics**
6 **that point to the origin of the condition. So the**
7 **pro forma aspects of the declaration that are**
8 **standard and published elsewhere.**

9 Q. Okay. But if it wasn't a standard or
10 something like that, it was something that you
11 prepared or you -- it was an original -- let me start
12 over again. That was a terrible question.

13 If it wasn't a pro forma section
14 regarding the standard of care or information from,
15 say, the DSM-5, it was something you prepared
16 originally for this report in this case?

17 **A. Yes, although I may have used a variation in**
18 **a different case.**

19 Q. Have you been an expert in any other cases
20 involving obtaining gender identity -- or documents
21 regarding gender identity like, say, a birth
22 certificate, a driver's license, those kind of
23 things?

24 **A. Yes.**

25 Q. What other case?



1 **A. A case in Puerto Rico.**

2 Q. Do you know the name of the case?

3 **A. No. Again, I would have to refer to my**
4 **files. I didn't offer -- I didn't do a deposition in**
5 **that case. I just --**

6 Q. Okay. Did you -- I'm sorry. I interrupted
7 you.

8 **A. I just wrote a declaration in that case.**

9 Q. And did you -- so you just did a declaration?
10 You didn't prepare an actual report like this?

11 **A. I believe I just gave the declaration in that**
12 **case.**

13 Q. You have a number of cases listed -- and once
14 you get your hard copy to review, I'll ask you about
15 it, but is that case listed in there? Do you know?

16 **A. It is not.**

17 Q. Do you remember the name of that case?

18 **A. No. I only remember that it occurred in**
19 **Puerto Rico.**

20 Q. Do you remember the attorney you -- were you
21 working with an attorney in that case?

22 **A. Yes.**

23 Q. What was the name of that attorney?

24 **A. I can tell you the name of the organization**
25 **but not the attorney.**



1 Q. Okay. Which organization did you prepare
2 this for?

3 A. Lambda Legal.

4 Q. And was that Lambda Legal in Puerto Rico or
5 Lambda Legal somewhere else in the United States?

6 A. Lambda Legal somewhere else. It was in
7 New York, I believe.

8 Q. And do you know if there were defense counsel
9 on the other side of that particular case?

10 A. I don't. I did receive a copy of the judge's
11 ruling in that case.

12 Q. Do you remember the name of the judge?

13 A. I don't. But, again, I do have that in my
14 records. If I were to search for that, I could find
15 that.

16 Q. Do you remember what the judge's ruling was
17 in that case?

18 A. Yes. It was very favorable, and he said some
19 very -- he made some very insightful remarks, which
20 is why it was shared.

21 Q. Was this judge in Puerto Rico?

22 A. Yes.

23 Q. Was it a federal judge?

24 A. That I don't know.

25 Q. Okay. How much time have you spent on this



1 case in total? I think you told me three hours to
2 prepare the report, but how much do you think you've
3 spent on this particular case?

4 **A. Well, I would say within the range of ten**
5 **hours.**

6 Q. And have you billed plaintiffs for all of
7 your time?

8 **A. No.**

9 Q. Have you billed them for any of your time?

10 **A. Yes.**

11 Q. How much of your time have you billed them
12 for?

13 **A. I believe I billed them for three hours'**
14 **time, but, again, I would quick check that.**

15 Q. And did you prepare for the deposition here
16 today?

17 **A. Prepare? Yes, I prepared.**

18 Q. And what did you do to prepare?

19 **A. I reviewed my report, and I reviewed the**
20 **materials that I referenced earlier that I was**
21 **provided.**

22 Q. And that was the articles that are listed
23 throughout your report?

24 **A. Yes.**

25 Q. Had you seen any of those articles before you



1 were provided them by plaintiffs' counsel?

2 **A. Well, I've seen them all previously.**

3 Q. So there was no new information for you when
4 they sent it to you?

5 **A. Correct. Well, the new information was the**
6 **declaration of two experts.**

7 Q. Okay. But in terms of the articles, there
8 was nothing new? You'd reviewed those articles
9 before?

10 **A. Correct. And I'm the author of one or more**
11 **articles.**

12 Q. So you probably knew that one pretty well?

13 **A. Fairly well.**

14 Q. How much time did you spend actually
15 preparing for the deposition -- just preparing?

16 **A. Approximately four hours including a meeting**
17 **with the attorney.**

18 Q. And was that -- did you meet with Ms. Berg?

19 **A. Yes.**

20 Q. And how long did you meet with her?

21 **A. Approximately two hours.**

22 Q. When did that meeting take place?

23 **A. Yesterday.**

24 Q. And was that a Zoom meeting? A Teams
25 meeting? What kind of meeting was it?



1 **A. Microsoft.**

2 Q. Okay. Doctor, what is your current
3 occupation?

4 **A. I'm a clinical and forensic psychologist.**

5 Q. And do you have a private practice?

6 **A. Yes.**

7 Q. And how long have you been in private
8 practice?

9 **A. Since, I think, 1980.**

10 Q. Are you associated with any universities?

11 **A. I'm associated with the University of**
12 **Minnesota. I'm a member of their leadership council,**
13 **and I'm the honoree of the Fred and Randi Ettner**
14 **Fellowship in Transgender Health. I'm associated**
15 **with two hospitals in the Chicago area.**

16 Q. Which hospitals?

17 **A. RUSH University hospital where I'm a**
18 **consultant and Weiss Memorial Hospital where I'm a**
19 **member of the medical staff.**

20 Q. How much of your -- percentagewise how much
21 of your time is spent doing -- working with the
22 hospitals as opposed to just in your private
23 practice?

24 **A. A few hours a week.**

25 Can you hear me? There's quite a bit of



1 **thunder.**

2 Q. I can hear you.

3 **A. Okay.**

4 Q. It just -- the thunder just sounds kind of
5 garbled on my end. It kind of sounds like there's
6 somebody in another room saying something, but it's
7 just Mother Nature, I guess.

8 **A. I turned up the volume.**

9 Q. Doctor, about how many hours a week do you
10 think you spend either consulting or working with the
11 two hospitals?

12 **A. A couple hours a week.**

13 Q. And otherwise are you working full-time in
14 your private practice?

15 **A. No.**

16 Q. How many hours a week are you working?

17 **A. Since COVID I'm working part-time in my**
18 **private practice, part time I do research,**
19 **supervision of other mental health professionals and**
20 **research and writing and my forensic work.**

21 Q. Okay. So you're not -- other than with the
22 hospitals -- well, strike that.

23 With the hospitals are you involved in
24 actual patient care?

25 **A. Patient care and consulting.**



1 Q. All right.

2 A. Mostly now consulting. Since COVID they've
3 limited patient care as much as possible.

4 Q. And in your private practice, it sounds like
5 you're not really doing any patient care any longer?

6 A. When I do private practice, I do patient
7 care.

8 Q. Okay. And how many hours a week do you think
9 you're doing patient care?

10 A. Approximately 12 to 15 hours a week.

11 Q. And the rest of that time you are a couple
12 hours at the hospital, and then you are supervising,
13 doing research, the kinds of things that you listed?

14 A. That's correct.

15 Q. So all added up would you say it's 40 hours a
16 week?

17 A. Or more.

18 Q. In terms of doing consulting as an expert, as
19 you are in this case, what percentage of your time do
20 you spend as an expert consultant, say, in the last
21 year?

22 A. Could you clarify what you mean by "expert
23 consultant"?

24 Q. Sure.

25 You were hired as an expert in this case.



1 You're not providing patient care. You're not doing
2 research, and you have listed -- at least in your
3 report, you've listed some other cases in which you
4 provided testimony.

5 What percentage of your time in the last
6 year would you say professionally you've spent as an
7 expert consultant as opposed to the other aspects of
8 your work?

9 **A. As an expert consultant in forensic work as**
10 **opposed to clinical consulting where I might**
11 **supervise people in a hospital?**

12 Q. Well, I'm interested in expert consulting on
13 legal matters.

14 **A. Yes. In the last year?**

15 Q. Yes.

16 **A. I would say 45 to 50 percent of my time.**

17 Q. And is that higher than you had been in the
18 past or about the same, as far as your forensic
19 consulting?

20 **A. It's lower in the preceding year where I was**
21 **involved in one class-action suit, which was**
22 **extremely time consuming.**

23 Q. Do you remember the name of that lawsuit?

24 **A. I do.**

25 Q. What's the name?



1 **A. Monroe v. Jeffreys.**

2 Q. And where is the Monroe case -- where was it
3 filed? Do you know?

4 **A. Yes. It was a class-action suit filed in the**
5 **State of Illinois.**

6 Q. Are you still involved in that case?

7 **A. No.**

8 Q. I have the advantage of having the list in
9 front of me because I have your report. It says
10 Monroe vs. Baldwin. It's an Illinois case.

11 Is that the same case or a different one?

12 **A. There were two different people left, and**
13 **there was a different defendant named.**

14 Q. I see. And I missed it. You do have
15 Monroe vs. Jeffreys, which was an Illinois case filed
16 in 2021 it says.

17 Does that sound about right?

18 **A. That case would have been filed in 2021, I**
19 **presume. Yes.**

20 Q. That's what it shows on your list.

21 **A. Uh-huh.**

22 Q. What was the nature of your work in
23 Monroe vs. Jeffreys?

24 **A. Well, the case involved a lawsuit against all**
25 **of the prisons in the state of Illinois. So I**



1 actually had to travel to prisons in Illinois and in
2 St. Louis or adjacent to St. Louis, the southern part
3 of Illinois abuts St. Louis.

4 I had to go to these prisons, interview
5 individuals, determine the overall conditions of the
6 treatment for the individuals, review all the
7 policies, review the medical records not only of the
8 named plaintiffs but of about 100 additional unnamed
9 plaintiffs who were also class members and write
10 reports.

11 And then subsequently, I had to revisit
12 some of these individuals and submit additional
13 declarations, review all of the notes of the
14 committee, all of the treating physicians' and mental
15 health providers' notes. It became an extremely
16 time-consuming project.

17 Q. Who hired you in that case?

18 A. I was hired by the ACLU and Kirkland, who was
19 co-counsel.

20 Q. Was it the ACLU National Prison Project?

21 A. No. It was ACLU of Illinois.

22 Q. Okay.

23 A. And Kirkland Ellis were co-counsel.

24 Q. So ACLU National Prison Project in
25 Washington DC was not involved in that case?



1 **A. No.**

2 Q. Is that case ongoing, as far as you know?

3 **A. No. I think that there are -- the remedies**
4 **are ongoing and being implemented, but the case has**
5 **been -- is over.**

6 Q. Were you providing expert testimony for the
7 plaintiffs in that case with respect to just
8 generally the provision of mental health care?

9 **A. No.**

10 Q. What was the nature of your expert assistance
11 in that case?

12 **A. It was the provision of medical care for**
13 **individuals who were gender dysphoric and needed**
14 **health care.**

15 Q. This might be a good time for you to take a
16 couple minutes to grab that report because I'm going
17 to start asking you some questions about it. So it
18 might make it a little easier for you.

19 **A. Okay.**

20 MR. STRUCK: We can go off the record for
21 a second.

22 (The deposition was at recess from
23 8:27 to 8:29 a.m.)

24 BY MR. STRUCK:

25 Q. Let's go back on the record.



1 Doctor, in your report -- and
2 specifically I'm looking at page 2 -- if you want to
3 start from there -- you state that you have
4 "evaluated, diagnosed, and treated approximately
5 3,000 individuals with gender dysphoria and mental
6 health issues related to gender incongruity from 1977
7 to present."

8 How were you -- were you keeping track of
9 how many patients you've had that have gender
10 dysphoria and other mental health issues relating to
11 gender incongruity? I mean, how are you compiling
12 this information?

13 **A. Yes, for research purposes.**

14 Q. So you've just been keeping track of that
15 since 1977?

16 **A. Yes.**

17 Q. And with the individuals that you've been
18 treating since 1977 you say, "gender dysphoria and
19 mental health issued related to gender incongruity."

20 What -- to what are you referring?

21 **A. I'm referring to the psychological and social**
22 **issues that are attendant to having a condition of**
23 **gender diversity.**

24 Q. And what mental health issues would that
25 generally include?



1 A. Generally it might include, but not be
2 limited to, anxiety, depression, family issues,
3 issues at work, legal issues, issues of intimacy, how
4 to disclose to one's children if one is going to make
5 a gender transition.

6 So a variety of issues that people have
7 if they experience some degree of gender incongruity
8 and actually have gender dysphoria.

9 Q. When did gender dysphoria become -- when was
10 it recognized, I guess, in, for example, the DSM by
11 the American Psychiatric Association?

12 A. Well, previously gender identity was the
13 nomenclature, but that changed in 2013 because it
14 implied that a person's identity was disordered. And
15 so gender dysphoria was the new name, which
16 represented not just a change of name but an
17 understanding that it wasn't a pathological condition
18 per se.

19 A person's identity wasn't disordered,
20 but it focused on the distress of the dysphoria, the
21 clinically significant distress that was required to
22 meet the diagnostic criteria of that condition.

23 Q. What are the -- let me ask you this: Was
24 it -- the gender dysphoria, was that first -- the
25 first -- was it DSM-IV when that was first



1 recognized?

2 **A. Gender identity disorder was the nomenclature**
3 **in DSM-IV.**

4 Q. So it would have been DSM-5?

5 **A. Yes.**

6 Q. And currently are you utilizing DSM-5 or are
7 you utilizing DSM-6?

8 **A. There is no DSM-6 in publication yet.**

9 Q. I thought there was. Sorry about that.

10 In order to be diagnosed -- have a
11 diagnosis of gender dysphoria, what conditions must
12 be present in an individual?

13 **A. An individual must have a persistent and**
14 **consistent over a period of time incongruity between**
15 **the sex they were assigned at birth and their gender**
16 **identity, and that incongruity has to be so severe as**
17 **to generate clinically significant distress, distress**
18 **that impairs an important area of functioning.**

19 Q. Is there any type of objective testing that
20 you do when you're making a diagnosis of gender
21 dysphoria?

22 **A. Typically I don't do -- there is no test.**
23 **There's no medical test. There is a validated test**
24 **that's come out of Holland, but I wouldn't typically**
25 **use that test. I don't need to use that test in my**



1 work.

2 Q. Attached to your report is your CV, which is
3 Exhibit A to your report. Is that CV current?

4 A. I don't have the CV attached to my report,
5 but I can attest that there have been, I think, three
6 additions to my CV since that list was submitted.

7 Q. What were they?

8 A. My consultancy at RUSH University hospital,
9 which began in June, and two additional invited
10 presentations that I've made.

11 Q. Where were the presentations that you made?

12 A. One was to the National Employment Lawyers
13 Association and one was a podcast called "iGen
14 Intergenerational Politics" with Jill Wine-Banks, who
15 was the Watergate female prosecutor. She has a
16 weekly podcast.

17 Q. And, as far as you know, those are the only
18 three additions since May 3rd of 2023 to your CV?

19 A. I believe so. Yes.

20 Q. I forgot to ask, Doctor. How much income do
21 you derive from your forensic consulting work
22 annually, say, in 2022?

23 A. It depends on the year.

24 Q. What about 2022?

25 A. I would have to look at my -- either my tax



1 **form or my banking and calculate that.**

2 Q. Can you tell me what -- say the most -- the
3 busiest year you've had forensically, how much did
4 you make that year on that?

5 MS. BERG: Objection. Relevance.

6 BY MR. STRUCK:

7 Q. You can answer.

8 **A. It may have been \$70,000.**

9 Q. Okay.

10 **A. And that would have been the year that I**
11 **indicated that I was involved with that class-action**
12 **suit?**

13 Q. In 2021 the Illinois class-action suit?

14 **A. Yes.**

15 Q. You also included a rather lengthy
16 bibliography as Exhibit B to your report, and you
17 state, "A bibliography of the materials reviewed in
18 connection with this report is attached hereto as
19 Exhibit B."

20 Did you review all of those in
21 preparation of your report?

22 **A. No. All of those inform my opinions or some**
23 **of the statements I've made in my report.**

24 Q. And so those may very well have been things
25 you had read before. Since you read it you knew it,



1 and it informed your opinion when you prepared the
2 report?

3 **A. Right. It would be the basis for making some**
4 **statements that I made in my report.**

5 Q. Doctor, when you prepared your report, did
6 you first prepare any drafts of the report, or was it
7 just one draft and it became the final?

8 **A. Well, I always prepare an overview for my own**
9 **purposes and keep, you know, revising that until I**
10 **have something that I think is a finished product.**

11 MR. STRUCK: And I just want to make a
12 statement for the record. It really doesn't have
13 that much to do with you, Doctor.

14 But I wanted to state that the defendants
15 are reserving their right to recall the doctor for a
16 deposition pending the resolution of the subpoena of
17 documents issue.

18 MS. BERG: And, in response, I would just
19 like to state that plaintiffs have filed to quash
20 that subpoena that's currently pending before the
21 federal court and further reserve the right to object
22 to the specific requests in that subpoena.

23 BY MR. STRUCK:

24 Q. Doctor, with respect to your bibliography of
25 materials that you included, you state that they --



1 that, "The sources therein are" -- and I'm on page 3
2 for your convenience -- "are authoritative,
3 scientific peer-reviewed publications. I generally
4 rely on these materials when I provide expert
5 testimony, and they include the documents
6 specifically cited as supportive examples in
7 particular sections of this report."

8 Now, are you stating here that all of --
9 everything in the bibliography is -- has been
10 scientifically peer reviewed?

11 **A. Well, in that bibliography, which I don't**
12 **have in front of me --**

13 Q. Yes.

14 **A. -- I may have included statements made by the**
15 **American Psychological Association, for example,**
16 **which is not a peer-reviewed report but a statement**
17 **that they issue in their guidance.**

18 Q. And the reason why I ask is there's a couple
19 articles in particular on the issue that I'm going to
20 ask you about in more detail. One of them is a --
21 was in the Georgetown Law Review and another one is
22 just an article.

23 Those aren't scientifically peer-reviewed
24 articles, correct?

25 **A. Those would not be I don't believe, although**



1 I don't know for certain.

2 Q. Do you know what it takes to be considered
3 scientifically peer reviewed?

4 A. Yes.

5 Q. And what does it -- in order to be -- for a
6 publication to be considered scientifically peer
7 reviewed, what must occur?

8 A. Journals have an editorial board. And when
9 an article is submitted, it's blinded and sent to
10 reviewers who are known experts in a particular
11 field, and they review the article for accuracy,
12 relevance, rigorous methodology, statistical
13 conclusions, etc.

14 And then they make suggestions about
15 revisions, and then they also make a determination of
16 whether or not to accept the article, accept it with
17 revisions or reject the article, and that's sent to
18 several people who are deemed to be experts in the
19 field.

20 Based on their review, the editor --
21 after those revisions have been made, if the article
22 comes back and passes the second test having made
23 those revisions, the editor will either publish it,
24 delay it or determine that it's just not an article
25 that they're interested in publishing.



1 Q. Thank you.

2 On page 3 of your report, subsection 11,
3 you state, "I have not met or spoken with the
4 plaintiffs for purposes of this report."

5 So at the time you wrote this, you hadn't
6 met or spoken with the plaintiffs, correct?

7 **A. Correct.**

8 Q. And since you've written the report, have you
9 had an opportunity to speak with either the
10 plaintiffs or their children?

11 **A. No.**

12 Q. Have you ever treated any individual in the
13 state of Arizona for gender dysphoria? Let me ask it
14 a better way. Hang on. That was not the best
15 question.

16 Have you ever treated any patients who
17 are from Arizona -- resided in Arizona for gender
18 dysphoria?

19 **A. Not treated, but I have had contact with
20 individuals who are transgender in the state of
21 Arizona.**

22 Q. When you say "have had contact," what do you
23 mean by that?

24 **A. I taught a course at Prescott College, and my
25 TA was a transgender individual. There were other**



1 transgender individuals who were in my classroom or
2 would come to my classroom.

3 Q. And when was that?

4 A. I would have to look at my curriculum vitae.
5 It was possibly six or seven years ago.

6 Q. And did you actually live in Prescott?

7 A. I lived there when I taught the course.

8 Q. How long was that period of time when you
9 taught the course?

10 A. About four to six weeks.

11 Q. Other than that, have you had any contact
12 with individuals with gender dysphoria from Arizona?

13 A. Not who were born in Arizona.

14 Q. Who live in Arizona.

15 A. Who were born in Illinois and retired in
16 Arizona.

17 Q. How about any -- have you treated -- any of
18 the individuals that you had contact with that had
19 ties to Arizona, were any of them under the age of
20 18? For example, the folks in the class at Prescott
21 College, were any of them under the age of 18?

22 A. I don't think so.

23 Q. I'm going to turn to your previous testimony.
24 We've talked a little bit about it, but I was going
25 to ask about these other cases that you have listed.



1 In Subsection 12, you state, "In the last
2 four years, I have testified as an expert at trial or
3 by deposition in the following cases." The first
4 case is called Diamond vs. Ward, and it looks like a
5 Middle District of Georgia case.

6 What was the nature of your testimony in
7 that case?

8 **A. It concerned the harms that occurred to**
9 **Ashley Diamond when she was incarcerated in the state**
10 **of Georgia.**

11 Q. Did you testify in court or just in a
12 deposition or both?

13 **A. I testified in a deposition, and we were --**
14 **there was going to be a trial, but the day before the**
15 **case settled.**

16 Q. Okay. Do you remember which -- whether
17 that -- whether the judge in that case was
18 Judge Land -- Clay Land?

19 **A. I don't know who the judge was.**

20 Q. And so your testimony was with respect to, I
21 guess, what had occurred with respect to Diamond when
22 she was incarcerated in Georgia Department of
23 Corrections; is that right?

24 **A. Correct.**

25 Q. And what was -- just not -- without



1 revealing -- I don't want to talk about any private
2 health care information relating to Ms. Diamond.
3 But, generally speaking, were you testifying about
4 mental health effects of incarceration?

5 **A. Generally speaking, I was testifying about**
6 **sexual abuse and general victimization of Ms. Diamond**
7 **while she was under the care of the Georgia State**
8 **Corrections facility.**

9 Q. And who was the plaintiff's counsel who hired
10 you in that case?

11 **A. Southern Poverty Law Center.**

12 Q. Who was the attorney for --

13 **A. Chinyere Ezie.**

14 Q. I'm sorry. I was talking over you.

15 **A. Chinyere Ezie was the attorney that contacted**
16 **me, I believe, and Beth Littrell may have contacted**
17 **me as well.**

18 Q. And you believe you did provide a deposition
19 in that case?

20 **A. Yes.**

21 Q. Do you remember the attorney who deposed you?

22 **A. I don't.**

23 Q. In your forensic work, have you ever --

24 **A. May I take a quick break for one minute? I**
25 **want to get some water.**



1 MR. STRUCK: No problem. We'll take five
2 minutes.

3 THE WITNESS: Thank you.

4 MR. STRUCK: You bet.

5 (The deposition was at recess from
6 8:49 to 8:53 a.m.)

7 BY MR. STRUCK:

8 Q. The next case that you have listed is
9 Stillwell vs. Dwenger, which is a Southern District
10 of Indiana case.

11 A. That was a transgender woman who was in
12 prison and not receiving adequate care -- health care
13 for her gender dysphoria.

14 Q. When you say "not receiving adequate care,"
15 what care was she not receiving?

16 A. She wasn't receiving care for her social role
17 transition, her hormone care was inadequate, and she
18 currently was requiring surgical care.

19 Q. And did you give a deposition in that case?

20 A. Yes.

21 Q. Did you testify at trial?

22 A. No.

23 Q. Is that case ongoing?

24 A. I'm not certain.

25 Q. Okay.



1 **A. There was a hearing last month, but I don't**
2 **know the result.**

3 Q. And who hired you in that case?

4 **A. The ACLU of Indiana.**

5 Q. The next case is Letray vs. Jefferson County,
6 which is in the Northern District of New York.

7 What was the nature of your work in that
8 case?

9 **A. I gave a deposition in that case.**

10 Q. What was the issue? What were you providing
11 expert testimony with respect to?

12 **A. It was harassment of a transgender woman who**
13 **was inappropriately taken into custody and beaten and**
14 **mistreated by people in the jail prior to her**
15 **release.**

16 Q. And I think you said you gave a deposition.
17 Did you provide any in court testimony?

18 **A. No.**

19 Q. Who hired you in that case?

20 **A. The ACLU of New York.**

21 Q. The next case is C.P. vs. BCBSIL, which is a
22 Western District of Washington case.

23 What is that case about?

24 **A. C.P. was a minor, and his parents were suing**
25 **an insurance company for denial of a needed surgical**



1 procedure.

2 Q. Okay. Blue Cross Blue Shield?

3 A. Correct.

4 Q. And did you provide testimony in that case?

5 A. I was deposed in that case.

6 Q. Who hired you in that case?

7 A. Lambda Legal and their co-counsel. I'm not
8 certain who it was.

9 Q. Is that case ongoing?

10 A. I don't believe so.

11 Q. The next case is Kadel vs. Folwell, and that
12 is a Middle District of North Carolina case.

13 What was that case about?

14 A. In that case, I believe, I was a rebuttal
15 witness and was deposed.

16 Q. What was the nature of your testimony in that
17 case?

18 A. I don't remember much about that case other
19 than it was challenging some aspect of gender care to
20 an individual.

21 Q. All right.

22 A. I would have to review my rebuttal report to
23 be more specific.

24 Q. And do you know if that case is ongoing?

25 A. I don't believe it is.



1 Q. Who hired you in that case?

2 A. Lambda Legal.

3 Q. With respect to these cases that we're
4 talking about, do you, in your records, have all the
5 reports that you prepared in them?

6 A. I do.

7 Q. How far back do your records go in terms of
8 keeping your -- the reports you prepared for your
9 forensic work?

10 A. I'm not certain how far they go back. I have
11 some from the early 2000s, I would say. But before
12 that, I don't have -- I did a lot of personal injury
13 work for both plaintiffs and defendants, and I don't
14 have all of those reports digitally recorded.

15 Q. The personal injury work that you did, was
16 that related to transgender care?

17 A. Not necessarily. I have expertise in trauma
18 and clinical evaluation, and I have evaluated
19 individuals who have undergone traumatic events.

20 Some of those cases did involve
21 transgender individuals as -- on the side of the
22 defendant as well as the plaintiff.

23 Q. At this point in your forensic work, are you
24 doing any personal injury-type consulting?

25 A. I'm not certain what you mean by



1 "consulting."

2 Q. Forensic work.

3 A. Personal injury in terms of emotional
4 distress, yes.

5 Q. So, for example, in the Diamond case, part of
6 your testimony was with respect to the emotional
7 distress experienced by Ms. Diamond.

8 A. Yes, complete emotional distress.

9 Q. And I was going somewhere, but I didn't ask
10 the right question. So let me see if I can ask the
11 right question.

12 With respect to the forensic work that
13 you've been doing for the last few years, has it
14 been -- has it been exclusively with respect to
15 the -- relating to the experiences and treatment --
16 this is -- I'm going to start all over because that's
17 a terrible question.

18 What I'm trying to find out is: Are you
19 involved at all in your forensic work with respect to
20 personal injury regarding trauma like a car accident
21 or, you know, like you were doing in the -- prior to
22 2000 you mentioned? Do you do any of that work
23 anymore?

24 A. Usually but often. You mean with
25 non-transgender individuals?



1 Q. Correct.

2 **A. Yes, I have done some of that work.**

3 Q. I should have asked you to ask the question.

4 In the last five years, how many cases
5 have you had that involved personal injury but it
6 didn't involve a transgendered individual?

7 **A. Infrequent. I would say maybe one or two of**
8 **those cases.**

9 Q. In the last five years, what percentage of
10 your work as a forensic consultant -- what percentage
11 of your work related to providing testimony for
12 plaintiffs?

13 **A. For plaintiffs, I would say the majority**
14 **although not exclusively.**

15 Q. In the last five years, how many cases do you
16 think you provided expert testimony for defendants?

17 **A. I have consulted on several cases for**
18 **defendants including medical malpractice cases but --**
19 **and testified in a few cases for the defense but not**
20 **as frequently --**

21 Q. So --

22 **A. -- as plaintiffs.**

23 Q. I'm sorry. I spoke over you.

24 Can you give -- I think you said the
25 majority of your cases were plaintiffs. Can you be



1 more specific than that? Was it 75 percent
2 plaintiffs? 80 percent plaintiffs? What do you
3 think the percentage might be?

4 **A. I would say 75 to 80 percent. Most of the**
5 **consulting has been for the defense.**

6 Q. Okay. When you say "consulting," those are
7 cases in which you didn't necessarily provide any
8 testimony?

9 **A. Correct.**

10 Q. You just looked at records and provided an
11 opinion to an attorney or an insurance company?

12 **A. I would agree with that, generally speaking.**

13 Q. Let's go back to this list.

14 Iglesias vs. Connor, a Southern District
15 of Illinois case.

16 What was the nature of your testimony in
17 that case?

18 **A. That was a federal case. It was the first**
19 **time that the Federal Bureau of Prisons considered**
20 **providing surgery to a transgender female, and that**
21 **was Iglesias who was litigating to have that surgery.**

22 Q. And were you providing an expert opinion for
23 Ms. Iglesias?

24 **A. Yes. And I did testify at trial in that**
25 **case.**



1 Q. Do you know what the outcome of that trial
2 was?

3 A. Yes. She had surgery and has successfully
4 recovered from that procedure.

5 Q. Who hired you in that case?

6 A. I believe it was the ACLU of Illinois with
7 co-counsel that I don't recall.

8 Q. Let's see. We can skip over Monroe because
9 we talked about that.

10 Singer vs. University of Tennessee Health
11 Sciences Center, a Western District of Tennessee
12 case.

13 What was the nature of your testimony in
14 that case?

15 A. Singer was suing the University of Tennessee
16 for wrongful termination.

17 Q. So it was an employment case?

18 A. Correct.

19 Q. And what was the nature of your -- what was
20 the nature of your testimony in that case?

21 A. That Singer had implemented a gender
22 transition and was fired due to her transgender
23 status.

24 Q. It was your opinion that she was fired
25 because of her transgendered status?



1 A. That wasn't my opinion. That was the -- that
2 was, in fact, what occurred, but my opinion was that
3 she had suffered as a result of that termination and
4 the harassment and discrimination that were part and
5 parcel of that process.

6 Q. Who hired you in that case?

7 A. A private law firm. I don't recall.

8 Q. And did you testify -- did you provide
9 deposition testimony?

10 A. Yes.

11 Q. Did you testify at trial?

12 A. No.

13 Q. Do you know what the outcome of that case
14 was?

15 A. Yes.

16 Q. What was it?

17 A. It settled.

18 Q. Morrow vs. Tyson Fresh Meats, which is a
19 Northern District of Iowa case.

20 What was the nature of your testimony in
21 that one?

22 A. That was an employment discrimination case.

23 Q. Morrow was a transgendered individual?

24 A. Morrow was a young transgender woman who
25 transitioned while she was an employee of Tyson and



1 was severely mistreated by co-workers who threw raw
2 meat at her and harassed her, and ultimately she
3 was -- had to enter a psychiatric facility due to her
4 emotional decompensation.

5 Q. Were you deposed in that case?

6 A. Yes.

7 Q. Did you provide trial testimony?

8 A. No.

9 Q. Do you know what the outcome of that case
10 was?

11 A. Yes. It settled.

12 Q. Who hired you in that case?

13 A. A private law firm.

14 Q. Claire vs. Florida Department of Management
15 Services, which is a Northern District of Florida
16 case.

17 What was the nature of your testimony in
18 that case?

19 A. That was involving insurance -- insurance
20 denials of care for transgender individuals.

21 Q. Specifically what was the insurance denying?
22 What treatment?

23 A. Well, my deposition covered all of the
24 treatments, but I think it was largely -- it may have
25 largely been focused on facial feminization, as I



1 recall.

2 Q. Facial feminization surgery?

3 A. Yes.

4 Q. Is that -- facial feminization surgery, is
5 that a -- within the standard of care of WPATH with
6 respect to the treatment of gender dysphoria?

7 A. Some individuals who are trans women and
8 transition later in life after puberty will have the
9 stigmata of masculinity because male skulls and
10 female skulls and facial features differ.

11 And so some people will require certain
12 facial alterations in order to make an authentic
13 female presentation, and some insurance companies
14 cover that and others don't.

15 And I believe this was one of the -- that
16 and orchiectomy and possibly -- yeah, that and
17 orchiectomy and mastectomy -- it actually covered
18 quite a few procedures that were being denied by that
19 particular insurance company.

20 Q. And you were deposed in that case?

21 A. Yes.

22 Q. And did you provide trial testimony?

23 A. No.

24 Q. Who hired you in that case?

25 A. I'm not certain actually. I think it was a



1 private law firm.

2 Q. And that was -- and it was the attorneys for
3 Claire who hired you?

4 A. Yes.

5 Q. Do you know what the outcome of that case
6 was?

7 A. I don't, but I think it was -- that the
8 insurance company agreed to cover those procedures.

9 Q. The next case is Williams vs. Allegheny
10 County, which is a Western District of Pennsylvania
11 case.

12 What was the nature of that case?

13 A. That was a woman who had lived her entire
14 life as a female. She was born -- she was assigned
15 male at birth, but she had never lived as a male and
16 her siblings did not know that she had been born
17 male. She had always lived as a female.

18 She was arrested. And when she went to
19 the jail, she was told that because she still had her
20 primary sex characteristics that she would be housed
21 with men.

22 She asked at the jail if they could house
23 her singly, if she could be put in a single cell, and
24 they housed her with a known sex offender who raped
25 her repeatedly over a four-day holiday weekend before



1 she could reveal to her public defender when the
2 weekend was over what had occurred.

3 And, needless to say, she was extremely
4 traumatized by that -- by that horrible period of
5 time in her life and never really completely
6 recovered from that, as far as I know. There was a
7 trial, and I didn't -- it settled right before trial.
8 I prepared for the trial, but it settled.

9 Q. Who hired you in that case?

10 A. That was the ACLU of Pennsylvania and
11 co-counsel.

12 Q. When an individual who is, say, a transgender
13 female comes into a jail facility like that, do you
14 have an opinion as to where they should be housed
15 whether it be with females or males or singly?

16 MS. BERG: Objection. Relevance.

17 MR. STRUCK: You can --

18 MS. BERG: Objection. Outside of the
19 scope of the expert's assigned task in this case.

20 BY MR. STRUCK:

21 Q. Doctor, you can answer the question.

22 A. I think it depends on the individual's own
23 comfort, whether they want to be singly celled,
24 whether they want to be in a female facility, what
25 their -- what their comfort level is and where they



1 will be most safe. And so it depends on many
2 factors.

3 But in this particular case, where this
4 woman had only lived as a female, it was egregiously
5 inappropriate to not only house her with males but to
6 put her with someone who is a known sex offender.

7 Q. The next case is Gore vs. Lee, which is a
8 Middle District of Tennessee case.

9 What was the nature of your testimony in
10 that case?

11 A. That was a case about changing identity
12 documents.

13 Q. Let's talk in a little bit more detail about
14 that case since that sounds like this one.

15 You were presumably hired by Gore or
16 attorneys for Gore?

17 A. Yes.

18 Q. And what type of identity documents was Gore
19 trying to obtain?

20 A. I believe it was birth certificates.

21 Q. And was Gore trying to change -- what on the
22 birth certificate was Gore wanting to change?

23 A. The gender marker.

24 Q. Anything else?

25 A. I don't really recall.



1 Q. Was Gore trying to change the name on their
2 birth certificate?

3 **A. I don't recall.**

4 Q. Okay. Did you prepare a report in that case?

5 **A. Yes.**

6 Q. Who hired you?

7 **A. Lambda Legal of Illinois.**

8 Q. And do you remember who defense counsel was
9 in that case?

10 **A. I don't.**

11 Q. Was your deposition taken?

12 **A. Yes.**

13 Q. Did you testify at trial?

14 **A. No.**

15 Q. Do you know what the end result of that case
16 was?

17 **A. Yes. It was just published recently. I**
18 **think it was this past month.**

19 Q. There was an opinion?

20 **A. Yes.**

21 Q. And what was the result?

22 **A. The result was that they would not change**
23 **birth certificates.**

24 Q. Do you remember what the procedure in
25 Tennessee was for changing a gender marker on a birth



1 certificate?

2 **A. No.**

3 Q. Do you remember whether Tennessee had a
4 requirement that an individual has to have had a
5 gender reassignment surgery or sex change operation
6 in order to obtain a birth certificate with a
7 different gender marker?

8 **A. No.**

9 Q. You don't remember anything about -- anything
10 else about your testimony in that case?

11 **A. I remember where I testified.**

12 Q. How about -- that was a really bad question.
13 Just the nature of your testimony, is
14 there anything else that you can recall?

15 **A. Not really.**

16 Q. Okay. And the next case is Eller vs. Prince
17 George's County Public Schools, which is a Maryland
18 case.

19 What was the nature of your testimony in
20 that case?

21 **A. That, again, was an employment case where a
22 teacher transitioned and was really forced to leave
23 teaching because students were physically and
24 verbally abusive and staff was non-supportive. And
25 ultimately she began to experience some rather severe**



1 **psychiatric conditions and was forced to leave.**

2 Q. And you were hired by the attorneys for
3 Eller?

4 **A. Correct.**

5 Q. And you gave a deposition in that case?

6 **A. I did.**

7 Q. Did you testify at trial?

8 **A. I prepared for trial, but it settled prior to**
9 **our actual trial date.**

10 Q. What was -- who hired you in that one?

11 **A. I believe that was Lambda Legal and**
12 **co-counsel.**

13 Q. The next case is Monroe -- oh, wait. We
14 already talked about Monroe vs. Baldwin. That was
15 the other Illinois case.

16 Gilbert vs. Dell Technologies is a
17 Southern District of New York case.

18 What was the nature of your testimony in
19 that case?

20 **A. Gilbert was terminated. It was due to her**
21 **transgender status, and her attorney filed suit. It**
22 **was Jillian Weiss, a New York attorney. I gave a**
23 **deposition in that case.**

24 Q. Ray vs. Acton is a Southern District of Ohio
25 case.



1 **A. That was an identity document case.**

2 Q. What identity document were you providing
3 testimony with respect to?

4 **A. I imagine it was birth certificates; but,**
5 **again, I don't recall exactly. I would have to**
6 **review my report.**

7 Q. And do you remember what the nature of your
8 testimony was in Ray?

9 **A. Well, it would have been about the importance**
10 **of having identity documents that were incongruent**
11 **with an individual's gender identity and their true**
12 **sex.**

13 Q. As you sit here today, you can't remember if
14 you were testifying about a driver's license or a
15 passport or a birth certificate. You don't recall.

16 **A. Well, it wouldn't have been about a passport.**
17 **I don't ever recall testifying about a passport. So**
18 **it would have been, I would say, generally identity**
19 **documents, but I presume that's the birth**
20 **certificate.**

21 Q. Okay. And you were hired by the attorneys
22 for Ray?

23 **A. Correct.**

24 Q. And who hired you?

25 **A. I think Lambda Legal again.**



1 Q. Do you remember what the process was in Ohio
2 to obtain a change in the gender marker on, say, a
3 birth certificate?

4 A. My recollection is that Ohio did not change
5 birth certificates, and this was an attempt to
6 reverse that.

7 Q. So your recollection is Ohio didn't allow any
8 kind of change?

9 A. That's what I recall. I'm not entirely
10 certain of that, but I believe that was true at the
11 time.

12 Q. Okay. And what was the outcome of that case?

13 A. I think that's changed as a result, but
14 that's my recollection.

15 Q. Do you know in what way it changed in terms
16 of what Ohio requires now for somebody who wants to
17 have their gender marker name changed? Do you know
18 what they have to do?

19 A. I don't.

20 Q. The next case is Soneeya vs. Turco, which is
21 a Massachusetts case.

22 What was the nature of your testimony in
23 that case?

24 A. Originally it was Soneeya, the vendor, and I
25 was a court-appointed expert in that case. And when



1 that judge retired, a firm in Massachusetts retained
2 me to continue the work that had been done in the
3 prior case.

4 It was a case of a transgender woman
5 incarcerated for life who required surgical
6 intervention.

7 Q. Do you know what the result of that case was?

8 A. I testified at trial. When I last inquired,
9 the case had still not been resolved.

10 Q. The last case you have listed here is
11 Edmo vs. Idaho Department of Corrections.

12 What was the nature of your testimony in
13 that case?

14 A. Edmo was a transgender prisoner in the Idaho
15 State prisons who required medically-indicated
16 surgical care, and I provided a deposition and
17 testified at trial in that case.

18 Q. Who hired you in that case?

19 A. NCLR.

20 Q. Do you know what that stands for?

21 A. National Center for Lesbian Rights.

22 Q. Thank you.

23 And do you know what the end result of
24 that case was?

25 A. Yes. Ms. Edmo received surgery.



1 Q. What type of surgery did Ms. Edmo receive?

2 **A. Genital reconstruction.**

3 Q. Other than what you have listed here and
4 obviously this case, are there any other cases in
5 which you've testified as an expert at a trial or by
6 deposition other than what we've discussed and
7 obviously the case we're here about today?

8 **A. Yes, but not in this time period. Prior to**
9 **this, yes.**

10 Q. I understand that, and I'm just asking about
11 the four years because that's -- under the federal
12 rules, you only have to go back -- I mean, I can ask
13 you about it, but I'm not going to because I don't
14 want to be here for hours asking you about that.

15 But, I guess, my question was: Other
16 than this case and these cases here, in the last four
17 years, have you testified as an expert at trial or by
18 deposition?

19 **A. No.**

20 Q. Other than -- I may have asked this, and I
21 apologize if I have.

22 Other than the Ray case and the Gore case
23 and this case, have you provided any testimony as an
24 expert at trial or by deposition with respect to
25 identity documents?



1 **A. Not at trial or deposition, no.**

2 Q. Other than this case and the two we talked
3 about, have you provided any reports with respect to
4 the importance of a transgendered individual having
5 identity documents that match their gender identity?

6 **A. Yes.**

7 Q. What cases -- do you remember the names of
8 those cases -- or let me ask you this: How many
9 other cases?

10 **A. There was the Puerto Rico case, which I**
11 **mentioned.**

12 Q. That's right.

13 **A. And I believe there was a case in**
14 **West Virginia, but I'm not certain that it was**
15 **West Virginia. I would have to check.**

16 Q. And, in that particular case, do you remember
17 what type of identity document you were providing a
18 report or consulting about?

19 **A. I don't remember because I don't -- didn't**
20 **give a deposition in that case.**

21 Q. I'm going now to the summary of your
22 opinions, and we'll dig into them a little bit more.
23 I just want to make sure I understand what the
24 summary of your opinions are in this case.

25 **It's my understanding that, in your**



1 opinion, "Correcting the gender marker on
2 identification documents confers social and legal
3 recognition of identity and is crucial to the process
4 of the treatment of gender dysphoria."

5 Is that accurate? Did I state that
6 accurately?

7 **A. Yes.**

8 Q. And the other opinion that you have -- and
9 maybe you have more. But the other opinion listed
10 here is that, "A birth certificate bearing an
11 incorrect gender marker invades privacy, releases
12 confidential medical information, and places the
13 individual at risk for grave psychological and
14 physical harm."

15 MS. BERG: Objection. Vague.

16 MR. STRUCK: Okay. I actually was
17 reading that directly from her report.

18 MS. BERG: I'm objecting to the first
19 part of the question.

20 BY MR. STRUCK:

21 Q. Do you also have that opinion, Doctor? And
22 I'll state it again if you want me to.

23 **A. Please.**

24 Q. "For a transgender person, a birth
25 certificate bearing an incorrect gender marker



1 invades privacy, releases confidential medical
2 information, and places the individual at risk for
3 grave psychological and physical harm."

4 Is that also your opinion in this case?

5 A. Yes.

6 Q. Do you have any other opinions besides the
7 two that I mentioned there?

8 A. I do.

9 Q. What are your other opinions?

10 A. My other opinion is that for an individual to
11 have to have an operation -- a gender-affirming
12 operation in order to change a identity document is
13 not feasible for many people.

14 And my opinion is that a court order is
15 concerning because of the emotional impact that it
16 has on individuals who would have to go to court and
17 thereby expose their transgender status.

18 Q. I think you know that that opinion is in here
19 too. It's not necessarily in the summary of your
20 opinions. We were going to go into that. So thank
21 you for reminding me of that.

22 Were you provided any information at all
23 by plaintiffs' counsel with respect to the genesis of
24 the Arizona law regarding Subsection 3 of the statute
25 which allow for an administrative process for



1 somebody who had gone through a sex change operation
2 to obtain a new birth certificate? Were you provided
3 any of that information?

4 **A. I'm not certain what you mean by "genesis."**

5 Q. Well, when did the statute go into effect?
6 What was the purpose of the statute? Were you
7 provided -- because all that information has been
8 given to plaintiffs' counsel. Were you provided with
9 any of that information?

10 **A. No.**

11 Q. It is your understanding that in Arizona an
12 individual can go to court and obtain a new birth
13 certificate with a new gender marker and a new name,
14 correct?

15 MS. BERG: Objection. Vague.

16 BY MR. STRUCK:

17 Q. You can answer, Doctor.

18 **A. I have no information about name change.**

19 Q. So you haven't been provided any information
20 at all from plaintiffs' counsel with respect to what
21 is required in Arizona with respect to anybody
22 obtaining a name change -- not just a transgendered
23 individual but anybody who wants to have their name
24 changed on their birth certificate and what they have
25 to do.



1 **A. That's correct. I have not been provided**
2 **that.**

3 Q. Okay. And isn't it true that for
4 transgendered individuals not only is it important
5 for their gender identity documents such as a birth
6 certificate to include the correct gender marker,
7 it's also important that identity document to include
8 the correct name, true?

9 **A. I don't know if that's true or not.**

10 Q. You don't have an opinion as to whether or
11 not it's important for a transgendered individual to
12 have the name that they're going by correct on their
13 identity documents?

14 **A. I know that it's important for a transgender**
15 **individual who's transitioned to be called by their**
16 **chosen name. I don't know how many individuals**
17 **actually go through a legal name change. I don't**
18 **have that information.**

19 Q. I'm not asking you how many individuals,
20 Doctor. I'm specifically -- and maybe I'm just not
21 making myself clear.

22 You don't have an opinion that it's
23 important for somebody who is a transgendered
24 individual who wants to get a gender identity
25 document to have not only the gender marker changed



1 but also the name that they want to go by changed?

2 And what I --

3 MS. BERG: Objection.

4 MR. STRUCK: I was trying to be more
5 specific so she understood what I meant by "gender
6 identity."

7 MS. BERG: Okay. I thought you were
8 done, so if you want to restate the question.

9 BY MR. STRUCK:

10 Q. Let me restate it, Doctor.

11 Do you understand -- when I say "identity
12 documents," do you know what that means?

13 A. I do.

14 Q. Okay. And what does that mean to you?

15 A. It means any document that reflects personal
16 characteristics of an individual including their
17 gender and other defining characteristics. It could
18 be a driver's license that has height, eye color,
19 etc.

20 Q. And it can be a passport?

21 A. Correct.

22 Q. Could be a birth certificate?

23 A. I agree with that. Yes, that would be a
24 identity document.

25 Q. Social security card?



1 **A. Yes.**

2 Q. And in terms of the important information --
3 for somebody who has gender dysphoria, important
4 information that needs to be included on identity
5 documents -- it's not just the gender marker that
6 should be accurate. Their name should be accurate as
7 well in order to -- in order for someone to obtain a
8 social benefit of that with respect to the gender --
9 their gender dysphoria and their treatment for that.

10 MS. BERG: Objection. Relevance.

11 Objection. Outside of the scope of the expert's
12 assigned task.

13 BY MR. STRUCK:

14 Q. You can answer, Doctor.

15 **A. I'm not certain. Some of my clients have had**
16 **their name changed, others haven't. For example, my**
17 **name is Randi. So it's a gender-neutral name. So**
18 **not all of my clients have changed their name, but**
19 **changing their gender marker is of the utmost**
20 **importance to them because that's their identity and**
21 **that's what they fear being exposed.**

22 Q. Wouldn't you agree that the majority of your
23 clients have changed their names?

24 **A. No.**

25 Q. You'd say a majority of your clients did not



1 change their names?

2 A. I don't know that they have changed their
3 names. I have a lot of clients who have gone by
4 initials or Goldie who is still Goldie or they'll
5 have a name that is -- Rick is now Ricky. They'll
6 tell people to call them Ricky. But they may not
7 necessarily have gone through a legal name change.

8 Q. Okay. Let me -- I'm glad you clarified that
9 because that was a careless question. I wasn't
10 necessarily asking about whether the majority of your
11 clients had gone through a legal name change.

12 What I'm interested in knowing is whether
13 it was true that the majority of your clients go by a
14 different name than the name they were given at
15 birth.

16 A. Again, not necessarily. Some keep their same
17 name if it's not particularly associated with birth
18 gender. So, again, I'm using the example of my name:
19 Randi. I have a colleague named Lauren who's a male,
20 which is also a female name. So some go through a
21 process of name change and others do not.

22 Q. When I say process of name change -- when you
23 say "process of name change," you're not talking
24 about a legal name change. You're just talking about
25 how they want people to refer to them as.



1 **A. Or some have a legal name change, but I**
2 **couldn't give you a percentage.**

3 Q. But with --

4 **A. I'm not privy to that.**

5 Q. I'm sorry. I keep interrupting you. The
6 court reporter can only take down one voice at a
7 time. So I'm the guilty party there. I will try to
8 do better.

9 But with respect to a transgendered
10 individual who has gender dysphoria, isn't it
11 important -- and say this individual wants to go by a
12 different name -- isn't it important that that
13 individual have identity documents that includes the
14 name that they want to go by?

15 **A. Hypothetically if you're saying that it's**
16 **important to the individual, then I would agree it's**
17 **important.**

18 Q. Okay. And isn't it true that you have had --
19 in the 3,000 or so patients that you've treated with
20 gender dysphoria, that you have had patients that go
21 by -- want to go by a different name?

22 **A. Yes.**

23 Q. And for those patients, wouldn't you agree
24 that it is important for them to have identity
25 documents that have the name they want to go by on



1 them?

2 MS. BERG: Objection. Outside the scope
3 of the expert's assigned task.

4 BY MR. STRUCK:

5 Q. You can answer, Doctor, if you can.

6 A. I think every individual is different. And
7 if you're asking if it's important for an
8 individual -- if that individual feels it's
9 important, then I would certainly respect that and
10 encourage them to do that.

11 Some individuals may just want to be
12 referred to by that name but may not feel like they
13 need to go through the effort of changing the
14 document. It's a case-by-case basis.

15 Q. Okay. Let's dig into that a little bit
16 deeper.

17 In your report on page 9, you refer to a
18 2015 study out of Ontario, Canada. Are you familiar
19 with that study?

20 A. Yes.

21 Q. In that particular study, it was relating
22 to -- I believe there were 380 individuals who
23 were -- who provided information for that study
24 regarding the importance of having an identity
25 document with a gender marker notation that matched



1 their lived gender, and there was a -- the study
2 showed that there was potentially some correlation
3 between the gender marker notation and a reduction in
4 suicidal ideation.

5 Do you know what I'm talking about?

6 **A. Yes, and also suicidal attempts. That's the**
7 **Bauer article you're referring to, I believe.**

8 Q. Right. It's the Bauer article but also
9 Ayden Scheim was involved in that study; is that
10 right?

11 **A. Yes.**

12 Q. And Ayden Scheim was also involved in another
13 study that you cite in your report that was relating
14 to a review of some 20,000 --

15 **A. 22,000 individuals -- transgender**
16 **individuals.**

17 Q. In the United States, correct?

18 **A. Yes.**

19 Q. So I want to focus first on the Ontario,
20 Canada, study.

21 Now, it wasn't just gender identity
22 documents that they were looking at with respect to
23 reduction in suicidal ideation; is that right?

24 **A. I'm not clear on what you're referring to.**

25 Q. Isn't it true that the study also looked at



1 social support, reduced transphobia, and having the
2 personal identification documents? It focused on all
3 three of those things.

4 **A. It was a multi-factorial study.**

5 Q. And that study showed that parental support
6 was actually the most important aspect of reduced
7 suicidal ideation.

8 **A. I would want to review the article. I would**
9 **want to have that in front of me, but I'm not -- that**
10 **may very well be the case.**

11 Q. Okay. And isn't it true that this study
12 was -- there were 380 participants in the study all
13 from Ontario, Canada, correct?

14 **A. It's true that the study is from Ontario,**
15 **Canada. I can't say the exact number without viewing**
16 **the study itself. I don't have that in front of me.**

17 **Can you put that up on the screen?**

18 Q. No, I can't. I'm sorry. I'm not that
19 technologically advanced. As I just read this this
20 morning, I didn't have a chance to give it to the
21 court reporter.

22 If I ask you a question you can't answer,
23 it's okay to say, "I don't know."

24 **A. Okay.**

25 Q. Were you also aware in this particular study



1 it showed that strong support from leaders such as
2 supervisors and teachers was significantly associated
3 with an increase of suicide attempts and suicidal
4 ideation? Were you aware of that?

5 **A. Again, I would like to look at the report and**
6 **read that in its context.**

7 Q. Okay. You don't recall that?

8 **A. I don't recall that offhand. No.**

9 MS. BERG: Dan, I just want to make sure
10 you're not going to use this as a formal exhibit in
11 this deposition.

12 MR. STRUCK: I'm sorry?

13 MS. BERG: Are you going to use this as
14 an exhibit? Just for the record, I want to make it
15 clear.

16 MR. STRUCK: I'm making it clear that I'm
17 reading from the report. I'm not necessarily going
18 to attach it as an exhibit unless you want me to.
19 I'd be happy to.

20 **THE WITNESS: No. That's fine.**

21 MR. STRUCK: But I'm referring to -- just
22 for the record, it's the "Intervenable factors
23 associated with suicide risk in transgender persons:
24 a respondent driven sampling study in Ontario,
25 Canada." It's by Greta Bauer, Ayden Scheim,



1 Jack Pyne, Robb Travers and Rebecca Hammond.

2 MS. BERG: Thank you.

3 MR. STRUCK: Published June 2nd, 2015.

4 MS. BERG: Thank you.

5 BY MR. STRUCK:

6 Q. Is that the report you're referring to here
7 on page 9 of your -- the study that you're referring
8 to, Doctor, on page 9 of your report?

9 Are you there, Doctor? Can you hear us?

10 **A. Yes. I'm getting to page 9.**

11 Q. Oh, okay. Sorry.

12 **A. Yes.**

13 Q. It's paragraph 31 to be more specific.

14 **A. Correct.**

15 Q. It's true, isn't it, that the identity
16 documents that they were referring to in the report
17 were driver's license, passport, Indian status card
18 and military ID? Were you aware of that?

19 **A. Again, I don't have the article in front of**
20 **me, so I don't know what they're stating in the**
21 **article.**

22 Q. Okay. This is an article you reviewed in
23 preparation for your report.

24 **A. Yes.**

25 Q. Isn't it true in this particular report that



1 their findings provided "evidence that social
2 inclusion (social support, gender-specific support
3 from parents, identity documents) protection from
4 transphobia and undergoing medical transition have
5 the potential for sizeable effects on the high rates
6 of suicide ideation and attempts in trans
7 communities"? Was that their findings in this
8 report?

9 **A. That's one of their conclusions.**

10 **Can I interrupt to ask for a brief**
11 **bathroom break?**

12 MR. STRUCK: Absolutely. Anytime you
13 need to take a break, just let me know. Let's take
14 five minutes.

15 **THE WITNESS: Perfect. Thank you.**

16 (The deposition was at recess from
17 9:49 to 9:57 a.m.)

18 BY MR. STRUCK:

19 Q. Doctor, I want to ask you about another study
20 that you mentioned in your report, and that's also a
21 study that was done by Ayden Scheim, Ph.D.,
22 Professor Greta Bauer, Ph.D., and this one also
23 includes Amaya Perez-Brumer, Ph.D.

24 You're familiar with that study?

25 **A. Yes.**



1 Q. And this is the study that involved over -- a
2 survey of 22,286 respondents across the USA regarding
3 one of the -- the issue that they were looking at was
4 whether someone having gender-concordant identity
5 documents is associated with mental health among
6 trans adults; is that right?

7 **A. Yes.**

8 Q. And this particular study is entitled, just
9 for the record, "Gender-concordant identity documents
10 and mental health among transgender adults in the
11 USA: a cross-sectional study." It was published on
12 March 16, 2020.

13 Is that the report that you referred
14 to in -- is this the study that you referred to in
15 your report?

16 **A. I'm trying to find the page in my report.**

17 **Okay. Yes. Scheim, etc., 2020. That's correct.**

18 Q. Okay. And isn't it true that in the Scheim
19 study they -- when they were talking -- when they
20 were referring to "gender-concordant identity
21 documents," they were referring to having an ID that
22 reflects one's preferred name and gender marker;
23 isn't that right?

24 **A. I don't have the study in front of me.**

25 Q. Okay. And they hypothesized prior to doing



1 the study that, "having an ID that reflects one's
2 preferred name and gender marker would be associated
3 with reduced psychological distress and suicide
4 risk."

5 Do you recall that?

6 A. I recall that gender identity documents that
7 are congruent have a positive effect including less
8 psychological distress and less suicide attempts.
9 I'm reading that from my report because I don't have
10 their report in front of me.

11 Q. Right. You don't have the study in front of
12 you. The reason I'm asking about the study is
13 because I don't see anything in your report about the
14 importance of having one's preferred name on -- in a
15 gender-concordant identity document. That's why I'm
16 asking.

17 A. Because I was asked to opine on the birth
18 certificate topic as it is memorialized in the law in
19 Arizona. I wasn't given any information about names
20 or change of names for this matter.

21 Q. Okay. And birth certificates typically have
22 names on them of the individual who was born,
23 correct?

24 A. Their birth name.

25 Q. My question is: With respect to this study,



1 isn't it true that the Ph.D.'s who conducted this
2 study were referring to an ID that reflects a
3 preferred name and a gender marker when they were
4 talking about gender-concordant identity documents?

5 **A. I don't know. I don't have the study. I**
6 **could pull up the study. I could do a literature**
7 **search for that study, and I'd be able to answer that**
8 **question.**

9 Q. You can if you want to. It's not necessary.
10 If you don't remember, that's fine.

11 When they conducted the study, they
12 obtained data from a 2015 U.S. transgender survey; is
13 that right?

14 **A. I believe so. Is that in my report? Or are**
15 **you reading from the article itself?**

16 Q. I'm looking at the article itself, but I
17 think it says that in your report too.

18 The individuals who were conducting this
19 study stated in their methods that, "The primary
20 exposure of interest was whether all or some
21 (vs none) of a respondent's IDs reflected their
22 preferred name and gender marker"; is that right?

23 **A. I don't recall the exact language of the**
24 **article. I only know what I've written in the**
25 **distillate of my -- of it in my report.**



1 Q. Did you review the article relating to
2 gender-concordant identity documents and mental
3 health among transgender adults in the USA: a
4 cross-sectional study prior to preparing your report?

5 **A. Is that this Scheim article you're talking**
6 **about?**

7 Q. Yes.

8 **A. Yes.**

9 Q. And isn't it true that with respect to the
10 interpretation of the study, Dr. Scheim, Dr. Bauer
11 and Dr. Perez-Brumer determined that possession of
12 gender-concordant IDs, which are IDs with one's
13 preferred name and gender marker, might improve
14 mental health among trans persons? Is that right?

15 **A. Are you talking about a different article**
16 **now?**

17 Q. No. I'm talking about the same one. I'll
18 let you know if I go to a different article.

19 **A. I thought you mentioned Bauer in this one.**

20 Q. Bauer does both. Bauer is in both of those.

21 **A. I think in my report I mention -- and I'll**
22 **find that exact --.**

23 Q. Dr. Bauer and Dr. Scheim were actually
24 involved in both of the studies that we talked about.

25 **A. Correct. One we referred to as the Bauer**



1 study and -- because he being the primary author of
2 that study.

3 Q. Right.

4 A. But I also have -- I believe there's a
5 reference in my paper that 24 studies also concurred
6 with those. Yes.

7 So on page 10, I've written that,
8 "A review of 24 studies similarly found that social
9 and legal gender validation was positively related to
10 improved health outcomes." And that was the King &
11 Gamarel, 2021 article.

12 Q. And I haven't asked you about that one yet,
13 but that one relates to more than just legal gender
14 validation. That also relates to social validation,
15 which is an important aspect of the treatment of
16 gender dysphoria, correct?

17 A. Yes.

18 Q. And social validation is -- there's a lot
19 more to social validation than just changing a gender
20 marker on a birth certificate, correct?

21 A. Yes.

22 Q. What other aspects of the treatment of gender
23 dysphoria -- let me start over again.

24 When we're talking about social
25 validation for individuals who are transgender, what



1 does that mean to you?

2 A. It means the acceptance and the affirmation
3 of an individual's affirmed gender and acknowledgment
4 of that.

5 Q. And that would be by whom?

6 A. By those in an individual's social network.
7 Those who interact with that individual. So family,
8 friends, co-workers, for example.

9 Q. Thank you.

10 I'm going to go back to the -- I'll call
11 this one -- even though he also participated in the
12 Ontario study, I'll call this one the Scheim study
13 just so we're clear -- the 2020 Scheim study.

14 In that study, it reports that the
15 prevalence of clinical depression in trans adults is
16 estimated to be over 50 percent compared to
17 30 percent among the general U.S. population; is that
18 right?

19 A. I don't know if it's right. I'll assume
20 that's what they've reported.

21 Q. Because --

22 A. I'm not looking at the study. And that
23 study, I assume, is a meta-analysis, so I would want
24 to see the actual study. But that sounds like it
25 might be accurate.



1 Q. So that sounds accurate to you?

2 **A. Could very well be.**

3 Q. They also report based on -- they cite a
4 couple other studies, one by Tebbe and one by
5 Perez-Brumer. "The lifetime prevalence of suicide
6 attempts among trans adults is estimated to be
7 between 32 and 41 percent compared to 9 percent among
8 the general population."

9 Does that sound right to you?

10 **A. That concurs with the Williams Institute,**
11 **which puts the suicide rate of suicide attempts at**
12 **41 to 43 percent. So that would be in the similar**
13 **range.**

14 Q. And isn't it true, according to this study,
15 that among trans youth use of the chosen name has
16 been associated with reduced depression, suicidal
17 ideation and suicidal behavior?

18 **A. Again, I'm not looking at that study, but I**
19 **do agree in principle that when people are called by**
20 **their chosen name, it does have a significant impact**
21 **on their mental well-being.**

22 Q. And one of these -- in this particular
23 study -- the Scheim study, the 2020 study that I'm
24 referring to -- they also asked the respondents for
25 the reasons why they didn't change their gender



1 marker; is that right?

2 A. I don't recall without looking at the
3 particular report that you're viewing.

4 Q. And the potential reasons that they included
5 in the survey were lack of suitable gender options,
6 not being ready to change their identity marker or
7 not being able to afford it; is that right?

8 A. I don't understand what you're asking. Are
9 you asking is that what they report? I don't know
10 because I'm not looking at the report. I'm trusting
11 that you're reading it --

12 Q. I mean, you're the expert. You're the one
13 that reviewed this prior to preparing your report.

14 A. And I'd be happy to review it again if I had
15 it in front of me.

16 Q. If you --

17 A. I assume that what you're saying is accurate,
18 and it certainly sounds reasonable.

19 Q. If you don't know, you can simply say you
20 don't know. That's fine.

21 I'm reading from the report, and it says,
22 "With respect to respondents' reasons for not
23 changing their gender marker, if a respondent
24 indicated having no ID reflecting their preferred
25 gender marker, they were asked to select the reasons



1 from a list. Potential reasons included a lack of
2 suitable gender options, not being ready, or not
3 being able to afford it."

4 Does that comport with your recollection
5 of the study?

6 **A. Yes.**

7 Q. And isn't it true that there was no -- one of
8 the reasons that was not included was privacy issues?

9 **A. Privacy issues were not -- you did not**
10 **mention privacy issues when you read that statement**
11 **to me.**

12 Q. And that wasn't included in the survey
13 either?

14 **A. If you say it's not in there, then I will**
15 **accept that.**

16 Q. And of the individuals who hadn't changed
17 their gender marker -- 40.3 percent of the ones who
18 hadn't changed their gender mark stated that the
19 gender options didn't fit their gender identity.

20 Do you understand what that means?

21 **A. I believe so.**

22 Q. What is your understanding of what that
23 means?

24 **A. That they may not have had a binary gender**
25 **which would not be reflected in a legal document.**



1 Q. So they could put down X, for example?

2 A. I'm not certain what state we're talking
3 about in this article.

4 Q. This is all across the United States. This
5 is the entire United States. This survey -- I think
6 there were individuals from every state in this
7 survey.

8 The prohibitive cost was -- 34 percent of
9 the respondents stated that was the reason why they
10 didn't change their gender marker.

11 Does that sound right?

12 MS. BERG: Objection at this point. I
13 mean, Dr. Ettner has represented that she did not
14 memorize the whole article and cannot recall every
15 statement in there. She represented that she will go
16 and look for it.

17 And so, at this point, you know, if
18 you're going to ask about specific things and whether
19 she recalls them, we need to kind of move on from
20 this.

21 MR. STRUCK: Rachel, you need to object
22 to the form. You don't make speaking objections.
23 You know better than that. Let me ask the questions.
24 It's my deposition.

25 If you want to follow up with questions



1 after I'm done, you may. But I'm going to ask the
2 questions that I want to ask in a deposition.

3 BY MR. STRUCK:

4 Q. Doctor, do you recall that in this study it
5 stated that 34.2 percent of the individuals who
6 hadn't changed their gender marker cited it was the
7 prohibitive cost?

8 Does that sound right to you?

9 **A. I don't recall that offhand. No.**

10 Q. And 26.7 percent of the respondents believed
11 that they were not allowed to change their gender
12 marker.

13 Does that sound right to you?

14 **A. It sounds right. I don't recall that, but I**
15 **wouldn't dispute that.**

16 Q. Wouldn't you agree that it's -- it is
17 important for transgendered individuals to obtain
18 information with respect to how to change their
19 gender marker?

20 **A. If they're interested in changing their**
21 **gender marker, I would agree they need to know how.**

22 Q. Including if -- if one of the reasons -- one
23 of the ways in which they can change their gender
24 marker is to go to court and obtain a court order,
25 that's information that they should be allowed to



1 have, right?

2 MS. BERG: Objection. Vague.

3 THE WITNESS: I think that depends on the
4 state. In the state of Illinois an individual only
5 needs to attest that they want to change their gender
6 marker, that attestant needs to be notarized, and
7 they need to send \$15.00. That's all that's
8 required. They don't have to appear in court.

9 Illinois has made it extremely easy for
10 people to maintain their privacy and yet to live in
11 accordance with their gender identity. So there's
12 great variation from state to state.

13 BY MR. STRUCK:

14 Q. And we're going to go into that a little bit,
15 Doctor. But my question was with respect to when
16 you're giving information to a transgendered
17 individual about changing their gender marker, isn't
18 it important to give them -- let them know all the
19 ways in which they could obtain, say, a birth
20 certificate with a different gender marker?

21 A. Yes. I would assume that people would want
22 to have as much information about that process as
23 they could obtain.

24 Q. And wouldn't you agree that it's
25 inappropriate for somebody to send information out to



1 the transgender community that there was only one way
2 to change their gender marker in the state of Arizona
3 and that would be you have to have a sex change
4 operation, if there was another way to do it?

5 **THE WITNESS:** Would you --

6 MS. BERG: Objection. Lacks foundation.

7 BY MR. STRUCK:

8 Q. Let me repeat the question.

9 Wouldn't you agree that it's
10 inappropriate if there are two ways in Arizona to
11 change your gender marker -- one is having -- showing
12 that you have had a gender reassignment surgery and
13 the other getting -- obtaining a court order.
14 Wouldn't you agree that it is not appropriate for an
15 individual to tell the transgender community that the
16 only way they can get their gender marker changed is
17 to have a gender reassignment surgery?

18 A. I think people would want to have as much
19 information as possible. I'm not understanding the
20 idea of one individual telling a community. I don't
21 know how -- who is the individual and how are they
22 communicating that to a community? I'm not
23 understanding.

24 BY MR. STRUCK:

25 Q. In this particular situation, one of the



1 original plaintiffs in this case, who is no longer a
2 plaintiff, who runs a website for the transgender
3 community in Arizona was telling transgendered
4 individuals in the state of Arizona that the only way
5 they could get their birth certificate changed was to
6 have gender reassignment surgery.

7 Wouldn't you agree that that was
8 inappropriate if that was untrue?

9 MS. BERG: Objection. Incomplete
10 hypothetical, mischaracterizes the evidence, and
11 outside of the scope of the expert's assigned task.

12 BY MR. STRUCK:

13 Q. You can answer, Doctor.

14 A. I'm not sure how to answer that. I -- I
15 don't know. I mean, can you rephrase it or --

16 BY MR. STRUCK:

17 Q. Sure. I can rephrase it.

18 Wouldn't you agree -- and I think you may
19 have already agreed -- that it is important for
20 individuals who are transgender that want to change
21 the gender marker on their birth certificate to have
22 the information -- all of the information as to the
23 different ways in which they can go about getting
24 that done?

25 A. Yes.



1 Q. Thank you.

2 With respect -- I'm going back to the
3 Scheim study, 2020. Isn't it true with respect to
4 the respondents who hadn't had their gender marker
5 changed, that 43 percent of them said they hadn't
6 even tried yet? Does that sound right?

7 **A. If that's what the article says, I don't have**
8 **any reason to counter that.**

9 Q. And let me be more specific. It's
10 43.4 percent. And 26.2 percent stated they were not
11 ready to change their gender marker.

12 Do you remember that?

13 MS. BERG: Objection. Form.

14 **THE WITNESS: I don't remember.**

15 BY MR. STRUCK:

16 Q. When somebody states that they're not ready
17 to change their gender marker, what does that mean to
18 you as a clinician?

19 **A. Well, again, it could mean many things. It**
20 **could mean they may have to -- feel they have to hire**
21 **an attorney. As I said, if they are a person in the**
22 **state of Illinois, it would be a very simple process.**
23 **There wouldn't be any road blocks for them.**
24 **Financially it wouldn't be a problem.**

25 So they may mean that they want to



1 undergo a transition first, and they haven't begun
2 their transition yet. Or they want to wait to inform
3 their human resources and their employers and let
4 people know this before they actually change their
5 documents. So I don't know that I could conclusively
6 say that it means one thing.

7 Q. It varies from individual to individual. Is
8 that what you're saying?

9 A. That's what I'm saying.

10 Q. There might be multiple reasons why they're
11 not ready to change their gender marker?

12 A. Yes. There may be costs involved. There may
13 be time involved. There may be fear of exposure if
14 they have to go to court. So I can't give a single
15 answer to that question.

16 Q. And in the study they actually did ask -- one
17 of the options was whether you could afford it, and
18 34.2 percent said they couldn't afford it.

19 Doctor, do you know what it costs to
20 get -- for a court order to have your birth
21 certificate changed in Arizona?

22 A. I do not.

23 Q. Were you aware of the fact that in Arizona
24 you have to go to court -- everyone has to go to
25 court to get their name changed on their birth



1 certificate transgendered or otherwise?

2 MS. BERG: Objection. Relevance.

3 **THE WITNESS: I don't have any**
4 **information about name change in Arizona.**

5 BY MR. STRUCK:

6 Q. So you don't -- you have no -- you weren't
7 told by plaintiffs' counsel that if somebody wants to
8 have their name changed on their birth certificate
9 they have to go to court?

10 **A. I was not told.**

11 Q. And that's anybody. If I want to have my
12 name changed, I would have to go to court to do it.
13 You weren't aware of that?

14 **A. I was not aware of that.**

15 Q. Now, isn't it true that this particular study
16 was -- all it showed was that having concordant IDs
17 was associated with a reduction of psychological
18 distress? Isn't that true?

19 MS. BERG: Objection. Form.

20 BY MR. STRUCK:

21 Q. Do you understand what I mean?

22 **A. Which study are you referring to?**

23 Q. The Scheim 2020 study. If I go to a
24 different one, I'll let you know.

25 **A. Would you repeat the question?**



1 Q. Isn't it true that the Scheim study found
2 that having concordant IDs was associated with a
3 32 percent reduction in psychological distress?

4 **A. I'm not looking --**

5 MS. BERG: Objection. Form. Same
6 objection.

7 BY MR. STRUCK:

8 Q. I'm sorry?

9 **A. I'm not looking at the precise language, but**
10 **it sounds like that might be a statement that would**
11 **be included in that report.**

12 Q. Okay. It also concluded that the results
13 indicated that not having gender concordant IDs might
14 contribute to mental distress.

15 Does that sound right?

16 MS. BERG: Objection. Form.

17 **THE WITNESS: It sounds like that might**
18 **be a statement that is put in that paper. I'm not**
19 **looking at that paper.**

20 BY MR. STRUCK:

21 Q. All right. Isn't it true that the study also
22 stated that outcomes might further vary depending on
23 the type of identity document or record?

24 MS. BERG: Objection. Form.

25 BY MR. STRUCK:



1 Q. For example, passports influence
2 international travel. So, in other words, the
3 outcome of the study might have varied depending on
4 what type of identity document that they were
5 referring to.

6 Do you remember that in here, Doctor?

7 **A. Is that listed under limitations of the**
8 **study?**

9 Q. Yes. Well, it's in the discussion section.

10 **A. Well, every study necessarily puts in some**
11 **limitations.**

12 Q. Right. And I would say that is a -- yes,
13 they're talking about limitations in their
14 discussion.

15 **A. So they haven't looked at every individual**
16 **identity document that a person might have of those**
17 **22,000 people and correlated that particular document**
18 **with health beneficial impacts.**

19 Q. Correct.

20 **A. Which would be a very large and difficult**
21 **study to do and yet it is a limitation. So they have**
22 **lumped together all identity documents in one**
23 **category for the purpose of doing this large scale**
24 **research on 22,000 respondents.**

25 Q. The other limitations that they refer to are



1 that, "It is possible that psychological distress and
2 suicidality" -- I'm saying that all wrong --
3 "preceded the exposure; in particular, psychological
4 distress could make it more difficult to obtain
5 gender-concordant IDs."

6 Does that make sense to you?

7 **A. It makes sense as something they would list**
8 **in a limitation.**

9 Q. Yes.

10 **A. It doesn't make sense as something that would**
11 **apply given the large number of respondents they**
12 **have. The results are quite -- statistically quite**
13 **significant, but they do have to list every possible**
14 **alternative hypothesis for the sake of completion.**

15 Q. Now, one of the articles that you refer to in
16 your biobibliography is an article by Restar and
17 Breslow. "Legal gender marker and name change is
18 associated with lower negative emotional response to
19 gender-based mistreatment and improve mental health
20 conditions among trans populations," which is
21 actually an article about the study that we just
22 referred to. It's listed in your bibliography.

23 Have you read that article?

24 **A. Yes. It's the Restar, et al., 2020 article?**

25 Q. Yes.



1 **A. Yes.**

2 Q. Now, isn't it true in that article they talk
3 about states where it's easier to get a gender
4 identity document, and they specifically refer to the
5 state of Massachusetts? Are you familiar with that?

6 **A. I don't recall without looking at that**
7 **article and having it in front of me.**

8 Q. And were you aware of the fact that in
9 Massachusetts -- and they even refer to it in the
10 article -- if somebody wants to get their gender
11 marker changed on their birth certificate, they have
12 to go to court? Were you aware of that?

13 **A. I'm not aware of that without looking at that**
14 **article.**

15 Q. And they have to publish something in the
16 newspaper about the name change.

17 Were you aware of that in Massachusetts?

18 **A. No.**

19 MS. BERG: Objection. Form.

20 BY MR. STRUCK:

21 Q. Now, when you're talking about the court
22 process in Arizona, I think you previously testified
23 you don't know what the court process is. You just
24 know that in Arizona there's a -- one of the
25 requirements to change the gender marker on a birth



1 certificate is to actually petition the court to do
2 it.

3 MS. BERG: Objection. Vague.

4 BY MR. STRUCK:

5 Q. Doctor, why don't you tell me your
6 understanding of what the court process is in Arizona
7 to change a gender marker on a birth certificate, if
8 you know?

9 A. What I've been informed is that there are two
10 ways of changing the gender marker. One is through a
11 private administrative attempt, which is to submit a
12 written request to change the gender marker and to
13 also submit a written statement from a physician that
14 you or your child have undergone a sex change
15 operation, and the other method would be through a
16 court order.

17 Q. Right. And that's what I'm specifically
18 asking about.

19 What is your understanding of the court
20 process in Arizona? Do you have any information on
21 that?

22 A. Just that an individual would have to go to
23 court in order to have that gender marker changed.
24 They would have to appear in court or the parents of
25 a youngster, of a child would appear.



1 Q. And do you know how that process works in
2 Arizona, the court process, besides what you just
3 mentioned?

4 **A. Not other than what I've just mentioned.**

5 Q. Okay. In your report, on paragraph 37, you
6 state, "The court process would by its nature require
7 transgender persons to file documents or appear in
8 person in court, or both, and therefore invade their
9 privacy because they would have to publically
10 disclose their transgender status."

11 Do you see that?

12 **A. Yes.**

13 Q. And the basis -- well, let me just ask you
14 this: You talk about privacy concerns. Are there
15 any studies that talk about the effect of going to
16 court to change your gender marker on transgendered
17 individuals? Do you have any studies that you're
18 aware of?

19 **A. Not that I'm aware of.**

20 Q. Now, if somebody wants to change the name on
21 their birth certificate, would that also invade
22 their -- if a transgendered individual wanted to
23 change their name on the birth certificate, is that
24 also an invasion of privacy, in your opinion?

25 MS. BERG: Objection. Vague. Objection.



1 Outside the scope of the expert's assigned task.

2 BY MR. STRUCK:

3 Q. You can answer.

4 A. Anytime a person has to publically disclose
5 their gender status, that is a risk for that
6 individual, and that would generate anxiety at a
7 minimum and the fear of some enacted discrimination
8 or other negative sequelae from that being
9 publically -- that information being publically
10 released.

11 Q. So let me ask you this: When you say
12 "publically released," what do you mean by that?

13 A. Telling an individual, telling a court where
14 there are people present, admitting to them private
15 information, medical information and having that be
16 publically announced.

17 Q. When you say "publically announced," what do
18 you mean by that?

19 A. Speaking about it to individuals that are not
20 people that you know.

21 Q. In a courtroom?

22 A. In a courtroom.

23 Q. So telling a judge that you want to change
24 your gender marker is an invasion of privacy. Is
25 that what you're saying?



1 **A. Yes.**

2 Q. Okay.

3 **A. And there may be other people in the**
4 **courtroom beside the judge.**

5 Q. Telling a judge -- is telling a judge that
6 you want to change your name also an invasion of
7 privacy for a transgendered individual?

8 MS. BERG: Objection. Outside the scope
9 of the expert's assigned task.

10 MR. STRUCK: You can object to the form,
11 Rachel. You don't need to say all those things.

12 MS. BERG: I'm going to object how I
13 think is appropriate. Thank you.

14 MR. STRUCK: Well, the federal rules
15 require you to object to form, and that's it. So
16 maybe you could follow the federal rules.

17 BY MR. STRUCK:

18 Q. Doctor, do you need me to ask the question
19 again?

20 **A. Yes, please.**

21 Q. Is it an invasion of privacy for a
22 transgendered individual to go to a court and tell a
23 judge that they want to change their name?

24 **A. If telling the judge in that instance reveals**
25 **their transgender status, that would kindle anxiety**



1 and would be an invasion of privacy --

2 Q. Wouldn't you --

3 A. -- and most individuals would prefer not to
4 have to be in that situation.

5 Q. Wouldn't you agree that there are going to be
6 transgendered individuals who don't experience those
7 things when they go to court and tell the judge that
8 they want to change their name and gender marker?
9 They wouldn't experience anxiety?

10 A. I think the majority experience anxiety, in
11 my experience. Some have experienced far worse than
12 anxiety.

13 Q. By going to court and telling a judge that
14 they want to change their gender marker?

15 A. One of my clients killed themselves after
16 that incident.

17 Q. How many clients have you treated that had to
18 go to court to change their gender marker or name on
19 their birth certificate?

20 A. Prior to our new ruling in Illinois, clients
21 did have to go to court and they had to have -- they
22 had to have documentation of having had surgery. And
23 the ACLU filed a suit. And they had several people
24 who came and testified about the impact of having to
25 reveal that in a courtroom, and that was in a public



1 forum because the newspapers did a report. It did a
2 piece on this when it occurred.

3 Anytime that an individual goes to court,
4 they usually feel anxiety. Most people are not
5 comfortable in a courtroom. Transgender people are
6 very vulnerable. And disclosing that information
7 will arouse fear, and the arousal of fear, even if
8 there is no enacted harm, is corrosive.

9 Q. Let me stop you right there. Isn't it true
10 that there could be -- that there are transgendered
11 individuals who might very well not have aroused fear
12 by having their name and gender marker changed by
13 going to court? Wouldn't you agree?

14 A. I can think of some specific cases where an
15 individual might not, but those would be the
16 exception rather than the rule.

17 Q. Okay. Are you stating that this is relating
18 more to just your belief that, generally speaking,
19 anybody experiences trepidation when they go to a
20 courtroom?

21 A. Anyone who's transgender that has to expose
22 that publically, they experience fear in the majority
23 of cases. That's my opinion.

24 Q. All right. And we've already established
25 that when you're talking about stating it publically,



1 you're talking about in a courtroom in front of a
2 judge with the possibility there might be other
3 people in the courtroom, correct?

4 **A. With the likelihood that there would be other**
5 **people in the courtroom.**

6 Q. Well, you don't know that?

7 **A. There are people in a courtroom other than**
8 **the judge.**

9 Q. Other than courtroom personnel, you don't
10 know that there's anybody else in there, right?

11 **A. There's courtroom personnel.**

12 Q. Okay. Other than the courtroom personnel and
13 the judge, you don't know that there's anybody else
14 in the courtroom besides the individual who wants to
15 have their name changed and their gender marker
16 changed, correct?

17 **A. I don't know that there is. I don't know**
18 **that there isn't.**

19 Q. And in your report, on page 12, you refer to
20 a study by Russell, Pollitt & Grossman that found
21 that, "use of a transgender's chosen name, if
22 different from the one given at birth, was linked to
23 reduced depression, suicidal ideation and suicidal
24 behavior," correct?

25 **A. Yes.**



1 Q. That's a 2018 study?

2 A. Correct.

3 Q. On page 13, you state, "A discordance between
4 identity documents that include a transgender
5 person's birth-assigned sex rather than their actual
6 sex as determined by their gender identity and their
7 lived experience creates a myriad of deleterious
8 social and psychological consequences."

9 What social and psychological
10 consequences are created by having a birth
11 certificate that doesn't have your chosen name or
12 your gender identity on it?

13 A. Well, I can tell you from my experience I had
14 a case where a woman who had lived her entire life in
15 her affirmed identity but was born male and was --
16 that information was not -- did not appear on her
17 birth certificate. It had not been corrected.

18 And human resources revealed that
19 information to her co-workers who refused to allow
20 her to use the restroom, put fecal matter on her
21 desk, cut her brake lines, and so viciously harassed
22 her that she developed agoraphobia and hasn't left
23 her home in four years and still gets death threats.

24 In another instance --

25 Q. Let me stop you before that. Is this one of



1 your patients?

2 A. Yes. This was a case where I was consulted
3 on. I evaluated an individual who had post-traumatic
4 stress disorder because an identity document that was
5 incongruent was exposed to her co-workers.

6 Q. Are you reading from something, Doctor?

7 A. No. I'm looking right at you. This was an
8 Amazon case where I testified.

9 Q. I just couldn't tell if you were looking
10 at me or you were reading something. It just kind of
11 looked like you were reading something. And if you
12 were, I was going to ask you what you were reading.

13 A. No. I'm recalling one of the most serious
14 cases -- some of the most serious post-traumatic
15 stress disorder cases I've ever seen have been in
16 employment situations where an individual has a
17 document that doesn't align with the gender in which
18 they live and --

19 Q. Let me just stop you right there. In that
20 particular case, was it a birth certificate?

21 A. It was a birth certificate that had been --
22 somehow had been passed down from an employment
23 agency to Amazon. And human resources exposed it to
24 her co-workers and said, "Would you believe that so
25 and so is really a guy?"



1 And at that point, her life was totally
2 upended. She and her husband, who also worked
3 there -- her husband was attacked for being gay, and
4 he was -- he pulled all the hair out of his head and
5 lost 50 pounds in a month because his co-workers
6 tormented them.

7 They had taken that job because the
8 insurance benefits would have paid for her surgery.
9 They had a wonderful insurance policy.

10 But they were -- there was no way anyone
11 would have ever known that this woman had been born
12 male other than the disclosure of an uncorrected
13 document.

14 I had another case --

15 Q. Have you ever had a situation involving -- an
16 employment situation where somebody was getting --
17 having gender reassignment surgery and it was -- that
18 information was provided to an employer and it was --
19 that was exposed?

20 A. I'm sorry. I don't understand. Could you
21 repeat that?

22 Q. As an employer, if somebody in my office has
23 a significant type of procedure that affects the
24 insurance, the insurance carrier will let our human
25 resources person -- will alert them of it.



1 Have you ever had a situation like that
2 involving a gender reassignment surgery where the
3 employer found out about it as a result of an
4 insurance company relaying that information?

5 A. I don't know how the -- I can't recall
6 offhand how the employer might have found out about
7 it, but I do know that people have told their
8 employer that they're going to be going through a
9 transition. They're going to be taking time off.
10 They're going to be having certain medical and
11 surgical interventions and explains the procedure to
12 them.

13 And so in some cases it's gone very well,
14 and in some cases it hasn't. And some of those cases
15 were the cases that you went through earlier when you
16 read the cases in which I was deposed.

17 In another case, a woman left Illinois
18 and moved to another state. And when she showed her
19 birth certificate to get a driver's license, her
20 birth certificate hadn't been corrected. And she was
21 humiliated in front of the other people who were
22 waiting in line, and she went home and put a bullet
23 in her head.

24 So individuals have different levels of
25 resiliency. And for some individuals, the shame, the



1 exposure, the fear of being victimized and the fear
2 of discrimination or violence can be as corrosive as
3 if the actual discrimination took place.

4 So worrying about something and fearing
5 it -- as in my research -- showed that it places
6 transgender women at 100 percent greater risk for
7 development of hypertension and cardiac --
8 cardiovascular events are the number one killer in
9 the United States.

10 Q. Let me stop you right there. Are you saying
11 that anybody who has to reveal their birth
12 certificate that has a different gender marker on it
13 has 100 percent of getting hypertension?

14 A. No. But you can refer to that article. You
15 have that article.

16 Q. Yeah.

17 A. It shows that people who desperately want to
18 keep a secret and fear exposure are at twice the risk
19 of developing hypertension due to the cardiac
20 re-activity of the stress, of the fear that is
21 involved in attempting to keep that information
22 secret.

23 Q. Okay. Let me go back to something you said a
24 little bit earlier where you were referring to a
25 specific patient that had to go to court in Illinois



1 to change their birth certificate and that ultimately
2 led to them committing suicide.

3 Do you remember that?

4 A. I said they left the state of Illinois and
5 went to a different state where they attempted to get
6 a driver's license and had to show a birth
7 certificate. They attempted to get a driver's
8 license in a different state.

9 Q. Okay. I misunderstood.

10 But I think when you were referring to
11 the Illinois process prior to the change, I think you
12 said -- and maybe I'm wrong -- that in order to
13 change the birth certificate you had to go to court
14 and had to show proof of gender reassignment surgery.

15 A. Our laws have changed several times -- the
16 law in Illinois. One time it was ambiguous. So what
17 was written was not exactly what was in -- being in
18 practice, which is why the ACLU filed suit.

19 But there did have to be at one time a
20 document from a physician stating that you had had
21 gender affirming surgery. This patient had not had
22 that and had left Illinois hoping to work in a
23 different state.

24 And in that state when she went to get
25 different documents, she had to expose her



1 transgender status. She was humiliated in front of
2 the other people who were waiting in this rather
3 large government office, and she shot herself that
4 night.

5 Q. And you understand that in Arizona there's
6 not a -- you can get your gender marker changed on
7 your birth certificate by simply going to court. You
8 don't have to show any kind of proof of
9 gender-affirming surgery. You understand that.

10 A. I understand that, but I don't understand the
11 "simply" part because I think for people it might be
12 an onerous process.

13 Q. But you don't know what the process is,
14 correct?

15 A. Well, it's time consuming and it involves
16 money and, again, the fear of exposure or exposing
17 one's child.

18 Q. But you don't know what the cost is or what
19 the process is or how long it takes in Arizona, do
20 you?

21 A. Not precisely.

22 MS. BERG: Objection. Form.

23 MR. STRUCK: Let's take a few minutes. I
24 may be just about done here. Five minutes?

25 THE WITNESS: A break?



1 MR. STRUCK: Yes.

2 **THE WITNESS: Oh, okay.**

3 (The deposition was at recess from
4 10:54 to 10:59 a.m.)

5 BY MR. STRUCK:

6 Q. On page 17 of your report, paragraph 59, you
7 state, "For a transgender person, a birth certificate
8 bearing an incorrect gender marker or revealing one's
9 birth name risks disclosing the fact that the person
10 is transgender."

11 Did I read that correctly?

12 **A. Did you say number -- what number?**

13 Q. 59.

14 **A. 59. Yes.**

15 Q. And that is your opinion?

16 **A. Yes.**

17 MR. STRUCK: Doctor, you have the right
18 to read and sign the deposition, make sure it's been
19 accurately recorded, or you can waive signature.

20 It's your choice. But you have to state now whether
21 you want to read and sign or waive signature
22 unless -- I'm sorry. Rachel, do you have questions?

23 MS. BERG: Yes, I have a few questions.

24 MR. STRUCK: All right. Then ignore what
25 I just said, Doctor, because Rachel would like to ask



1 you a few questions.

2 **THE WITNESS: Okay.**

3

4 EXAMINATION

5 BY MS. BERG:

6 Q. So earlier this morning we've talked about
7 one of the ways to amend the gender marker in
8 Arizona, which we've referred to as the court
9 process; is that correct?

10 **A. Yes.**

11 Q. And do you still have your report in front of
12 you?

13 **A. I do.**

14 Q. If you can turn to paragraph 37 on page 11.

15 **A. Okay.**

16 Q. And in that paragraph, in the first sentence,
17 it says, "The court process would by its nature
18 require transgender persons to file documents or
19 appear in person in court."

20 Is that a correct representation of that
21 phrase in your report on paragraph 37?

22 **A. Yes.**

23 Q. And is that your understanding of the court
24 process in Arizona?

25 **MR. STRUCK: Form; foundation.**



1 THE WITNESS: Yes.

2 MS. BERG: I have nothing further.

3 MR. STRUCK: Doctor, as I stated earlier,
4 you can read and sign or waive signature.

5 THE WITNESS: I don't -- does the
6 attorney have an opinion about what I should do? I
7 really don't know. I'm happy to read and sign.

8 MR. STRUCK: Okay. Thank you, Doctor.

9 THE WITNESS: Is that all?

10 MR. STRUCK: That's it. Thank you.

11 THE WITNESS: Thank you.

12 MS. BERG: I want to request a rush final
13 transcript.

14 THE REPORTER: Okay.

15

16

17 (The deposition concluded at 11:02 a.m.)

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RANDI C. ETTNER, Ph.D.

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CERTIFICATE OF CERTIFIED REPORTER

BE IT KNOWN that the foregoing proceedings were taken before me; that the witness before testifying was duly sworn by me to testify to the whole truth; that the foregoing pages are a full, true and accurate record of the proceedings, all done to the best of my skill and ability; that the proceedings were taken down by me in shorthand and thereafter reduced to print under my direction; I have complied with the ethical obligations set forth in ACJA 7-206(F) and ACJA 7-206 J(1)(g)(1) and (2).

I CERTIFY that I am in no way related to any of the parties hereto, nor am I in any way interested in the outcome hereof.

Review and signature requested; any changes made by the witness will be attached to the original transcript
 Review and signature waived/not requested
 Review and signature not required

Dated at Phoenix, Arizona, this 29th of July, 2023.

/s/ Kristi K. Spires

Kristi K. Spires, RPR
Certified Reporter
Arizona CR No. 50135

* * * * *

I CERTIFY that GRIFFIN GROUP INTERNATIONAL, has complied with the ethical obligations set forth in ACJA 7-206(J)(1)(g)(1) through (6).

/s/ Pamela A. Griffin

GRIFFIN GROUP INTERNATIONAL
Registered Reporting Firm
Arizona RRF No. R1005



1 GRIFFIN GROUP INTERNATIONAL -ERRATA SHEET - CHANGES IN TESTIMONY
 2 3200 East Camelback Road Suite 177 Phoenix, Arizona 85018
 3 Roe vs Herrington-Videoconference Deposition of Randi C.-Ettner, Ph. D.-July 26, 2023
 4 Errata & Signature due no later than the Sept 1, 2023.

5	7	PAGE	LINE	CORRECTIONS/CHANGES	REASON
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24 _____
 25 SIGNATURE OF WITNESS DATE



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Herrington****Videoconference Deposition of Randi C. Ettner, Ph. D.**

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EXHIBIT 5

In the Matter of:

Roe

vs

Herrington

30(b)(6) of ADHS - Krystal Colburn

April 10, 2023



**G R I F F I N G R O U P
I N T E R N A T I O N A L**

3200 East Camelback Road, Suite 177
Phoenix, Arizona 85018

**Roe vs
Herrington**

30(b)(6) of ADHS - Krystal Colburn

IN THE UNITED STATES DISTRICT COURT
IN AND FOR THE DISTRICT OF ARIZONA

Helen Roe, a minor, by and)	
through her parent and next)	
friend Megan Roe; James Poe, a)	
minor, by and through his)	
parent and next friend Laura)	
Poe; and Carl Voe, a minor, by)	No. 4:20-cv-484-JAS
and through his parent and)	
next friend Rachel Voe,)	
)	
)	
Plaintiffs,)	
)	
vs.)	
)	
)	
Don Herrington, in his)	
official capacity as Interim)	
State Registrar of Vital)	
Records and Interim Director)	
of the Arizona Department of)	
Health Services)	
)	
)	
Defendant.)	
)	

30(b)(6) VIDEO-RECORDED DEPOSITION OF
THE ARIZONA DEPARTMENT OF HEALTH SERVICES - KRYSTAL COLBURN

Phoenix, Arizona
April 10, 2023
8:58 a.m.

REPORTED STENOGRAPHICALLY BY:
DANIELLE C. GRIFFIN, RPR
Certified Reporter
Certificate No. 50926

PREPARED FOR:
ASCII/CONDENSED COPY

(Certified Copy)



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1 30(b)(6) VIDEO-RECORDED DEPOSITION OF THE
2 ARIZONA DEPARTMENT OF HEALTH SERVICES - KRYSTAL COLBURN was
3 taken on April 10, 2023, commencing at 8:58 a.m. at the law
4 offices of Osborn Maledon, 2929 North Central Avenue,
5 21st Floor, Phoenix, Arizona, before DANIELLE C. GRIFFIN, a
6 Certified Reporter in the State of Arizona.

7
8 COUNSEL APPEARING:

9
10 For the Plaintiffs:

11 COOLEY LLP
12 By: Mr. Barrett J. Anderson
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13 NATIONAL CENTER FOR LESBIAN RIGHTS
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16 OSBORN MALEDON, PA
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19 For the Defendant Department of Health Services:

20 OFFICE OF THE ATTORNEY GENERAL
21 STATE OF ARIZONA
22 By: Ms. Patricia C. LaMagna
2005 North Central Avenue
23 Phoenix, Arizona 85004-1592
24
25



1 COUNSEL APPEARING: (Continued)

2 For the Defendants:

3 STRUCK LOVE BOJANOWSKI & ACEDO, PLC
4 By: Mr. Daniel P. Struck
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5 Suite 300
Chandler, Arizona 85226-2473

6 ALSO PRESENT:

7 Ms. Robin Smart
8 VideoDep, Incorporated
Video Specialist

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1 THE VIDEO SPECIALIST: We are on the record.
2 Today's date is April 10th, 2023. The time is 8:58 a.m.
3 This is the 30(b)(6) video-recorded deposition of the
4 Arizona Department of Health Services given by
5 Krystal Colburn, noticed by counsel for the Plaintiff in
6 the matter of Helen Roe, a minor, through her parent,
7 Megan Roe, et al, versus Don Herrington, et al.

8 This matter is being held in the
9 United States District Court for the District of Arizona.
10 Case Number 4:20-cv-484-JAS.

11 Our location today is the law offices of
12 Osborn Maledon located at 2929 North Central Avenue,
13 Phoenix, Arizona 85012.

14 The certified court reporter is Danielle
15 Griffin of Griffin Group International.

16 My name is Robin Smart. I'm the certified
17 legal video specialist for the firm of VideoDep,
18 Incorporated, located in Phoenix, Arizona.

19 Counsel, please identify yourselves and whom
20 you represent starting with Plaintiff's counsel, please.

21 MR. ANDERSON: My name is Barrett Anderson
22 from Cooley, LLP, on behalf of the Plaintiffs.

23 MS. BERG: Rachel Berg from the National
24 Center for Lesbian Rights on behalf of Plaintiffs.

25 MR. PROKSEL: Colin Proksel of Osborn Maledon



1 for Plaintiffs.

2 MS. BOWMAN: Payslie Bowman, Osborn Maledon,
3 here for the Plaintiffs.

4 MS. LaMAGNA: Patricia LaMagna, assistant
5 attorney general, for the Department of Health Services.

6 MR. STRUCK: Dan Struck for Defendants.

7 THE VIDEOGRAPHER: Thank you, Counsel.

8 The witness may be sworn in, please.

9

10 KRYSTAL COLBURN,
11 a witness herein, having been first duly sworn by the
12 Certified Reporter to speak the truth and nothing but the
13 truth, was examined and testified as follows:

14

15 EXAMINATION

16 BY MR. ANDERSON:

17 Q. Can you please state your name for the record.

18 **A. Krystal Colburn.**

19 Q. Ms. Colburn, good morning. My name is
20 Barrett Anderson. I'm here to just ask you a few questions
21 today.

22 Have you ever had your deposition taken
23 before?

24 **A. No.**

25 Q. Have you ever testified at trial?



1 **A. Yes.**

2 Q. How many times have you testified?

3 **A. I wouldn't be able to give you that answer.**

4 Q. It's a lot?

5 **A. Quite a few.**

6 Q. Quite a few?

7 **A. Yes.**

8 Q. Do you remember generally the subject matters of
9 the cases you testified in?

10 **A. During my various roles at the department, I've**
11 **testified on behalf of the department so that could be**
12 **vital records, medical marijuana, Smoke-Free Arizona.**

13 Q. So in the times you've testified at trial, it's
14 been on behalf of the Arizona Department of Health
15 Services?

16 **A. Yes.**

17 Q. And if I refer to that as ADHS, that -- that's a
18 common term?

19 **A. It is.**

20 Q. Okay. Now, you said that you've testified for
21 ADHS in cases about vital records. Have any of those
22 involved birth certificates?

23 **A. Yes.**

24 Q. And have any of those cases involved changes to
25 birth certificates?



1 **A. Yes.**

2 Q. Have any of those involved changes to the sex
3 listed on the birth certificate?

4 **A. Yes.**

5 Q. About how many cases have you testified in
6 involving that?

7 **A. Specifically the sex on the birth record?**

8 Q. Yes.

9 **A. A couple.**

10 Q. A couple.

11 Were those cases -- were they in state court?

12 **A. The one that comes to mind was administrative.**

13 Q. Administrative.

14 And that's before an administrative law judge
15 in the State of Arizona?

16 **A. Correct.**

17 Q. And was that a case seeking to amend a birth
18 certificate?

19 **A. Yes.**

20 Q. Do you recall what ADHS's position was in that
21 case?

22 **A. Yes.**

23 Q. What was it?

24 **A. We had denied a request to amend a birth record.**

25 Q. And you were called to testify about what subject



1 in that case?

2 **A. The amendment request that we denied.**

3 Q. What was the Court's final ruling in that case?

4 **A. The court ruled that ADHS did not properly deny**
5 **that request, and they made a recommendation that ADHS**
6 **subsequently adopt it.**

7 Q. Was that case in about 2017?

8 **A. Yes.**

9 Q. So, Ms. Colburn, I'm going to start with some
10 basic admonitions here. You've been under oath before so
11 you know what the oath means; is that right?

12 **A. Correct.**

13 Q. It means you're duty bound to tell the truth?

14 **A. Yes.**

15 Q. Is that right?

16 And the whole truth; is that right?

17 **A. Yes.**

18 Q. It requires that you testify truthfully. Now, is
19 there any reason you can't testify truthfully today?

20 **A. No.**

21 Q. Okay. Now, as we go, it's important that we not
22 talk over each other so that the court reporter can get all
23 of our words down.

24 Is that okay for you?

25 **A. Yes.**



1 Q. And I also want to make sure that any answers that
2 you give are verbal. So if -- if it's not verbal, I'll ask
3 you to say it on the record.

4 Is that okay?

5 **A. Okay.**

6 Q. Okay. We'll be asking -- I'll be asking a lot of
7 questions today. If you don't understand, feel free to let
8 me know and I'll rephrase it, otherwise, I'll assume that
9 you understand.

10 Is that okay?

11 **A. Okay.**

12 Q. And after this deposition you'll have the
13 opportunity to look through the transcript, make any
14 changes, but if you do, I just want to let you know that I
15 will then be able to comment about those changes.

16 So if you feel the need to change any of your
17 answers or alter them, it's best to do so on the record
18 today.

19 **A. Okay.**

20 Q. Now, Ms. Colburn, do you understand that today
21 you're testifying in two roles, both for yourself and for
22 the Department?

23 **A. Yes.**

24 Q. Does that mean you understand that you'll be
25 testifying from your personal knowledge in both of those



1 situations?

2 **A. Yes.**

3 Q. Have you testified as a representative in a
4 deposition, a 30(b)(6) deposition? I'll -- let me define
5 what that means. 30(b)(6) means that you are a
6 representative of the ADHS.

7 So if I use that phrase, is that clear to
8 you?

9 I'll -- let -- let me rephrase that.

10 **A. Okay.**

11 Q. Have you testified in a deposition where you were
12 representing ADHS?

13 **A. I have not testified in a deposition before.**

14 Q. Okay. Now, when I ask you a question today, I'd
15 like you to assume that you're answering in both roles
16 unless I specify otherwise.

17 Is that okay?

18 **A. Okay.**

19 Q. And if you feel that you need to answer
20 specifically in one role, you may do so in your answer.

21 **A. Okay.**

22 Q. Are you currently employed by ADHS?

23 **A. Yes.**

24 Q. And what's your current position?

25 **A. I am the bureau chief for the Bureau of Vital**



1 **Records and the assistant state registrar.**

2 Q. Now, are those separate positions?

3 **A. No.**

4 Q. It's a combined position?

5 **A. It is.**

6 Q. How long have you held that position?

7 **A. Ten years.**

8 Q. Have you held any other positions at ADHS?

9 **A. Yes.**

10 Q. And what were those?

11 **A. I have had various roles in program management and**
12 **other programs and started with the department as a program**
13 **project specialist in 2007.**

14 Q. So we'll start from the beginning just to make
15 sure it's clear.

16 You started at the department in 2007?

17 **A. Yes.**

18 Q. And that was as a program --

19 **A. Specialist.**

20 Q. -- specialist?

21 **A. Correct.**

22 Q. What was your next position after that?

23 **A. Program manager.**

24 Q. And about what year was that?

25 **A. Probably 2009 or '10.**



1 Q. 2009.

2 And after you were program manager, what was
3 next?

4 A. Then I moved over as an office chief to vital
5 records.

6 Q. And from that position -- I'm sorry.

7 About what year was that?

8 A. 2013.

9 Q. 2013.

10 MR. ANDERSON: I'm going to go ahead and mark
11 this as Exhibit 1.

12 (Deposition Exhibit No. 1 was marked for
13 identification.)

14 BY MR. ANDERSON:

15 Q. Ms. Colburn, do you recognize this?

16 A. This document specifically, no.

17 Q. I'll represent to you that I had this taken off of
18 your LinkedIn profile.

19 Does that look familiar when you know that?

20 A. The information, yes, but the format, no.

21 Q. The format no.

22 Is this information that you entered into
23 your LinkedIn profile?

24 A. Without having LinkedIn in front of me and
25 assuming that what you're saying is correct, but I -- I



1 don't have LinkedIn in front of me. So...

2 Q. I just thought that this might be an easier way to
3 go through your background.

4 A. Okay.

5 Q. So if you want to flip to the second -- at least
6 the bottom of the first page. It says Smoke-Free Arizona
7 Program Specialist.

8 Is that the role that you started at ADHS in?

9 A. Yes.

10 Q. It says July 2007 to May 2009?

11 A. Yes.

12 Q. Are those the dates that you recall you served in
13 that role?

14 A. Yes.

15 Q. And then next it says, Smoke Free Arizona Legal
16 Liaison, above that?

17 A. Yes.

18 Q. From April 2009 to May 2011?

19 A. Yes.

20 Q. That's -- that's the next -- the program manager
21 position that we're talking about?

22 A. Yes, it is.

23 Q. And then above that is another position with Smoke
24 Free Arizona from May 2011 to May 2013?

25 A. Yes.



1 Q. Is that right?

2 And after that, it says -- this document says
3 May 2013 is when you became bureau chief and assistant
4 state registrar.

5 Is that what you remember about when you
6 became bureau chief?

7 A. Yes.

8 Q. Okay. What is -- what does ADHS do? What is its
9 role?

10 A. ADHS is the Arizona Department of Health Services.
11 So they offer various programs and services to improve the
12 health and wellness of Arizonans.

13 Q. Okay. I'd like to go ahead and set that aside for
14 right now.

15 Ms. Colburn, did you prepare for this
16 deposition?

17 A. Yes.

18 Q. And what did you do to prepare?

19 A. I met with my counsel.

20 Q. And who is your counsel?

21 A. Patricia LaMagna and Dan Struck.

22 Q. About how many times did you meet?

23 A. Just once.

24 Q. Just once. And when was that?

25 A. Friday, last Friday.



1 Q. About how long was that meeting?

2 **A. Couple hours.**

3 Q. Did you review any documents at that meeting?

4 **A. Yes.**

5 Q. Do you recall about -- or do you recall generally
6 what those documents were?

7 **A. They were legal filings related to the case.**

8 Q. Did you bring any of those documents with you
9 today?

10 **A. I did.**

11 Q. You did.

12 Are those the documents in the binder in
13 front of you?

14 **A. Yes.**

15 Q. Okay. During your preparation, did you speak to
16 any other employees of ADHS?

17 **A. No.**

18 Q. Did you do anything else to prepare for the
19 deposition today?

20 **A. Yesterday, I reread some of the documents that was
21 provided to me in the binder in front of me.**

22 Q. Okay. In those legal filings in that binder, does
23 that include the amended complaint in this case?

24 **A. May I reference the specific document?**

25 Q. Yes, please.



1 **A. I always forget what it's called.**

2 Q. Actually, it might be easier if you just told me
3 what the list in the front is, just the documents in the
4 binder.

5 **A. I didn't read all of them, though.**

6 Q. Oh, you didn't read all of them.

7 Can you tell me which ones that you did?

8 **A. The interrogatories.**

9 Q. Okay. Interrogatories. Okay. That's all. Thank
10 you.

11 MR. ANDERSON: I'd like to mark this as
12 Exhibit 2.

13 (Deposition Exhibit No. 2 was marked for
14 identification.)

15 BY MR. ANDERSON:

16 Q. Ms. Colburn, do you recognize this document?

17 **A. Yes.**

18 Q. And what is this?

19 **A. This is the plaintiff's notice of deposition for**
20 **the Arizona Department of Health Services.**

21 Q. And you see on that front page where it says
22 Plaintiff's notice of deposition, "The Arizona Department
23 of Health Services Pursuant to FED.R.CIV P.30(B)(6)"?

24 **A. Yes.**

25 Q. Okay. I'll represent to you that this is the



1 notice to you in your role as representative of the ADHS.

2 So can you go ahead and flip to page number 3
3 of the document where it begins Exhibit A up at the top?

4 **A. I'm there.**

5 Q. And do you recall reviewing Exhibit A, which is
6 three pages long?

7 **A. Yes.**

8 Q. Did you review each of the deposition topics in
9 this document?

10 **A. I have, yes.**

11 Q. And are you prepared to discuss each of those
12 topics today?

13 **A. Yes.**

14 Q. Okay. Do you have a personal basis of knowledge
15 for all of these topics?

16 MR. STRUCK: Form.

17 MR. ANDERSON: You can go ahead and answer.

18 **THE WITNESS: Can you repeat it?**

19 BY MR. ANDERSON:

20 Q. Sure.

21 **A. Thanks.**

22 Q. Given -- given your role with the Department, are
23 you able to answer or talk about these topics from your
24 personal knowledge?

25 **A. Yes.**



1 Q. Okay. Now, we'll go through the specific topics
2 as we go. But for now I'd like to flip to the last page,
3 Topic No. 12. And this says, "THE DEPARTMENT'S policies,
4 practices, and procedures regarding the generation,
5 retention, or destruction of documents."

6 Did I read that correctly?

7 **A. Yes.**

8 Q. And are you prepared to testify on that topic?

9 **A. Yes.**

10 MR. ANDERSON: I'd like to mark this as
11 Exhibit 3.

12 (Deposition Exhibit No. 3 was marked for
13 identification.)

14 BY MR. ANDERSON:

15 Q. Ms. Colburn, do you recognize this?

16 **A. Yes, I do.**

17 Q. And what is this?

18 **A. This is the records retention schedule for the
19 Department of Health Services division of licensing.**

20 Q. And what's a record retention schedule?

21 **A. This is a document that is used by the Department
22 to determine the length of time that we retain documents.**

23 Q. And did the Department create this document?

24 **A. Yes. I'm not sure -- yes.**

25 Q. Okay.



1 **A. I believe that they did.**

2 Q. And does this -- this sets out the activities of
3 ADHS?

4 **A. Some of them.**

5 Q. Some of them.

6 Regarding -- regarding records retention?

7 **A. Correct.**

8 Q. Okay. If you flip to the second page, it looks
9 like on the left column, there's a number 13 and next to
10 that it says Bureau of Vital Records?

11 **A. Yes.**

12 Q. And I'll ask you a little bit more about what that
13 is a little bit later.

14 But is this the category of files that would
15 pertain to birth certificates?

16 **A. Some of them do, yes.**

17 Q. Some of them.

18 So is this the policy that would apply -- I'm
19 sorry.

20 On the next page, there's a column that says
21 "Certificates of Birth"?

22 Do you see that?

23 **A. Yes, I do.**

24 Q. Is that birth certificate's retention policy?

25 **A. Yes.**



1 Q. And then if you flip one more page, there's
2 something that says "Sealed Records Files."

3 Do you see that in the second row down?

4 **A. I do.**

5 Q. Would that policy apply to any aspect of birth
6 certificates?

7 **A. Yes.**

8 Q. And which aspect is that?

9 **A. So a sealed record is the original form before an
10 amendment or a correction is made to a record. And so we
11 seal that original form and any evidentiary documents for
12 permanent retention.**

13 Q. Okay. And it looks like both the certificates of
14 birth and the sealed records files, the retention period is
15 permanent?

16 **A. That is correct.**

17 Q. Does that mean the Department always has those
18 records?

19 **A. Yes.**

20 Q. It never deletes them or destroys them?

21 **A. No.**

22 Q. Okay. You can set that aside.

23 **A. Okay.**

24 Q. And I'd also like to ask you a little bit about
25 the Department's e-mail system now.



1 Does every ADHS employee get an e-mail
2 address?

3 **A. Yes.**

4 Q. And the -- the domain of those e-mails addresses
5 is that AZDHS.gov?

6 **A. That's correct.**

7 Q. And ADHS employes use that e-mail as part of their
8 job routine?

9 **A. Yes.**

10 Q. Does ADHS keep those e-mails on a central server?

11 **A. They keep them. I'm not sure the structure behind**
12 **which they keep them.**

13 Q. But the Department does keep them?

14 **A. Yes.**

15 Q. And does the Department keep those e-mails as part
16 of its ordinary business?

17 **A. Yes.**

18 Q. Ms. Colburn, we're here today because the
19 Plaintiff's, my clients, have filed a lawsuit.

20 Are you familiar with that lawsuit?

21 **A. Yes.**

22 Q. Are you familiar with generally what the claims
23 are in the case?

24 **A. Yes.**

25 Q. How did you first learn about the case?



1 **A. It was noticed to the Department of Health**
2 **Services.**

3 Q. Do you remember about when that was?

4 **A. Off the top of my head, no. I know it's been a**
5 **while.**

6 Q. It has.

7 MR. ANDERSON: Go ahead and mark this. I
8 believe that we're now on Exhibit 4.

9 (Deposition Exhibit No. 4 was marked for
10 identification.)

11 **THE WITNESS: Thank you.**

12 BY MR. ANDERSON:

13 Q. And, Ms. Colburn, do you recognize this document?

14 **A. Yes.**

15 Q. And what is this?

16 **A. This is the amended complaint that was filed for**
17 **this case.**

18 Q. Do you recall when the first time was that you saw
19 this?

20 **A. Not specifically, but it would probably have been**
21 **after it was filed and sent to the Department.**

22 Q. Have you had the opportunity to review this
23 complaint in detail?

24 **A. Yes.**

25 MR. STRUCK: Form.



1 BY MR. ANDERSON:

2 Q. So you know based on the -- the allegations in
3 this complaint that the plaintiffs are children?

4 A. Yes, I do know that.

5 Q. And you know that they're transgender children?

6 A. Yes.

7 Q. And you're aware that they're proceeding under
8 pseudonyms in this case; is that right?

9 A. Correct.

10 Q. Do you know why they're proceeding under
11 pseudonyms?

12 MR. STRUCK: Form; foundation.

13 THE WITNESS: I would imagine it's for
14 anonymity.

15 BY MR. ANDERSON:

16 Q. Okay. Do you know why they want anonymity?

17 MR. STRUCK: Form; foundation.

18 THE WITNESS: I don't feel that I could
19 speculate on their personal decisions like that.

20 BY MR. ANDERSON:

21 Q. No need to speculate. I just didn't know if you
22 knew.

23 Okay. You know, to the extent that we talk
24 about the plaintiffs today, we'll refer to them using their
25 pseudonyms, and I would prefer that we not mention their



1 real names on the record if we can avoid it.

2 So without naming them, can you tell me are
3 you familiar with any of them?

4 Do you know who their real identities are?

5 **A. I would have to go back and look at requests that**
6 **were received by the department. We receive thousands of**
7 **requests so I don't memorize everybody's names.**

8 Q. That's fair. That's fair.

9 **A. Okay.**

10 Q. Having reviewed the complaint and being familiar
11 with the case, do you know any of the plaintiffs
12 personally?

13 **A. No.**

14 Q. Do you know any of their family members, their
15 parents personally?

16 **A. No.**

17 Q. Okay. Do you have a general understanding of what
18 the plaintiffs are asking for in this case?

19 MR. STRUCK: Form.

20 **THE WITNESS: Yes.**

21 BY MR. ANDERSON:

22 Q. And can you tell me what -- what your
23 understanding is?

24 **A. They are seeking to amend the sex on their birth**
25 **records.**



1 Q. Now, other than your counsel, have you talked to
2 anybody else about this case?

3 **A. Our acting director and prior director.**

4 Q. And we'll talk about those individuals in a
5 moment, but anybody else besides the director of ADHS?

6 **A. Also my direct supervisor.**

7 Q. And who's your direct supervisor?

8 **A. Thomas Salow.**

9 Q. Thomas Salow.

10 Okay. Anybody else besides Mr. Salow?

11 **A. No.**

12 Q. Okay. If you can go ahead and flip back to the
13 notice, and the notice we've marked as Exhibit 2, and
14 that's the document that has all of those topics in them.

15 And when you have that in front of me --

16 **A. I do.**

17 Q. -- or in front of you, go ahead.

18 Okay. If you go ahead and flip that open to
19 page 3, the beginning of Exhibit A. The first topic there
20 is the department's organizational structure.

21 Do you see that?

22 **A. Yes.**

23 Q. And are you prepared to testify about that today?

24 **A. Yes.**

25 Q. Now, earlier you said that ADHS is the agency in



1 charge of vital records.

2 Is that what you said?

3 MR. STRUCK: Form.

4 BY MR. ANDERSON:

5 Q. Is ADHS in front of -- in charge of vital records?

6 A. It is.

7 Q. Is it the sole authority in charge of vital
8 records in the State of Arizona?

9 MR. STRUCK: Form.

10 THE WITNESS: Yes, sir. Yes, it is.

11 BY MR. ANDERSON:

12 Q. And what does ADHS do with vital records?

13 What is its powers over vital records?

14 A. Statutorily, we have the responsibility to
15 register, correct, and amend and preserve all vital records
16 in the State of Arizona.

17 Q. What exactly is a vital record?

18 A. Vital records are birth, death and fetal death
19 certificates registered in the State of Arizona.

20 Q. So a birth certificate would be a vital record?

21 A. Yes.

22 Q. Is there any other kind of vital record related to
23 birth?

24 A. I don't know what -- what you're asking me.

25 Q. Is -- are birth certificates and birth records



1 synonymous or is there some other kind of birth record that
2 ADHS keeps?

3 **A. Not that I know of.**

4 Q. Okay. So you testified that Thomas Salow is your
5 direct supervisor; is that right?

6 **A. Yes.**

7 Q. Do you report to anybody else besides Mr. Salow?

8 **A. I also now report to Jennie Cunico. She --**
9 **Jennifer Cunico. She is our acting -- acting director and**
10 **also our deputy director.**

11 Q. How long has Ms. Cunico been acting director?

12 **A. I would have to look at the specific date, but it**
13 **was the end of December, beginning of January, I believe,**
14 **of this year.**

15 Q. Of this year so --

16 **A. '22, '23 --**

17 Q. -- about --

18 **A. -- transition.**

19 Q. That transition?

20 **A. Yes.**

21 Q. That's about four months?

22 **A. Correct.**

23 Q. Okay. And before that, who was the director of
24 ADHS?

25 **A. Don Herrington was the acting director.**



1 Q. And do you recall about how long he was acting
2 director?

3 A. **Maybe five to six months, about.**

4 Q. Five to six months.

5 And who was the director before
6 Mr. Herrington?

7 A. **Cara Christ.**

8 Q. And she was a confirmed director?

9 A. **She was.**

10 Q. Do you recall how long she had served as director?

11 A. **Oh, goodness, probably around eight years give or
12 take.**

13 Q. Eight years, okay.

14 Just doing the math, was there a director
15 before Dr. Christ that you reported to?

16 A. **Not that I reported to, no.**

17 Q. Who was the director before?

18 A. **Will Humble.**

19 Q. Okay. Now you say that you report to the -- the
20 acting director, Ms. Cunico. What are Ms. Cunico's
21 responsibilities as director of ADHS?

22 A. **She is responsible to oversee the operation of all
23 statutorily mandated functions for the Department of Health
24 Services and any other programs and services we offer.**

25 Q. Does she report to the governor?



1 **A. I don't know if she reports to the governor**
2 **directly or one of the governor's team members.**

3 **Q. Do you ever interact directly with the governor in**
4 **your role?**

5 **A. No.**

6 **Q. Do you interact with the governor's office?**

7 **A. No, not typically.**

8 **Q. Do you ever interact with the -- with anybody at**
9 **the state legislature?**

10 **A. No.**

11 **Q. Do you know if acting director Cunico interacts**
12 **with anybody at the state legislature?**

13 **A. She may. We have a legislative liaison position**
14 **at the Department of Health Services, and that person's**
15 **role is to interact with the legislature, answer any**
16 **questions they have, things like that.**

17 **So since that role is at the Department, I**
18 **can conclude that on occasion she may be consulted or asked**
19 **questions.**

20 **Q. Are you familiar with any time that the director's**
21 **been consulted about birth certificate amendments by the**
22 **state legislature?**

23 **A. Jennie, no. I'm not aware of any.**

24 **Q. How about Mr. Herrington?**

25 **A. No. I'm not aware of any.**



1 Q. Okay. And is it Dr. Christ?

2 A. Dr. Christ.

3 Q. How about Dr. Christ?

4 A. I'm not aware of any that she would have been, but
5 in fairness, I'm not told of every conversation that they
6 have. So...

7 Q. Okay. Does the -- or excuse me.

8 In your role, do you ever interact with
9 anybody at the Attorney General's Office?

10 A. Yes.

11 Q. And apart from this particular lawsuit, do you
12 interact with people at the Attorney General's Office?

13 A. Yes.

14 Q. And why would you interact with the Attorney
15 General's Office?

16 A. They are our legal representation for the Bureau
17 of Vital Records and ADHS.

18 Q. Okay. So anything legal related to a vital
19 record, you consult with the attorney general, their
20 office?

21 A. If needed, yes.

22 Q. Go ahead and pull up your -- the -- excuse me,
23 Exhibit 1, which is the LinkedIn document we talked about
24 before. I just want to talk a little bit more specifically
25 about your position.



1 Now, it says here that you direct and oversee
2 the Bureau of Vital Records.

3 What is the Bureau of Vital Records?

4 **A. The Bureau of Vital Records is the bureau at the**
5 **Department of Health Services that oversees the**
6 **registration, preservation, and correcting and amending of**
7 **records -- vital records --**

8 **Q. So it's a -- oh, sorry. Didn't mean to interrupt.**

9 **It -- you would say it's a division of ADHS?**

10 **A. It's a bureau within a division.**

11 **Q. Bureau within a division, okay.**

12 **Does any other part of ADHS have any**
13 **authority over vital records?**

14 **A. The director does as the state registrar.**

15 **Q. Any other bureaus in the department that have**
16 **authority over vital records?**

17 **A. No.**

18 **Q. Any other departments at all?**

19 **A. No.**

20 **Q. Okay. And if I refer to it as BVR, that's the**
21 **acronym for Bureau of Vital Records?**

22 **A. It is.**

23 **Q. Okay. Looking back at Exhibit 1, it also says the**
24 **Bureau of Vital Records, which includes the office of vital**
25 **records.**



1 Is the office of vital records different than
2 the bureau?

3 **A. It's within the bureau. The office is a team that**
4 **is responsible for the issuance of records.**

5 Q. Now, I wanted to ask you about something called
6 the BVR registry team.

7 Is -- what is the BVR registry team?

8 **A. They are a team within the bureau that registers,**
9 **corrects and amends and issues records.**

10 Q. And is that the same as the office of vital
11 records?

12 **A. Yes.**

13 Q. So they're -- they're the same group of people?

14 **A. Yes.**

15 Q. Okay. And looking back at Exhibit 1, the next
16 sentence under your -- the bureau chief and assistant state
17 registrar position says, "Ensure accurate registration and
18 issuance of birth, death and fetal death certificates."

19 Does that include corrections to birth
20 certificates?

21 **A. Yes.**

22 Q. And would that include amendments to birth
23 certificates?

24 **A. Yes.**

25 Q. Okay. Ms. Colburn, are you the person with



1 ultimate authority at ADHS to decide whether to grant a
2 correct -- a correction to a birth certificate?

3 MR. STRUCK: Form.

4 THE WITNESS: The ultimate authority is the
5 state registrar, which is the director of the agency, but I
6 am deputized to perform those functions.

7 BY MR. ANDERSON:

8 Q. And what does "deputize" mean in this context?

9 A. In this context, I have a deputization document
10 that's issued to me to act in the same stead as the
11 director.

12 Q. That means that you don't have to gain approval
13 from the director to make decisions about birth certificate
14 corrections?

15 A. Correct.

16 Q. And is that also applied to birth certificate
17 amendments?

18 A. Yes.

19 Q. And we'll look back at Exhibit 1. I just want to
20 look a little bit further down in your description. It
21 says: "Managerial responsibilities include oversight of
22 approximately 40 staff," and then it says, "coordination
23 and collaboration with local county health departments."

24 What are local county health departments?

25 A. Those are the county health departments located



1 within the 15 counties in the State of Arizona.

2 Q. And does ADHS have authority over the county
3 health departments?

4 MR. STRUCK: Form.

5 THE WITNESS: In relation to vital records
6 and the functions that they perform for vital records, yes.
7 Generally, we do -- the Department of Health Services does
8 not have authority over the county health departments.

9 BY MR. ANDERSON:

10 Q. And thank you for clarifying.

11 So ADHS has authority over the county health
12 department's issuance of birth certificates; is that right?

13 A. They are allowed to perform functions on our
14 behalf as it relates to vital records.

15 Q. Okay. And would that -- that includes issuing
16 birth certificates?

17 A. It does.

18 Q. Does that include correcting birth certificates?

19 A. Yes. And I want to provide a little bit of a
20 clarification to my previous answer.

21 So they perform some functions on our behalf.
22 They statutorily cannot perform all functions.

23 Q. Okay.

24 A. So some corrections and amendments, they can
25 perform, some issuance they can perform, but not all in its



1 **totality.**

2 Q. Okay. So when your managerial responsibilities
3 include coordination and collaboration, that would involve
4 your working with health departments related to those
5 corrections and amendments?

6 **A. The ones that they are allowed to perform, yes.**

7 Q. Okay. It also says that you work with the Office
8 of Administrative Rules. What is that?

9 **A. The office of administrative rules is located**
10 **within the Arizona Department of Health Services, and they**
11 **coordinate on behalf of all the programs for the agency,**
12 **any legal notices, filings, trackings all of those types of**
13 **functions.**

14 Q. And is that related to -- would -- would they have
15 a role to play in regulations in the State of Arizona?

16 MR. STRUCK: Form.

17 **THE WITNESS: I'm not sure what you mean by**
18 **regulations.**

19 BY MR. ANDERSON:

20 Q. Regulations that apply to vital records, would
21 they have a role to play in those?

22 **A. Well, they -- they also conduct our rule writing,**
23 **so they help the program to write the rules based on the**
24 **statutes that govern the different programs. And so in**
25 **that way, they could play a role in it.**



1 Q. Okay. Next it says -- on Exhibit 1, "Assistant
2 Attorney General's Office."

3 And is that what we just discussed, your work
4 with the Attorney General's Office?

5 A. Yes.

6 Q. Okay. Next it says "National Vital Records
7 Jurisdictional Partners."

8 Who are those jurisdictional partners?

9 A. They are 57 vital records jurisdictions comprised
10 of the states and the territories. There is a national
11 association called NAPHSIS.

12 Would you like me to spell that?

13 Q. Go ahead.

14 A. N-A-P-H-S-I-S.

15 Q. Okay. And NAPHSIS is an organization for all 57
16 of those jurisdictions?

17 A. Correct.

18 Q. And how do you coordinate and collaborate with
19 other jurisdictions?

20 A. There's various situations that can occur that we
21 would do that. NAPHSIS hosts annual meetings, different
22 topics of conferences that I attend. But also in the
23 immediate jurisdictions, we work together.

24 An example would be the Four Corners. We've
25 hosted registration events to help tribal members to help



1 get their delayed birth certificates. So we work together
2 to plan that and host that.

3 We share information across -- across the
4 jurisdictions when applicable. So an example of that could
5 be if a snowbird comes into Arizona and they pass away
6 here, we would then send notice to the jurisdiction for
7 which their birth record exists, so that they can mark that
8 record as deceased for their birth matching process.

9 Q. Okay. So information sharing related to vital
10 records is one role that you work with other jurisdictions
11 on?

12 A. Some information sharing, yes.

13 Q. Some. Okay.

14 Do jurisdictions share best practices related
15 to vital records?

16 MR. STRUCK: Form.

17 THE WITNESS: They may.

18 BY MR. ANDERSON:

19 Q. Are you aware of any time where Arizona has shared
20 information about its amending of birth certificates with
21 other jurisdictions?

22 A. Yes. I'm sure that has happened.

23 Q. Okay. Are you aware of any time where Arizona has
24 collaborated with other states on standards related to sex
25 marker changes on birth certificates?



1 A. I don't know if "collaborated" is the right word,
2 but again, sharing of general practices. Each state has
3 its own set of statues and rules that they have to follow.
4 But there could generally be conversation of, this is how
5 our state handles that situation.

6 NAPHSIS also works to publish what's called
7 model law, which is best practices for vital records for
8 jurisdictions to reference. And so those general
9 conversations do come up.

10 Q. Turning back to Exhibit 1. The next list here is
11 National Center for Health Statistics.

12 What is that?

13 A. The National Center for Health Statistics is part
14 of the CDC, Centers for Disease Control. It's a branch
15 within the CDC. And they gather all of the statistics from
16 the 57 jurisdictions that I mentioned. And then they
17 compile it into the national statistics files that are
18 released for birth, death and fetal death every year. That
19 those files are then used for public health determinates.

20 So if you see published reports that say the
21 death rate for COVID was this percentage or this number,
22 the -- all of those reports that come out on a national
23 level are comprised of those 57 vital records jurisdictions
24 reporting to the National Center for Health Statistics.

25 Q. Looking back at Exhibit 1, the last one here is



1 Other Key Stakeholders.

2 What -- what might that refer to?

3 A. Vital records works with a lot of stakeholders
4 on -- since we register both birth and death records, on
5 the death side that could include funeral homes, medical
6 examiners, medical certifiers, tribal law enforcement.

7 On the birth side, that could include birth
8 recorders at hospitals, midwives, hospital paternity
9 programs, DES, DCS. I'm sorry. Those are our acronyms for
10 Department of Economic Security and Department of Child
11 Safety.

12 Q. Thank you.

13 One other thing that it says in your
14 description here is that you oversee approximately 40 staff
15 members.

16 Are those all 40 within the Bureau of Vital
17 Records?

18 A. Yes.

19 MR. ANDERSON: I'd like to mark this as
20 Exhibit 5.

21 (Deposition Exhibit No. 5 was marked for
22 identification.)

23 THE WITNESS: Thank you.

24 BY MR. ANDERSON:

25 Q. Ms. Colburn, do you recognize Exhibit 5?



1 **A. Yes.**

2 Q. What is it?

3 **A. This is a copy of the Bureau of Vital Records**
4 **organizational chart as of November 2021.**

5 Q. So looking at the upper corner, it says current
6 11/1/2021.

7 That's the date you were looking at?

8 **A. Yes.**

9 Q. Looking at the general structure of BVR
10 represented in this document, is BVR continued to be
11 structured in this way?

12 **A. No.**

13 Q. So is there a new organizational chart for BVR?

14 **A. Yes. They get updated regularly.**

15 Q. Okay. Do you know when the most recent one was
16 updated?

17 **A. Without having access to it, no, but within the**
18 **last month or so.**

19 Q. And when you say that -- that it's different, is
20 that because the individuals listed have changed?

21 **A. The -- yes and no. The individuals listed have**
22 **definitely changed. We have a high turnover rate with**
23 **certain positions, but also the structure of the Bureau has**
24 **changed as well.**

25 Q. Okay. Let's talk about that in just a second



1 about how it's changed.

2 But looking at this document as of
3 November 11th, 2021, it shows that -- that you're up at the
4 top, and that all positions report to you.

5 Is that a fair representation?

6 **A. Yes.**

7 Q. And then looking just to the left, there's another
8 dark, shaded box with the name Nicole Heath in it?

9 **A. Yes.**

10 Q. Why are both your box and Ms. Heath's box dark
11 shaded?

12 **A. Because we're the leaders within the Bureau.**

13 Q. So you're the top two officials in the BVR. Is
14 that fair to say?

15 **A. Yes.**

16 Q. Is Ms. Heath still with the BVR?

17 **A. No.**

18 Q. Do you know when she left?

19 **A. March of '22, I believe.**

20 Q. Sometime after November of 20 -- 2021?

21 **A. Yes.**

22 Q. Do you know why she left?

23 **A. She's a stay-at-home mom now.**

24 Q. About how long did she hold the position shown --
25 I'm sorry. Let -- let's start with that.



1 In this organizational chart, it says that
2 her position is office chief and fraud manager?

3 **A. Uh-huh.**

4 **Q. Is that right?**

5 **A. Yes.**

6 **Q. How long did she hold that position?**

7 **A. Off the top of my head, I can't remember. Over a**
8 **year.**

9 **Q. Over a year.**

10 Is office chief and fraud manager still a
11 position in the BVR?

12 **A. Not a combined position, but the positions do**
13 **exist.**

14 **Q. So those positions have been split?**

15 **A. Yes.**

16 **Q. And who holds the position of office chief?**

17 **A. That would be Jen, Jenissa Lucio.**

18 **Q. And who holds the position of fraud manager?**

19 **A. [REDACTED] is the deputy bureau chief and fraud**
20 **manager.**

21 **Q. Does [REDACTED] and Ms. Lucio report to you?**

22 **A. Yes.**

23 **Q. And they report directly to you?**

24 **A. Yes.**

25 **Q. Now, this organizational chart shows that there**



1 are different teams, it -- it looks to me, under program
2 managers.

3 Is the Department still structured that way?

4 **A. Similarly, yes.**

5 Q. And let's -- starting with the team on the left
6 that has an arrow coming out of Nicole Heath's box, what is
7 that team responsible for?

8 **A. Medical marijuana.**

9 Q. And looking into the middle box, there's a team
10 that reports to [REDACTED] who at the time was Program
11 Manager III? Do you see that?

12 **A. Yes.**

13 Q. And what was that team responsible for?

14 **A. That's part of the registry team.**

15 Q. Okay. And then looking over to the far right,
16 there are teams reporting to [REDACTED] and [REDACTED]

17 What are those teams?

18 **A. The team under [REDACTED] is what we called**
19 **QUASI, quality assurance and system integrity. So they**
20 **educate our system users. They ensure the system is being**
21 **used properly. They work with our vendor to develop and**
22 **maintain the system.**

23 And then [REDACTED] her team oversees the
24 vault operations, policies and procedures, auditing of the
25 team members for consistency and quality.



1 Q. So you said something I want to ask about. Vault
2 operations. What's a vault operation?

3 A. The vault is where we have a -- paper copies of
4 all of the birth and death records dating back to the late
5 1800s. We also have our security paper and some other
6 paper registrations like delayed birth. We also have our
7 indexes and microfilm, things like that.

8 Q. Okay. You also said that -- that [REDACTED]
9 team audits the team for -- and I think you said --
10 consistency?

11 What does auditing for consistency mean?

12 A. So they pull -- we call them pay files. So every
13 customer service representative has a daily pay file where
14 they have to track the orders that they have processed, and
15 so they will randomly select employees and they'll pull
16 that pay file and make sure that the money is all accounted
17 for, the application is there. That they're following
18 our -- our rules that govern -- and the policies and
19 procedures that govern the work that those customer service
20 reps are responsible for.

21 Q. Okay. And does [REDACTED] team audit for
22 anything other than consistency?

23 A. Quality, making sure that our time frames are
24 being met, that we're providing good customer service. All
25 of those kinds of things.



1 Q. Does [REDACTED] team audit the actual work that
2 is performed by anybody at ADHS or just the quality of
3 the -- the customer service?

4 A. **Just the quality. Their direct managers are**
5 **responsible for the work performed by the individual.**

6 Q. Okay. You can set that aside.

7 A. **Okay.**

8 Q. Now, earlier we talked a little bit about how this
9 case involves the plaintiffs who are transgender children.

10 Does ADHS have any training for its employees
11 regarding issues specific to transgender people?

12 A. **Not that I'm aware of.**

13 Q. Have you received any training on issues specific
14 to transgender people?

15 A. **No.**

16 Q. Okay. You haven't had any training on issues
17 specific to vital records related to transgender people?

18 A. **No.**

19 Q. Has anybody ever requested -- anybody at ADHS
20 requested any training on such issues?

21 A. **No.**

22 Q. Okay. For clarity, then, I'd like to just discuss
23 a few relevant terms that I might use throughout the
24 deposition just to make sure that you understand and we're
25 on the same page.



1 Do you know what the phrase "sex assigned at
2 birth" means?

3 A. Yes.

4 Q. Okay. And what does it mean?

5 A. It is the sex determined by the medical
6 professionals when the child is born.

7 Q. And do you know how medical professionals
8 determine sex assigned at birth?

9 A. I -- based on my own experience having children,
10 when the baby was born, the doctor told me what the gender
11 of the -- the sex of the child was. So --

12 Q. And did he do that by examining the child's body?

13 A. Yes.

14 Q. Okay. Do you know what "gender identity" means?

15 A. Yes.

16 Q. And what does it mean?

17 A. It means the identity for which the individual
18 feels that their gender is.

19 Q. And are you aware that gender identity can be
20 different than someone's sex assigned at birth?

21 A. Yes.

22 Q. Do you know what it means to be transgender?

23 MR. STRUCK: Form.

24 THE WITNESS: Yes.

25



1 BY MR. ANDERSON:

2 Q. And what does it mean to be transgender?

3 A. It means that the individual feels, believes, that
4 they are a gender that is different than the sex that they
5 were assigned at birth.

6 Q. And would you agree that a non-transgender person
7 is somebody whose gender identity is the same as the sex
8 assigned at birth?

9 A. Yes.

10 Q. Okay. Now I would like to ask you a little bit
11 more about birth certificates specifically. So we're going
12 to shift gears just a little bit.

13 Can you tell me what a birth certificate is?

14 A. A birth certificate is registered at the time of
15 birth or thereafter for an individual born in the state of
16 Arizona, specifically since we're talking about Arizona
17 vital records, and it collects the facts of birth and
18 medical information as known at the time of birth.

19 Q. And why does Arizona issue birth certificates?

20 A. We are statutorily mandated to do so, so that's
21 first and foremost, but they are used for many purposes in
22 an individual's life, and so that's why the function exists
23 and statutorily it's assigned to ADHS.

24 Q. Do you know what some of those purposes that
25 people in Arizona use birth certificates for?



1 A. Yes.

2 Q. And can you list some of them?

3 A. Starting at a young age, it can be used to enroll
4 in insurance benefits for the individual, registering for
5 school, registering for sports. When a child is young, as
6 they get older, driver's licenses, passports, the military,
7 if they choose to serve, things like that.

8 Q. Would you agree that a birth certificate is used
9 to verify an identity?

10 A. Yes.

11 Q. And birth certificates include specific
12 information about that person as you've said.

13 Can you tell me a little bit about what
14 details might be included on a birth certificate?

15 A. Yes. I think it's important to distinguish that
16 there is the birth certificate that is printed and has
17 fields on it and then there is the birth record that
18 contains all information that was captured at the time of
19 birth, such as medical information that may not appear on
20 the birth certificate.

21 Q. Okay. And where is the birth record kept?

22 A. That currently is electronically stored as part of
23 the Department's registration systems.

24 Q. Okay.

25 A. And then it takes certain fields and prints them



1 on the birth certificate.

2 Q. And does that information include the individual's
3 name?

4 A. Yes.

5 Q. Their date of birth?

6 A. Yes.

7 Q. The information about their mother?

8 A. Yes.

9 Q. Does a birth certificate include a sex marker?

10 A. Yes.

11 Q. Now, as we've talked about, this case is about sex
12 markers on birth certificates.

13 Are those sometimes called gender markers as
14 well?

15 A. As related to vital records, we use the term
16 "sex." People outside of vital records may use the term
17 "gender."

18 Q. But you -- you've heard people refer to them as
19 gender markers on birth certificates?

20 MR. STRUCK: Form.

21 THE WITNESS: We use the sex field. We don't
22 use gender.

23 BY MR. ANDERSON:

24 Q. Is ADHS aware that people use birth certificates
25 and refer to them as gender markers instead of sex markers?



1 MR. STRUCK: Form.

2 THE WITNESS: Outside of the Department of
3 Health Services, I would imagine that someone may refer to
4 it that way. The general public interchanges gender and
5 sex all of the time, but that's not how we are mandated to
6 capture the information.

7 BY MR. ANDERSON:

8 Q. When you say "mandated," who mandates ADHS to
9 refer to it as a sex marker?

10 A. Our governing regulations use the term "sex."

11 Q. Okay. Now, sex marker can be -- what exactly does
12 a sex marker look like on a birth certificate?

13 A. It has a box and it says sex, and then it is
14 populated with the information for that individual.

15 Q. Is that information a letter?

16 A. It depends on the year of birth. It could be a
17 letter or it could be the entire word spelled out.

18 Q. Okay. And how many options are there in Arizona
19 to fill that information?

20 A. Currently three.

21 Q. And what are those options?

22 A. Male, female, not yet determined.

23 And I'd like to add a little clarity to that
24 too --

25 Q. Please do.



1 A. -- where I said that it depends on the year.

2 Over the course of the evolution of vital
3 records, the National Center for Health Statistics that we
4 previously talked about, they identify the standards for
5 the certificates, and so they will determine what fields
6 are collected and what those options are on those fields.

7 So where I say depending on the year, it's
8 dependent upon those standards and the format of the record
9 at that time.

10 Q. Okay.

11 A. So a record from 1950 looks different than a
12 record from 2023 and how it's laid out.

13 Q. And what -- when you say "standards," what
14 specifically are those standards called?

15 A. They're the -- it's called the standards. They're
16 the standards published by the National Center for Health
17 Statistics. So they'll usually attach a year to it. So
18 the most current standard is the 2003 standard.

19 Q. Okay. And is ADHS mandated to follow those
20 standards?

21 A. Yes, we are.

22 Q. Now, earlier you said there were three possible
23 entries into the sex marker box; is that right?

24 A. Yes.

25 Q. One of them you said was not yet determined.



1 Can you tell me more about that?

2 **A. That would be for individuals that based on the**
3 **anatomy at the time of birth, the doctor is unable to**
4 **determine the appropriate sex for that individual.**

5 Q. Are birth certificates that contain "not yet
6 determined" as the sex marker allowed to stay that way
7 forever?

8 **A. We capture the facts of birth at the time of the**
9 **birth, and that is what remains on the record or within the**
10 **record until it is amended or corrected by the individual**
11 **or guardians of the individual at a later date.**

12 Q. Okay. Could somebody maintain a birth certificate
13 that says not yet determined into adulthood?

14 **A. They could.**

15 Q. But the only way to receive a not yet determined
16 sex marker is if it is the sex assigned at birth?

17 **A. Correct.**

18 Q. Now, when using the birth certificate to verify
19 identity, would you agree that the birth certificate lists
20 details about the person that it names?

21 **A. For the registrar, you mean?**

22 Q. When -- let me be more clear.

23 When an Arizonan is using a birth certificate
24 in order to verify their identity, they are able to do so
25 because of the details that it contains about them?



1 **A. Yes.**

2 Q. Okay. Does ADHS allow Arizonans to obtain copies
3 of their birth certificate?

4 **A. Yes.**

5 Q. And is there a process that they can go through to
6 do that?

7 **A. Yes.**

8 MR. ANDERSON: Okay. I think we've been
9 going about an hour. So if it's okay, we can go ahead and
10 take a break now.

11 **THE WITNESS: Sure.**

12 MR. ANDERSON: Okay. Go off the record.

13 THE VIDEO SPECIALIST: We're going off the
14 record. The time is 9:59 a.m.

15 (Recess taken, 9:59 a.m. to 10:15 a.m.)

16 THE VIDEO SPECIALIST: We're back on the
17 record. The time is 10:15 a.m.

18 BY MR. ANDERSON:

19 Q. Hi, Ms. Colburn. I wanted to ask just a few more
20 questions about BVR and ADHS generally.

21 You said that you interact directly with the
22 interim director; is that --

23 **A. Yes.**

24 Q. Does the interim director have the same powers as
25 director of ADHS?



1 **A. Yes.**

2 Q. So there's nothing that interim director can't do
3 that an ADHS director who's confirmed could do?

4 **A. Not to my knowledge.**

5 Q. And what are your interactions like with the
6 director of ADHS? What do you do on a daily basis?

7 **A. So now that I report to her, there are normal**
8 **employee supervisor interactions. Related to vital**
9 **records, there are certain functions that -- well, one**
10 **function that the director has to sign off on, and that's**
11 **related to delayed birth registrations.**

12 **Before a delayed birth can be denied for**
13 **Native Americans born prior to 1970, specifically, she**
14 **would have to sign off on that denial.**

15 Q. Okay. And because I know you've used the term a
16 few times, what is a delayed birth?

17 **A. A delayed birth is a birth registration that is --**
18 **is registered more than a year after the date of event.**

19 Q. Okay. Do you meet with the interim director every
20 day?

21 **A. No.**

22 Q. Do you communicate with the interim director every
23 day?

24 **A. No.**

25 Q. I know we walked through some of the teams within



1 the BVR, and we talked about those.

2 Are there other teams in ADHS that you're a
3 part of that deal with vital records?

4 **A. Not the vital records themselves, but the data**
5 **from the vital records. We have a statics team that I**
6 **interact with.**

7 Q. Is there something called an enforcement team at
8 ADHS?

9 **A. Yes.**

10 Q. What's the enforcement team?

11 **A. That's made up of the bureau staff as well as the**
12 **assistant director of licensing, Tom Salow, who's one of my**
13 **direct super -- my direct supervisors.**

14 Q. Does the enforcement team address issues with
15 vital records like birth certificates?

16 **A. In the past, yes.**

17 Q. Has the enforcement team ever addressed amendments
18 on sex markers in birth certificates?

19 **A. Yes.**

20 Q. Can you remember when?

21 **A. We haven't met in quite sometime. But informally,**
22 **we've discussed amendments that we've recently received for**
23 **the sex field on the certificate.**

24 Q. When you say "informally," what does that mean?

25 **A. During, like, my one on ones with my direct**



1 supervisor, not as part of the enforcement team.

2 Q. Okay. And what were the conversations about the
3 sex marker changes?

4 A. We've received requests to change -- I'm sorry --
5 not change -- amend the sex on certain birth records.

6 Q. And so the conversations were about those specific
7 requests?

8 A. Yes.

9 Q. Okay. Were the conversations about whether to
10 grant or deny those amendments?

11 A. Yes.

12 Q. Did any of those requests come from transgender
13 people?

14 A. Not transgender specifically.

15 Q. Okay. Did any of those come from people who were
16 attempting to amend by submitting a doctor's note?

17 A. Those -- the one that I'm thinking of was a court
18 order.

19 Q. Court order. Okay.

20 Okay. If you could, go ahead and go back to
21 Exhibit 2, which is that -- the topics list that we've
22 talked about. And we'll be going back to that several
23 times during the deposition so feel free to keep it handy.

24 A. Okay.

25 Q. Go ahead and look now at Topic No. 2 on page 3.



1 And you can go ahead and look at Topic 3 and
2 4 as well. I'm not going to read them out loud to save us
3 time, but if you could review them and let me know when
4 you're done.

5 A. Okay.

6 Okay.

7 Q. Okay. Are you familiar with the topics that are
8 listed here?

9 A. Yes.

10 Q. And have you prepared to testify about them today?

11 A. Yes.

12 Q. Okay. Flip one more page over to page 4 and look
13 at Topic No. 8. And let me know when you're done.

14 A. Yes.

15 Q. Are you also prepared to testify about that topic?

16 A. Yes.

17 Q. Okay. You can set that aside for right now.

18 So we've been discussing ways that

19 individuals can seek a change to the sex marker on their

20 birth certificates.

21 Would you agree that -- that there are two

22 ways to do that, a correction and an amendment?

23 A. Yes.

24 Q. Other than a correction and an amendment, is there

25 any other way that an individual can seek to change a sex



1 listed on a birth certificate?

2 **A. No.**

3 Q. Okay. So I'd like to ask you now a little bit
4 about both of those ways of -- of seeking a change of a sex
5 marker.

6 But before I do, I'd like to ask you: For an
7 Arizonan who has a birth certificate that reflects their
8 sex assigned at birth and doesn't need to change it, would
9 they ever need to apply for an amendment with ADHS?

10 MR. STRUCK: Form.

11 **THE WITNESS: A person would only apply to**
12 **the Department to correct or amend a record if they felt**
13 **something needed to be changed.**

14 BY MR. ANDERSON:

15 Q. So if somebody was satisfied with a birth
16 certificate that had their sex assigned at birth, they
17 wouldn't ever apply to correct or amend it?

18 MR. STRUCK: Form; foundation.

19 **THE WITNESS: In theory, no. But people do**
20 **odd things that I don't always know or understand, so I**
21 **don't want to say 100 percent.**

22 BY MR. ANDERSON:

23 Q. Have you ever seen an application to correct or
24 amend a birth certificate from somebody who is seeking to
25 change the sex marker, but -- but didn't have a basis to do



1 so? Didn't need it changed?

2 MR. STRUCK: Form.

3 THE WITNESS: We don't ask the reasons behind
4 why people want to make a correction or amendment. That's
5 not part of our -- our duties, so I don't feel that I can
6 answer that.

7 BY MR. ANDERSON:

8 Q. Okay. But you've never received an amendment or a
9 request to correct or amend from a person who -- strike
10 that.

11 Let's go ahead and talk about corrections.

12 Does ADHS have a policy specifically related
13 to correcting birth certificates?

14 A. We have corrections and amendment policies, yes.

15 MR. ANDERSON: Let's go ahead and mark this
16 as Exhibit 6.

17 (Deposition Exhibit No. 6 was marked for
18 identification.)

19 THE WITNESS: Thank you.

20 BY MR. ANDERSON:

21 Q. Do you recognize this?

22 A. Yes.

23 Q. And what is this?

24 A. This is a policy for correcting birth records from
25 the Arizona Department of Health Services Bureau of Vital



1 **Records.**

2 Q. So at the top, that's the Arizona Department of
3 Health Services logo?

4 **A. Yes.**

5 Q. And the subject is corrections to birth records?

6 **A. Yes.**

7 Q. And it's dated May 17th, 2021?

8 **A. Yes.**

9 Q. Is this the current policy about corrections to
10 birth records?

11 **A. Without checking our -- our policy folder, I**
12 **cannot 100 percent answer that question.**

13 Q. Are you aware since May 17th of 2021, of any
14 updates to this policy?

15 **A. Again, without checking our current folder, I**
16 **can't -- I can't answer that question.**

17 Q. Okay. But nothing comes to mind? You're not --
18 sitting right here, you don't know of any specific changes?

19 **A. Again, I'm not comfortable answering that without**
20 **looking at the folder.**

21 Q. Okay. Now, this policy from the ADHS, is this an
22 internal policy to the Department?

23 **A. It could also be used by the county health**
24 **departments, so not only internally used.**

25 Q. Is that -- but did ADHS create this policy?



1 **A. Yes.**

2 Q. And ADHS maintains it?

3 **A. Yes.**

4 Q. And it sets out ADHS's activities related to
5 corrections of birth certificates?

6 **A. Yes.**

7 Q. Now, does a policy like this have a certain name?
8 Is there a certain type of policy, or is it just called an
9 ADHS policy?

10 **A. We refer to them as our policies.**

11 Q. Our policies.

12 Go ahead and look down on the first page
13 where it says "Authority." There, it has an Arizona
14 Revised Statues.

15 Now, what is that referring to?

16 **A. The Arizona Revised Statues as listed here.**

17 Q. Are those laws passed by the legislature?

18 **A. Yes.**

19 Q. And the next one down is Arizona Administrative
20 Code, how is that different?

21 **A. Those are our rules that support the statutes.**

22 Q. And are those rules created by the Arizona
23 Department of Health Services?

24 **A. Yes.**

25 Q. So did ADHS create this policy based on the



1 authorities listed here?

2 **A. Yes.**

3 Q. And it enforces the policy based on those
4 authorities?

5 **A. Can you repeat that again?**

6 Q. ADHS enforces this policy based on the authorities
7 listed here?

8 **A. Yes.**

9 Q. Okay. And would you agree that ADHS policies are
10 consistent with these authorities?

11 **A. Yes.**

12 Q. Now, and go ahead and look, the next section down
13 where it says "Applicability." And it says, "It policy
14 applies to hospitals, the Bureau of Vital Records (BVR) and
15 the County Vital Records Office and other partners listed
16 in this policy."

17 Does ADHS have the authority to make policy
18 for hospitals related to vital statics -- vital records, I
19 should say?

20 MR. STRUCK: Form.

21 **THE WITNESS: I wouldn't say that this**
22 **policy -- that we have the authority to make the policy for**
23 **the hospitals. We have the authority to write policies for**
24 **our governing regulations for which we are responsible and**
25 **for our system use that we are responsible for, and so our**



1 policies support the functions that we are responsible for.

2 BY MR. ANDERSON:

3 Q. So when it says the policy applies to hospitals,
4 it means that this is the policy hospitals must follow in
5 order to correct birth records?

6 A. Correct.

7 Q. Okay. When it says "other partners listed in this
8 policy," do you know what that's referring to?

9 A. Not off the top of my head. I would have to go
10 through it.

11 Q. Okay. We'll go through it in just a second. I
12 just wanted to know if you knew of any.

13 And then look next at the section that says
14 "Definitions." So is this the part of the policy where
15 certain terms are defined?

16 A. Yes.

17 Q. Go ahead and flip to the next page. The very
18 first term there is "Correction." And here it's defined as
19 "a change made to a registered birth certificate because of
20 a typographical error including misspelling and missing or
21 transposed letters or numbers."

22 Would you agree that this is the definition
23 that also appears in the authorities on the first page?

24 A. I would have to --

25 Q. You'd have to --



1 A. -- word-for-word look at it.

2 Q. Okay.

3 A. But it sounds familiar to me.

4 Q. What is a typographical error?

5 A. That is somebody who's doing the data entry in the
6 record at the time of registration making an error on the
7 keyboard.

8 Q. So it's a mistake?

9 A. Yes.

10 Q. Okay.

11 MR. STRUCK: Belated objection to form.

12 BY MR. ANDERSON:

13 Q. Go ahead and flip to page -- I'm sorry, the bottom
14 of page 2. Just look down there. It says policy, and
15 under that it says, "The following individuals may submit a
16 request to correct a birth record."

17 Now flip to page 3.

18 Do you see the list there?

19 A. Yes.

20 Q. So it's a list of six different individuals.

21 Any of these people can submit a request to
22 correct a birth record?

23 A. Yes.

24 Q. And that includes number 3 that says, "The
25 registrant, if the registrant is of legal age or married"?



1 **A. Yes.**

2 Q. And number 4 is "A parent of the registrant whose
3 name is listed on the registrant's registered birth
4 record"?

5 **A. Yes.**

6 Q. Go ahead and flip to page number 7.

7 **A. Just a second.**

8 Q. Yeah. That's all right.

9 **A. Okay.**

10 Q. The bottom section, section -- letter D,
11 "Administrative Errors Made By the County Vital Records
12 Office Or the BVR."

13 Does that mean that county vital records
14 offices and BVR can correct typographical errors that
15 they've made on their own?

16 **A. Yes.**

17 Q. They don't need anybody to apply to change those
18 errors?

19 **A. Correct.**

20 Q. Flip back two pages to page number 5. And
21 Section C there in the -- that starts in the middle, "The
22 Registrant, Registrant's Parent, Guardian or a Person Who
23 Has Custody of the Registrant."

24 So is this the section that deals with
25 requests from those individuals?



1 **A. Yes.**

2 Q. And would you agree that this section sets out the
3 procedures that that person must follow in order to request
4 a correction?

5 **A. Yes.**

6 Q. Now, if you'll see on sections 5 -- or excuse me,
7 pages 5 and 6, it's split into two different sections. The
8 first one is "Less Than Ninety (90) Days After Birth," and
9 that's on page 5.

10 Do you see that?

11 **A. Yes.**

12 Q. And then page 6, "Ninety (90) Days Or More After
13 Birth"?

14 **A. Yes.**

15 Q. Why is it split into those two sections?

16 **A. Because there's different requirements based on
17 the length of time.**

18 Q. And do you know what the difference in the
19 requirements is?

20 **A. Without referencing back to the rule, I don't feel
21 that I can conclusively --**

22 Q. Conclusively say?

23 **A. -- answer, but there's typically additional
24 requirements.**

25 Q. Okay. Go ahead and flip to page number 7 and then



1 look at Subsection 2 at the top there. And this is -- this
2 is under the section 90 days or more after birth.

3 Section 2 says, "An evidentiary document that
4 supports the correction to the birth record such as," and
5 then it lists examples.

6 Do you see that?

7 **A. Uh-huh.**

8 Q. And the examples it lists -- and just to be clear,
9 these are documents that a registrant would need to submit
10 to ADHS; is that right?

11 **A. Yes.**

12 Q. The documents that list the hospital medical
13 record, a medical record from a health care provider, a
14 certified blessing.

15 What's a certified blessing?

16 **A. At a church, if a child is dedicated to the church
17 or baptized by the church, the church will certify the
18 baptismal record or blessing record.**

19 Q. Okay. And that -- that's -- a baptismal
20 certificate as well, those are the same idea?

21 **A. Yes, just depending upon the church.**

22 Q. Uh-huh.

23 The next one is immunization record. And
24 what's an immunization record?

25 **A. It's a record from -- for that registrant of all**



1 of their immunizations prepared by a physician.

2 Q. And then Subsection E says, "Another document from
3 an independent source containing information that supports
4 the request to correct the birth record."

5 Is that -- is that a catchall provision?

6 A. It allows for individuals who may have a different
7 document but meets the requirements of the evidentiary
8 document to submit it to make the request for the change.

9 Q. Could that be a letter from a doctor?

10 A. It could be. It says, "b. A medical record from
11 a health care provider." Sometimes that comes in the form
12 of a letter.

13 Q. Okay. So any document -- excuse me, another
14 document from an independent source, it could be any
15 document that ADHS decides meets the standard of an
16 evidentiary document?

17 MR. STRUCK: Form.

18 THE WITNESS: It could be.

19 BY MR. ANDERSON:

20 Q. And who makes the decision at ADHS about whether
21 it meets the evidentiary document standard?

22 A. We -- I would have to reference back our rules to
23 see if it's -- where it's defined, but we do have
24 requirements for what's in the -- in the evidentiary
25 document.



1 Q. But who -- who decides at ADHS whether the source
2 is independent?

3 A. It's a document other than prepared by the
4 registrar, independent of the registrar.

5 Q. And who decides if the information that it
6 contains supports the request?

7 A. The -- any evidentiary documents that the
8 individual feels meets the requirements, they will submit
9 them all to us, and it's all included in a -- a file for
10 that individual and it's routed. So using the policy, our
11 statutes and our rules, the customer service rep reviews
12 what is submitted and then there's a manager reviewal, and
13 then ultimately the deputy bureau chief and the bureau
14 chief review them.

15 Q. Okay. And that would be you?

16 A. Yes.

17 Q. Is there a policy that you're aware of that states
18 whether information is sufficient to support a request to
19 correct a birth record?

20 MR. STRUCK: Form.

21 THE WITNESS: Well, that would be this
22 policy.

23 BY MR. ANDERSON:

24 Q. This policy.

25 Go ahead and flip back one page -- or two



1 pages to the less than 90 days after birth section.

2 Does this section contain a requirement for
3 an evidentiary document?

4 A. No.

5 Q. It doesn't?

6 So ADHS doesn't require an evidentiary
7 document if the request to correct is made less than
8 90 days after birth?

9 A. Correct.

10 Q. Why does ADHS require an evidentiary document if
11 the correction is requested more than 90 days?

12 A. Less than 90 days, typically the registrant will
13 not have an evidentiary document. They're just a baby and
14 they haven't lived life yet. So that's -- they may not
15 even have been to the doctor yet in some cases so that
16 document may not exist.

17 More than 90 days, that document may exist
18 and so it needs to be submitted. Yeah.

19 Q. Okay. If ADHS determines that a request submitted
20 by a registrant or the registrant's parents satisfies this
21 policy, does ADHS have discretion on whether or not to
22 grant or deny it?

23 MR. STRUCK: Form.

24 THE WITNESS: Can you repeat it again please?

25 BY MR. ANDERSON:



1 Q. If a request satisfies the policy, is ADHS
2 required to grant the correction?

3 MR. STRUCK: Same objection.

4 **THE WITNESS: If the application includes**
5 **everything and is filled out appropriately, then ADHS would**
6 **grant the correction.**

7 BY MR. ANDERSON:

8 Q. Would grant it.

9 So ADHS can't say that it disagrees with an
10 evidentiary document and deny the request?

11 MR. STRUCK: Form.

12 **THE WITNESS: If the evidentiary document**
13 **does not -- does not support the correction, the correction**
14 **would not be made.**

15 BY MR. ANDERSON:

16 Q. Okay. If ADHS determines that the document does
17 support the correction, does it have the power to deny the
18 request for a correction?

19 **A. As long as the rest of the requirements are met,**
20 **then the correction would be made.**

21 Q. Okay. Does this corrections policy apply to
22 corrections to sex markers listed on birth certificates?

23 MR. STRUCK: Form.

24 **THE WITNESS: This policy would be used to --**
25 **if an application was submitted to correct the sex on a**



1 record, yes.

2 BY MR. ANDERSON:

3 Q. In what context would a typographical error occur
4 for a sex marker on a birth certificate?

5 A. We have had errors made by the birth recorders
6 when they are submitting a record for registration. They
7 select the wrong drop-down. The child was determined to
8 be, say, male at birth. All medical records show male, but
9 when they entered into our system, they selected female or
10 not yet determined and that was a typographical error that
11 the hospital birth recorder committed.

12 Q. So typographical error for a sex marker can only
13 occur if the sex entered is different than the individual's
14 sex assigned at birth?

15 A. Can you say that again?

16 Q. A typographical error on a sex marker under this
17 policy would only happen if the sex marker on the birth
18 certificate was different than the sex assigned at birth?

19 A. For the sex field?

20 Q. For the sex field.

21 A. It would be that the wrong sex was selected while
22 they were inputting the information into the record.

23 Q. And the wrong sex means that it's different than
24 the sex assigned at birth for that -- that baby?

25 A. According to the medical professionals, yes.



1 Q. So ADHS wouldn't apply this corrections policy to
2 change a sex marker to be different than a person's sex
3 assigned at birth?

4 MR. STRUCK: Form.

5 THE WITNESS: Can -- can you say that again?

6 BY MR. ANDERSON:

7 Q. Yeah. If an individual submitted an application
8 to correct the sex marker to align with -- to be different
9 than their sex assigned at birth, ADHS would not view that
10 as a typographical error?

11 A. No.

12 Q. So ADHS would -- would reject that application?

13 A. For a correction.

14 Q. For a correction.

15 You can go ahead and set that aside.

16 Are you aware of any other policies or
17 procedures related to corrections on birth certificates
18 that ADHS or BVR has?

19 A. Corrections?

20 Q. Uh-huh.

21 A. No.

22 Q. Are you -- do you know what a desk procedure is?

23 A. Oh, yes.

24 Q. Okay. Does ADHS have a desk procedure on
25 corrections?



1 **A. Yes.**

2 MR. ANDERSON: Go ahead and mark this as
3 **Exhibit 7.**

4 **(Deposition Exhibit No. 7 was marked for**
5 **identification.)**

6 **THE WITNESS: Thank you.**

7 **BY MR. ANDERSON:**

8 **Q. Do you recognize this?**

9 **A. Yes.**

10 **Q. What is this?**

11 **A. This is a desk procedure for corrections and**
12 **amendments.**

13 **Q. And what is a desk procedure?**

14 **A. A desk procedure is an aid or tool given to the**
15 **customer service rep that tells them step by step how to**
16 **process the application that is submitted to the**
17 **Department.**

18 **Q. So this is the -- the actual process that the**
19 **Department follows when it receives a request to correct?**

20 **A. Yes. You can call at a process.**

21 **Q. And this -- this desk procedure is created by BVR?**

22 **A. Yes.**

23 **Q. And it sets out BVR's activities about how to**
24 **process these applications?**

25 **A. Yes.**



1 Q. And BVR maintains this desk procedure?

2 A. Yes.

3 Q. So we'll go ahead and start at the top. And it
4 says: Desk procedure for corrections and amendments.

5 So this applies to any requests to change a
6 sex marker on a birth certificate?

7 A. For corrections and amendments, yes.

8 Q. And there's no other way to go about changing a
9 sex marker?

10 A. Correct.

11 Q. Correct. So any change to a sex marker would --
12 would fall under this desk procedure?

13 A. Yes.

14 Q. At the bottom, it says Revision Date, August 28th,
15 2019.

16 Are you aware sitting here right now of any
17 updates to this desk procedure since that date?

18 A. Without checking in the folder, no.

19 Q. Okay. So looking at the first section there where
20 it says "Birth Corrections" in bold and underline, would
21 you agree that what's set out underneath that is the
22 process that the staff follows when a request for a birth
23 correction is received?

24 A. Yes.

25 Q. And this process starts the moment it says: When



1 a birth certificate is received in person or by mail.

2 Is that fair to say?

3 **A. It says birth correction.**

4 Q. When a birth correction?

5 **A. Not certificate.**

6 Q. Excuse me. When a birth -- birth correction is
7 received, that's when the process starts?

8 **A. Yes. At the time of application.**

9 Q. Okay. And then if you flip to page 2, it says the
10 process ends when the "Staff attaches a split copy of the
11 birth certificate, photocopy of the Affidavit." And it
12 goes on to say, "filed in the Corrections Filing cabinet."

13 Is that -- is that where it ends?

14 **A. Yes.**

15 Q. In the step right above that, it says, "The
16 certificate will be mailed out to the customer within seven
17 (7) days from the date of receipt"?

18 **A. Yes.**

19 Q. Okay. Now, where in this process would the
20 correction go to you for approval? At what point in the
21 process would you view a correction application?

22 **A. Between Steps 10 and 11 where it talks about the
23 change being approved.**

24 Q. Okay. So it says -- number 10 says EBRS.

25 And what is EBRS?



1 **A. Electronic birth registry system.**

2 Q. Is that the electronic system that BVR maintains
3 for vital records?

4 **A. Correct.**

5 Q. Number 10 says, "EBRS will automatically flag the
6 record as 'Waiting For Approval' for a quality review and
7 approval by a supervisor."

8 So that approval by a supervisor, that's
9 referring to the process to go to you?

10 **A. Yes.**

11 Q. Okay. Now this process for submitting a request
12 for a birth correction, is -- is ADHS required to keep that
13 confidential?

14 **A. We keep all of our processes confidential in the**
15 **Bureau of Vital Records.**

16 Q. So anything submitted by an applicant seeking to
17 correct a birth record would remain confidential at ADHS?

18 **A. Yes.**

19 Q. The request for a correction is never made public?

20 **A. No.**

21 Q. And the outcome of the request is never made
22 public?

23 **A. No.**

24 Q. At the end of this process, is this information --
25 if the birth correction is granted, is the information



1 about the request sealed by ADHS?

2 **A. Yes.**

3 Q. Okay. You can set that aside for right now. We
4 will come back to it, though, so --

5 **A. Okay.**

6 Q. -- keep it in a spot you might be able to find it
7 easily.

8 I'd like to move on now to amendments.

9 Earlier, you testified that there was two
10 ways to change a sex marker: One is through a correction,
11 and the other is through an amendment. So we're going to
12 talk about that second part now.

13 Are Arizonans -- are registrants able to
14 request an amendment to their birth certificates?

15 **A. Yes.**

16 Q. And are they able to request amendments to the sex
17 markers on those birth certificates?

18 **A. Yes.**

19 Q. What are the ways that a registrant can request an
20 amendment to a sex marker?

21 **A. By mail or in person. Or online.**

22 Q. Or online.

23 Are there different procedures -- are there
24 different evidentiary documents that a -- that a registrant
25 is able to submit in -- to request an amendment to a sex



1 marker?

2 MR. STRUCK: Form.

3 THE WITNESS: Different meaning a variety of
4 options -- or can you clarify what you're asking, please?

5 BY MR. ANDERSON:

6 Q. Sure. Can an applicant submit a doctor's note in
7 order to support an amendment to a sex marker on a birth
8 certificate?

9 A. Yes.

10 Q. Can a registrant submit a court order?

11 A. Yes.

12 Q. I'd like to go through each of those separately,
13 one by one.

14 A. Okay.

15 Q. So the first option we talked about involves a
16 doctor's letter.

17 Are you familiar with Arizona Revised Statute
18 Section 36-336(A)(3)?

19 A. Yes.

20 Q. Okay. And is that the statutory provision that
21 deals with doctors' letters?

22 A. It doesn't specifically say doctors' letters, I
23 don't believe.

24 Q. Okay.

25 MR. ANDERSON: Go ahead and mark this as



1 Exhibit 8.

2 (Deposition Exhibit No. 8 was marked for
3 identification.)

4 **THE WITNESS: Thank you.**

5 BY MR. ANDERSON:

6 Q. Do you recognize this?

7 A. Yes.

8 Q. What is this?

9 A. This is Arizona Revised Statute 36-337 for
10 amending birth certificates.

11 Q. And when you say that, that's the title of the
12 statute, "Amending Birth Certificates"?

13 A. Yes.

14 Q. And is this the section that references -- and
15 I'll direct you down to Section (3)(A), "A written request
16 for an amended birth certificate"?

17 A. Yes.

18 Q. If I refer to that as Subsection A-3 as we go,
19 will that be okay with you?

20 A. Sure.

21 Q. So Subsection A-3 says:

22 "For a person who has undergone a sex
23 change operation or has a chromosomal count
24 that establishes the sex of the person as
25 different than in the registered birth



1 certificate, both of the following:

2 A written request for an amended birth

3 certificate from the person, or if the person

4 is a child, from the child's parent or legal

5 guardian."

6 That section I just read, a written request,

7 what is that?

8 A. That is the application that the registrant

9 submits to the Department requesting the amendment.

10 Q. Okay. And it goes on in subsection "(b), A

11 written statement by a physician that verifies the sex

12 change operation or chromosomal count."

13 And what is that?

14 A. That would be an attestation from the physician

15 verifying the sex change operation or chromosomal count

16 change for the registrant.

17 Q. And could that be a letter from the doctor?

18 A. It could be.

19 Q. Is it typically in these types of requests a

20 letter from a doctor?

21 A. Typically.

22 Q. I'd like to direct your attention back to up the

23 very -- very first sentence in the statute where it says:

24 "The state registrar shall amend the birth certificate for

25 a person born in the State when the state registrar



1 receives any of the following:" Then it has a colon, and
2 that's when we go down to subsection 3 A.

3 Now the State registrar, is that referring to
4 the director of ADHS?

5 A. Yes.

6 Q. And that's the role that you've been deputized to
7 perform?

8 A. Correct.

9 Q. And it says, "The state registrar small amend."

10 Does that mean ADHS is required to amend a
11 birth certificate when it receives these documents?

12 A. If the documents meet the statute, yes.

13 Q. And who decides if the documents meet the statute?

14 A. That's part of the review and approval process
15 that I perform.

16 Q. We read subsection 3A, and it stated that two
17 different documents were required: A written request and a
18 written statement by a physician.

19 So subsection A doesn't require any other
20 documents to be submitted?

21 A. It requires the application and it -- the
22 physician statement so long as it meets the statute.

23 Q. So just those two?

24 A. Well, they also provide other information as part
25 of the application process.



1 Q. Okay. But the statute only references those two
2 specifically?

3 A. Correct.

4 Q. I'd like to look first at Subsection 3(a) where it
5 references "chromosomal count that establishes the sex of"
6 a "person as different than in the registered birth
7 certificate."

8 Do you see that language in the statute?

9 A. Yes.

10 Q. Is that phrase defined in the statute?

11 A. Without referencing back the definitions at the
12 start of the section, I cannot conclusively answer.

13 Q. Can't conclusively answer.

14 MR. ANDERSON: Moved a little too fast there
15 and ripped my mic off.

16 Let's go ahead and mark that as Exhibit 9.

17 (Deposition Exhibit No. 9 was marked for
18 identification.)

19 THE WITNESS: Thank you.

20 BY MR. ANDERSON:

21 Q. Ms. Colburn, do you recognize this?

22 A. Yes.

23 Q. And what is this?

24 A. These are the definitions for the chapter that
25 applies to the vital records.



1 Q. So these are the definitions you -- you were just
2 referring to?

3 A. Yes.

4 Q. Do you see in this document if it defines the
5 phrase "chromosomal count"?

6 A. No.

7 Q. Do you see if it defines anything related to the
8 sex listed on a birth certificate?

9 A. Glancing through, no, other than the processes
10 that we talked about, like, amend and correction that could
11 apply to amending or correcting the sex.

12 Q. Okay. Do you know if ADHS has defined the phrase
13 "chromosomal count" in any other policy?

14 A. I am not aware off the top of my head, no.

15 Q. What does ADHS understand a chromosomal count to
16 be?

17 A. In the context of 36-337, we would look for that
18 physician statement to identify that the registrant has a
19 chromosomal count that is different than the sex listed on
20 the record.

21 Q. And I -- I guess I wanted to clarify because I'm a
22 little confused. When it says "chromosomal count," is it
23 the number of chromosomes or is it the type of chromosomes
24 that are at issue in this statute?

25 A. The Department did not write the statute, the



1 legislature did. So I cannot suspect what they intended
2 for that to say. We simply look to see whether the
3 physician's statement identifies the registrant's sex is
4 different than what was recorded at the time of birth based
5 on the chromosomal count or not. We would not question the
6 medical professional on chromosomal count and how they
7 interpreted that.

8 Q. Have you ever received an application to amend a
9 sex marker based on this language?

10 A. B, yes, but chromosomal count specifically, no.
11 Not to my knowledge.

12 Q. Okay. I'd like to then just shift back to the
13 other basis under Subsection A-3, which refers to a person
14 who has undergone a sex change operation.

15 Now, looking back at Exhibit 9, which is the
16 definitions, does this statute, the definitions, does it
17 define sex change operation?

18 A. No.

19 Q. Do you know if the phrase "sex change operation"
20 is defined by ADHS in any of its policies?

21 A. Not that I'm aware.

22 Q. Is this under Subsection A-3 the primary basis on
23 which ADHS receives requests to amend?

24 MR. STRUCK: Form.

25 THE WITNESS: Can you be a little more



1 specific because we do a lot of amendments.

2 BY MR. ANDERSON:

3 Q. Sure. For requests to amend a sex marker on a
4 birth certificate, what is the most common basis for
5 requesting an amendment?

6 A. It would either be a physician statement
7 indicating that the registrant's sex was changed due to an
8 operation or a surgery or it would be that we received a
9 court order ordering the department to change the sex.
10 Those are our two common.

11 Q. Two most common. Okay.

12 Does ADHS have any internal policies related
13 to requests to amend birth certificates?

14 A. Can you say that again? You said policies?

15 Q. Sure. Yes. Does ADHS have policies about
16 amending birth certificates?

17 A. Yes.

18 Q. Okay.

19 MR. ANDERSON: Let's mark that as Exhibit 10.
20 (Deposition Exhibit No. 10 was marked for
21 identification.)

22 BY MR. ANDERSON:

23 Q. Do you recognize this?

24 A. Yes.

25 Q. Is this -- is this an ADHS policy like the one we



1 talked about before with corrections?

2 A. Yes.

3 Q. The subject at the top says "Amendments to Birth
4 Records"?

5 A. Yes.

6 Q. So is this governing ADHS's policy related to any
7 amendment to a birth certificate?

8 A. Yes.

9 Q. And under authority there it says -- you see under
10 Arizona revised statutes, it lists several different bases
11 but one of them says 36-337.

12 Do you see that?

13 A. Yes.

14 Q. Okay. And I'll represent to you, Ms. Colburn,
15 this isn't the most updated version that we possess of this
16 policy, but I have some questions about it before we move
17 on to the next one.

18 But could you confirm that the date in the
19 upper corner says March 28th, 2019?

20 A. Yes.

21 Q. And is that the date this policy would have gone
22 into effect?

23 A. Yes.

24 Q. And then it would have been superseded by a later
25 policy on the date that that policy says.



1 Is that how it works?

2 A. Yes.

3 Q. Okay. So just to -- to be clear, in the
4 definitions section starting on page 1, this policy does
5 not define the phrase "sex change operation," does it?

6 A. No.

7 Q. Okay. If you'll turn with me to page 3. The top
8 there says "Division Primary Position of Responsibility"
9 and then it lists: Bureau chief, assistant state
10 registrar, Bureau of Vital Records.

11 Is that the position that -- that you
12 currently hold?

13 A. Yes.

14 Q. And then at the bottom there's a section that says
15 procedure in all capitals, bold, underlined, and then it
16 begins with A.

17 Is that the procedure that different
18 applicants must follow when submitting requests to amend
19 birth certificates?

20 A. Yes.

21 Q. Uh-huh.

22 A. Yes.

23 Q. Okay. If you go ahead and flip through that
24 section to page number 14. It's a long policy.

25 A. Okay.



1 Q. At the bottom there's a section that says

2 "Amendments Where the Registrant's Sex Has Changed."

3 Is this the procedure that at the time this

4 policy was enforced would have applied to requests to

5 change the sex marker on a birth certificate?

6 A. Yes.

7 Q. And that first line of that section says, "To

8 request an amendment to a registrant's registered birth

9 record where the registrant has undergone a sex change

10 operation." So this applies to requests submitted under

11 Subsection A-3?

12 A. Could -- I'm sorry. Can you redirect me to where

13 you just read?

14 Q. Oh, sure.

15 A. What page were you on?

16 Q. The bottom of page 14.

17 A. Oh.

18 Q. It's the first sentence of the section "Amendments

19 Where the Registrant's Sex Has Changed."

20 A. Okay. I'm there.

21 Q. So just wanted to confirm that this applies to

22 requests under Subsection A-3?

23 A. Yes.

24 Q. And continuing to read through that -- that first

25 section, if you flip to page 15, it says: The registrant



1 "or registrant's parent or guardian shall submit to the
2 County Vital Records Office or the BVR."

3 Is that -- did I read that correctly?

4 A. Yes.

5 Q. So at this time when this policy was enforced,
6 amendments to birth certificates could be -- dealing with
7 sex markers could be submitted to either county vital
8 records offices or the BVR?

9 A. Yes.

10 Q. And then it gives -- under Subsection 1 there, "A
11 letter"... "requesting the amendment" and provides a list of
12 information that has to be included. Is that fair?

13 A. Yes.

14 Q. Number 2, then, says "An affidavit."
15 Is that the written statement that we
16 discussed before?

17 A. No.

18 Q. Is that part of the requirement for a written
19 statement? An affidavit attesting to the truthfulness?

20 A. No. Are you referring to the written statement
21 from the physician? No. This is --

22 Q. Oh, I'm sorry. I didn't mean to cut you off. Not
23 the written statement from the physician. I mean a written
24 statement from the applicant.

25 A. Yes, from the applicant.



1 Q. Okay. Sorry to clarify.

2 A. Thank you.

3 Q. Number 3 says, "A written statement on a
4 physician's letterhead paper" and it goes on.

5 Is that -- that's the -- a written statement
6 from a physician under Subsection A-3?

7 A. Yes.

8 Q. And here it says "that the registrant has," and
9 then, "(a) Undergone a sex change operation."

10 That's the same language from Subsection A-3?

11 A. Yes.

12 Q. It doesn't provide any additional details about
13 what that means?

14 A. No.

15 Q. And looking down just below number 3, there's a
16 bold and italicized section with a star next to it that
17 says "*County Vital Records Offices."

18 Do you see that section?

19 A. Yes.

20 Q. All requests involve -- it says, "All requests
21 involving a sex change operation," underlined that phrase,
22 "or chromosomal count," which is also underlined, "shall be
23 reviewed and approved by the BVR."

24 Why were requests involving a sex change
25 operation or chromosomal count sent to be reviewed and



1 approved by the BVR?

2 A. Because, if I'm remembering correctly, the county
3 health departments had a lot of questions about the letters
4 and the language in the letters because they varied, and so
5 they were instructed to send them to BVR so that we could
6 review the physician letters to ensure that they met the
7 requirements in the statute.

8 Q. Was -- at the time was BVR required to provide an
9 approval on every request submitted involving a sex change
10 operation?

11 A. Can you say that again?

12 Q. Sure. BVR reviewed and approved all requests
13 involving a sex change operation under this policy; is that
14 right?

15 A. No, that's not right.

16 Q. Not right.

17 So there were some requests that BVR would
18 not review and approve?

19 A. There -- we directed the counties to follow this
20 procedure. I know that there is at least one instance
21 where the county did not follow the procedure, so I don't
22 want to agree with the statement that you made, because I
23 know they didn't do what they were told to do.

24 Q. Okay. So sometimes the counties wouldn't do what
25 they were told to do?



1 **A. On occasion.**

2 Q. And if a county issued a birth certificate
3 amendment on its own, would that birth certificate be
4 valid?

5 MR. STRUCK: Form.

6 **THE WITNESS: I'm not sure what you mean by**
7 **valid. If they -- if they or the Department, made an**
8 **erroneous error, we would correct that error.**

9 BY MR. ANDERSON:

10 Q. If a county vital record office issued an
11 amendment based on a letter that BVR did not believe met
12 the standard, would that birth certificate amendment be
13 corrected? Would it be changed back?

14 **A. It could be.**

15 Q. It could be.

16 Okay. Is there anything -- is there a policy
17 that says county vital records offices are not allowed or
18 able to apply the standard for a letter from a doctor about
19 a sex change operation without guidance from BVR?

20 **A. Following the incident that happened, we did**
21 **change the policy.**

22 Q. Okay. What -- and I'm curious. What authority
23 does BVR have to direct county offices to send all such
24 requests to the BVR?

25 **A. Statutorily the Bureau of Vital Records,**



1 Arizona -- specifically the Arizona Department of Health
2 Services is responsible to maintain the only system of
3 vital records in the State of Arizona. And so under that
4 authority, we can delegate to the counties what we do and
5 do not want them doing.

6 That, again, follows the statute that tells
7 us that we can -- we are the only system of vital records.

8 Q. Were there any other types of amendments that BVR
9 required county offices to get approval before issuing?

10 A. As a general rule, I will say that if they have a
11 question on any evidentiary document that's submitted to
12 them for any correction or amendment, we routinely help the
13 counties with their de- -- with the decision-making
14 process.

15 Q. For regi- -- for amendments that don't involve a
16 sex marker, are county vital records offices allowed to
17 issue amendments without getting approval from BVR?

18 A. For certain amendments, yes.

19 Q. Go ahead and flip one more page in this document.
20 Page 16 is what I'm looking at now. Kind of in the -- near
21 the top there's an italicized paragraph that starts with
22 the word "Note," and then has a -- statement says "Older
23 birth records." I'd like to just go through this one with
24 you.

25 When it says "Older birth records," what is



1 it referring to?

2 **A. Old birth records.**

3 Q. Is there a certain date that references what --
4 what it means to be old?

5 **A. No.**

6 Q. No. Okay. So the first line says,

7 "If a health care provider or other
8 person responsible for submitting the request
9 to register a birth registration made an
10 error on the registrant's sex when providing
11 the information to register the birth record,
12 the registrant, if of legal age, or the
13 registrant's parent or guardian shall submit
14 the aforementioned requirements to request
15 the amendment."

16 So this is referring to errors in birth
17 registrations? Am I understanding this correctly?

18 **A. Yes.**

19 Q. And it goes on to say,

20 "One exception is the change in content
21 of the letter from the physician. The
22 registrant's physician shall only provide a
23 written statement attesting that the
24 registrant was born a male/female. A copy of
25 a medical record to support the amendment may



1 be submitted but is not required."

2 When it references -- when it references
3 "error" here, is that the same as a typographical error
4 under a corrections policy?

5 **A. Yes.**

6 Q. So why wouldn't a request to amend a birth
7 certificate because of an error be processed under the
8 corrections policy? And why is it referenced here in the
9 amendments policy?

10 **A. I think that it's trying to tell you to process it**
11 **like a correction.**

12 Q. Okay. So --

13 **A. So it's saying no, for old birth records that it's**
14 **not an amendment due to changing of the information. It's**
15 **a typographical error. Go back to the corrections policy.**

16 Q. And it says then that in order to submit a letter
17 for such a correction or an amendment as it -- as it may be
18 referred to, the physician's letter needs only state that
19 the registrant was, quote, "born a male/female"?

20 **A. That's what it says, yes.**

21 Q. Okay. So that -- the BVR at this time when this
22 policy was in effect would accept doctor's note for
23 corrections that simply stated a registrant was born a
24 male/female, one or the other?

25 **A. Yeah. So especially for the older birth records,**



1 that hospital may not even be in existence anymore or the
2 medical physician who attended the birth may have passed.
3 And so this is saying in those circumstances where it was a
4 typographical error that was made, that they can get a
5 letter from a current physician or treating physician that
6 tells us that they were in fact born male when their record
7 indicates female or vice versa.

8 Q. And that -- when you say "born male," you're
9 referring to the sex assigned at birth?

10 A. Yes.

11 Q. So a doctor's letter under the corrections policy
12 simply needs to say that a person was born a male or a
13 female?

14 A. At the time of birth, yes.

15 Q. At the time of birth.

16 And I mentioned -- you can set that aside. I
17 mentioned that ADHS has updated that policy.

18 Would you be familiar with the updated
19 version of that policy if I showed it to you?

20 A. Sure.

21 Q. Okay.

22 MR. ANDERSON: Let's mark that as Exhibit 11.

23 (Deposition Exhibit No. 11 was marked for
24 identification.)

25



1 BY MR. ANDERSON:

2 Q. Do you recognize this?

3 A. Yes.

4 Q. And what is this?

5 A. It is a policy for amendments to birth records
6 from the Arizona Department of Health Services.

7 Q. Just pointing out under "Supersession," which is
8 right at the top of that first page. It says, "This policy
9 supersedes the policy dated 3-28-19."

10 Is the 3/28/19 the policy -- do you remember
11 that from the one we just looked at?

12 A. Yes.

13 Q. So would this be the amendments policy that
14 replaced it?

15 A. Yes.

16 Q. Okay. If you look at the upper-right corner, the
17 date says 8-7-20.

18 Would that be the date that this policy in
19 front of you would have become effective?

20 A. Yes.

21 Q. And as far as you know sitting here, is this the
22 most current policy related to amendments to birth records
23 at ADHS?

24 A. I -- I cannot answer without checking the folder.

25 Q. I'll represent to you that all of the policies



1 that we've talked about except for that one are the ones
2 that were produced in this litigation, so I don't have any
3 newer versions.

4 **A. Yes.**

5 MR. ANDERSON: And just for the record, if
6 there have been newer versions, we would definitely
7 appreciate having those produced in this litigation in case
8 any changes relevant to the litigation have been made.

9 So I'm just going to note that for the
10 record.

11 BY MR. ANDERSON:

12 Q. But understood that -- that -- that as far as you
13 know, this -- this policy at least was in effect as of
14 8/7/20.

15 Okay. I'd like to direct you down to the
16 definitions section. If you could go ahead and flip
17 through and just confirm that this policy still does not
18 contain a definition of the phrase "sex change operation"?

19 **A. That is correct.**

20 Q. Go ahead and flip now to page 15 of this document.
21 And then if you look in the middle of the page "Amendments
22 where the registrant's sex is changed." That's the same
23 section heading that we talked about in the last version of
24 this policy; is that right?

25 **A. Yes.**



1 Q. And now this -- that -- that whole section

2 isn't -- isn't there anymore; is that right?

3 A. There is information from the previous policy that

4 is not here, that is correct.

5 Q. Okay. So this section now has two sentences; is

6 that right?

7 A. Yes.

8 Q. And the first one says: "All amendment inquiries

9 and requests involving sex changes shall be directed or

10 submitted to the BVR Registry Team."

11 The second one says: "Please ask customers

12 to mail their request to the BVR Registry Team or call,"

13 and then it has a number if they have any questions.

14 That's all the section has in it now?

15 A. Yes.

16 Q. Why -- why was the section deleted, removed?

17 A. These, as stated previously, the policies also are

18 used by the county health departments. And there was an

19 instance where they did not process an application

20 correctly. And so we were removing the direction provided

21 to them on how to process that amendment and now direct

22 them to send everything to the Bureau of Vital Records so

23 that we can make sure that their applications are processed

24 according to the governing regulations.

25 Q. So is this policy saying that -- is it removing



1 from county vital records offices the ability to issue
2 amendments to birth records for the sex marker?

3 **A. Yes.**

4 Q. So county -- at this time sitting here now, county
5 vital records offices cannot issue amendments on sex
6 markers on birth certificates?

7 **A. Correct.**

8 Q. You referenced an instance where a sex marker
9 amendment was provided incorrectly.

10 Do you remember about what date that
11 occurred?

12 **A. No. But it would have been shortly after we**
13 **revised the policy or around the time we revised the**
14 **policy.**

15 Q. Do you recall anything about that instance?

16 **A. Some, yes.**

17 Q. What do you recall?

18 **A. That the County made an error and processed an**
19 **amendment when they should not have, and we had to go**
20 **through steps to correct their mistake.**

21 Q. Was that amendment requested by a transgender
22 person?

23 **A. I cannot speculate whether the person was**
24 **transgender or not. I did not know them.**

25 Q. Was the amendment submitted under subsection A-3



1 with respect to a sex change operation?

2 A. I believe that the amendment was to change the
3 sex -- I know that the amendment was to change the sex on
4 the field -- the sex field on the record, but I don't
5 remember specifically what the doctor's letter could have
6 said or not said.

7 Q. Was the -- the error because the doctor's letter
8 was not sufficient to meet the requirements of the statute?

9 A. I believe so. But again, not having the file in
10 front of me, I don't feel comfortable saying 100 percent.

11 Q. I understand. Has the BVR ever removed from
12 county vital records offices the -- the power to issue
13 amendments in any other piece of information on a birth
14 record?

15 A. They do not have authority to issue other types of
16 amendments for different circumstances, yes.

17 Q. Okay. What are some of those circumstances?

18 A. There's a process that we have to do for older
19 records that require us to use the physical copies in the
20 vault. And so because we house those and they don't, they
21 cannot do those processes. There's other statutory
22 functions that lie solely with the Department of Health.
23 And so we do not delegate those to them, like delayed
24 births. There's other record amendments or corrections
25 that could happen that we have to manually do and sign that



1 they don't have -- I have to sign them. So because I'm not
2 at the county, I would have to do those at our office.

3 Q. Okay. Has there ever been a time where the
4 application of a standard has caused BVR to remove from
5 county offices the ability to issue an amendment?

6 A. The application -- can you clarify what you mean
7 by application of a standard?

8 Q. Sure. Applying the definition of a sex change
9 operation to a doctor's letter appears to be -- am I
10 correct? -- appears to be where the questions came from the
11 county offices to the BVR?

12 A. It was -- yes. So they did not receive a lot -- a
13 high volume, and so they just based on volume and
14 experience, they didn't have the necessary experience to
15 apply the statute.

16 Q. Okay.

17 A. They don't have the authority to apply the
18 statutes that lies with the Bureau of Vital Records, and so
19 if we have a question of statute application or
20 interpretation, we work with our administrative counsel
21 assigned to the department, and they don't have that.

22 Q. Got it. So has there ever been a time where the
23 county has been -- county vital records offices have lacked
24 the experience in an area such that BVR removed from them
25 the authority to issue an amendment?



1 MR. STRUCK: Form and foundation.

2 THE WITNESS: Yes.

3 BY MR. ANDERSON:

4 Q. And what was that?

5 A. Again, delayed birth, I've provided that example
6 numerous times. There have been other death amendments and
7 corrections, and that's just during my time. I can't
8 speculate to what has changed in delegation through the
9 whole evolution of vital records.

10 Q. Okay. Now, this is referencing this new policy,
11 the BVR registry team, and I asked you about that a little
12 bit before.

13 The BVR registry team, is it a -- it's -- I'd
14 like to know a little bit more about how it works when it
15 receives these requests to amend a birth certificate -- a
16 sex on a birth certificate.

17 Can you explain to me what happens when an
18 amendment inquiry and request is sent from a county vital
19 records office?

20 A. They will contact a manager or supervisor and say,
21 we have this application, and they could either -- if
22 they're from a far away county, they may mail it to us.
23 Local county may drop it off. They may redirect the
24 individual to apply to us directly. So we could get it
25 that way too.



1 Q. Okay. And would then the BVR begin their ordinary
2 policy for what happens when they receive a request for an
3 amendment to the sex marker?

4 A. Yes.

5 Q. Okay. So it's -- it's simply another way for the
6 BVR to receive a request for an amendment?

7 A. Yes.

8 Q. Okay. Now, did -- did ADHS ever issue a public
9 statement about the change in its amendments to birth
10 records policy when it removed from county offices the --
11 the authority to issue amendments?

12 A. I don't know what you mean by public statement.

13 Q. Sorry. Did ADHS ever post anything on its website
14 saying, "We've amended our policy"?

15 A. Not that I'm aware of.

16 Q. Okay.

17 MR. ANDERSON: Go ahead and mark this as,
18 what are we on now, Exhibit 12.

19 (Deposition Exhibit No. 12 was marked for
20 identification.)

21 THE WITNESS: Thank you.

22 BY MR. ANDERSON:

23 Q. Do you recognize this?

24 A. Yes.

25 Q. And this is an e-mail -- at the top of this



1 document it says it's an e-mail from you, Krystal Colburn;
2 is that right?

3 **A. Yes.**

4 Q. And Krystal Colburn, the e-mail assigned to you is
5 your name at AZDHS.gov?

6 **A. Yes.**

7 Q. And is that your -- your ADHS e-mail account?

8 **A. Yes.**

9 Q. And it says, to [REDACTED]; is that right?

10 **A. Yes.**

11 Q. And who is [REDACTED]?

12 **A. He was a prior employee at the department.**

13 Q. Was he an employee at the time this e-mail was
14 sent which is May 19, 2020?

15 **A. I would presume so, yes.**

16 Q. Do you recall if this e-mail was sent to his ADHS
17 e-mail account?

18 **A. It would have been.**

19 Q. And then the CC line has five more individuals.

20 Do you recognize all five of those?

21 **A. Yes.**

22 Q. And are they all ADHS employees as well?

23 **A. Some currently; some not currently.**

24 Q. At the time this was sent, were they all employed
25 by ADHS?



1 **A. Yes.**

2 Q. The subject line is, "Re: Draft Update to the
3 Birth 014-Amendments to Birth Records."

4 Do you see that?

5 **A. Yes.**

6 Q. And just referring back to the document that we
7 had looked at a minute ago, document Exhibit 11, is this
8 the Birth-014 Amendments to Birth Records policy?

9 **A. Yes.**

10 Q. So is this e-mail about the change to that --

11 **A. Yes.**

12 Q. -- policy? Okay.

13 On the first page of this exhibit, looking
14 down into the middle, it says -- there's an e-mail from
15 [REDACTED] on Tuesday, May 19th, 2020, at 7:49 a.m.

16 Do you see that -- that portion of this
17 e-mail?

18 **A. Yes.**

19 Q. It says, "Good morning [REDACTED], I have included a
20 website addition for gender marker change. Would we want
21 to expand the," quote, 'correct a birth certificate,'
22 unquote, or create a new tab to illustrate R9-19-208
23 Amending information in a Registered Birth Record "?

24 Do you see that?

25 **A. Yes.**



1 Q. Just to clarify, R9-19-208, is that referring to
2 an Arizona regulation?

3 A. Yes.

4 Q. Are you familiar with that regulation?

5 A. Yes.

6 Q. And is that the regulation covering corrections to
7 birth certificates?

8 A. I believe so.

9 Q. Okay. And so what is [REDACTED] asking you
10 here? What is he asking -- excuse me, not you.

11 I guess [REDACTED] What is he asking
12 [REDACTED] to do?

13 A. To make an update on our website.

14 Q. Okay. And what would the expansion for creating a
15 new tab have included as you understood it?

16 A. He's asking to have information for a gender
17 marker change added to the website.

18 Q. Okay. And then directing you up to the top e-mail
19 from you, you -- the first sentence says: "This is not --
20 and "not" is in bold -- "something we can post on our
21 website at this time."

22 And it goes on to say, "There was a bill
23 signed by the Governor providing direction on what" we
24 can -- "what can be posted on our website."

25 Why -- why were you saying that we -- that we



1 -- excuse me. Take a step back.

2 "We" refers to ADHS in this?

3 **A. Yes.**

4 Q. And why were you saying that ADHS could not post
5 that information on the website?

6 **A. Because the governor signed a bill that did not
7 allow state agencies to update the websites.**

8 Q. Did ADHS ever update the website with this
9 amendment to birth records policy?

10 **A. No. We don't have any of our policies posted on
11 our website.**

12 Q. Okay. Did ADHS ever determine under that bill
13 that it could post an update on the website?

14 **A. The bill did not allow us to make any changes.**

15 Q. And is that bill still in effect?

16 **A. I am not sure whether the bill is still in effect
17 or not.**

18 Q. Okay.

19 **A. It -- I don't know how that changed with the new
20 governor.**

21 **I'm sorry. Can I have just a quick moment?**

22 MR. ANDERSON: Oh, yeah. Absolutely.

23 **THE WITNESS: Can you please open this for
24 me?**

25 MR. ANDERSON: Yeah. We can go off the



1 record for just a moment.

2 THE VIDEO SPECIALIST: We're going off the
3 record. The time is 11:28 a.m.

4 (Recess was taken, 11:28 a.m. to 11:29 a.m.)

5 THE VIDEO SPECIALIST: We're back on the
6 record. The time is 11:29 a.m.

7 BY MR. ANDERSON:

8 Q. So I was asking you about this bill that the
9 governor signed. I just want to understand did ADHS ever
10 indicate publicly on its website that -- that it had
11 removed from county vital records offices the authority to
12 make amendments to sex markers?

13 A. No, because it was never posted --

14 Q. Okay.

15 A. -- on there to begin with.

16 Q. You go on to say, "Additionally, this has far
17 reaching implications on our legal cases."

18 What legal cases are you referring to there?

19 A. We had a --

20 THE WITNESS: I don't know how much I'm
21 allowed to say, Trish.

22 BY MR. ANDERSON:

23 Q. I -- yeah. Please don't reveal any confidences
24 that you have with counsel.

25 A. Okay.



1 Q. If you could just give me a general description of
2 the case without revealing what you've talked to your
3 counsel about.

4 A. We had a separate case that included some
5 settlement proposals, and so this would have potentially --
6 could have interfered with that case, and so I advised them
7 not to make any changes.

8 Q. Okay. Is the -- is this lawsuit one of the legal
9 cases that you are referencing there?

10 A. No.

11 Q. Okay. When [REDACTED] refers to expand the
12 correct a birth certificate on the website, is that a
13 section of ADHS's website that includes instructions about
14 how to apply for a correction?

15 A. Yes.

16 Q. What was he proposing adding to that?

17 What was he proposing to expand to that?

18 A. Quite honestly, I'm not sure.

19 Q. Okay. Would the information on ADHS's website
20 that existed at this time have been incorrect given the
21 change in the policy?

22 A. No.

23 Q. No.

24 Would the bill signed by the governor have
25 allowed ADHS to change it if it had been incorrect?



1 **A. That, I'm not sure of.**

2 **Q. Okay. Okay. If you can flip back to the desk**
3 **procedure that we talked about before which is Exhibit**
4 **Number 7.**

5 **A. Okay.**

6 **Q. Okay. Are you there?**

7 **A. Yep.**

8 **Q. This desk procedure as we talked about earlier**
9 **applies to both corrections and amendments; is that right?**

10 **A. Yes.**

11 **Q. Go ahead and flip to page 2 of this document. And**
12 **there in the middle it says "Birth Amendments" in bold and**
13 **underlined.**

14 **Do you see that?**

15 **A. Yes.**

16 **Q. And it starts, "When an Amendment is received in**
17 **person or by mail, the staff shall follow the same steps as**
18 **with the Correction."**

19 **Is that referring to the process related to**
20 **corrections for birth certificates above?**

21 **A. Yes.**

22 **Q. Okay. And then it says, "With the exception of**
23 **the following," and it has a list of steps.**

24 **So are those -- those are differences between**
25 **the two policy -- processes?**



1 **A. Yes.**

2 **Q. Okay. Can you describe or do you know of the**
3 **primary differences between these two processes?**

4 **A. Can you repeat the question?**

5 **Q. Sure. What I'm interested in is what are the**
6 **differences in these policies or processes?**

7 **A. It would be the -- with the except for the**
8 **following listed. That's the difference.**

9 **Q. The differences. Okay. Let's just talk about a**
10 **couple of these things here.**

11 **Both of these processes -- and take a moment**
12 **if you need to look at it -- involve the database**
13 **application for vital events; is that right?**

14 **A. Yes.**

15 **Q. And that's abbreviated as D-A-V-E or DAVE?**

16 **A. DAVE.**

17 **Q. We call it DAVE?**

18 **A. We call it DAVE.**

19 **Q. Okay. So they both involve searching the DAVE**
20 **program; is that right?**

21 **A. Yes.**

22 **Q. They both involve using EBRS, which we defined**
23 **before?**

24 **A. Yes.**

25 **Q. They -- so it's the -- it's the same programs, the**



1 same electronic fields that use for both?

2 A. Corrections and amendments, yes.

3 Q. Are the same people handling requests for
4 corrections and amendments?

5 A. Yes.

6 Q. Okay. And both processes begin when the request
7 is received by BVR?

8 A. Yes.

9 Q. And both end when the amendment is filed in the
10 corrections filing cabinet; is that right?

11 A. The amendment or correction.

12 Q. Amendment or correction.

13 And, you know, just looking at number 11
14 under the amendment process, it actually says "in the
15 Corrections Filing cabinet."

16 So they're all filed in the same cabinet?

17 A. Yes.

18 Q. And above that on number 10 on page 3, it says,
19 "The certificate will be mailed to the customer within
20 seven (7) days."

21 So the -- the correction or amendment,
22 they're both mailed within the same time frame?

23 A. Yes.

24 Q. If you look at number 8, which actually starts on
25 the page before, this says, "To correct the record, staff



1 shall" -- and then if you look down at ix, romanette number
2 9, and romanette number x, those are the same steps in
3 which the amendment is sent to approval by a supervisor; is
4 that right?

5 A. Yes.

6 Q. And that's the same approval process that ends up
7 on your desk?

8 A. Yes.

9 Q. Okay. Is this process for seeking an amendment to
10 a birth certificate confidential for the applicant?

11 A. Yes.

12 Q. The request is never made public?

13 A. No.

14 Q. The outcome is never made public?

15 A. No.

16 Q. And it's all sealed at the end?

17 A. Yes.

18 Q. And the applicant doesn't have to request for it
19 to be sealed?

20 A. No.

21 Q. Okay. You can go ahead and set -- set that to the
22 side.

23 Now, if ADHS denies a request for an
24 amendment or a correction, does it inform the registrant
25 that it has done so?



1 **A. Yes.**

2 Q. And how does it usually do that?

3 **A. Through a letter, a denial letter.**

4 Q. A letter.

5 MR. ANDERSON: Let's mark this as Exhibit --
6 is this 13?

7 THE CERTIFIED STENOGRAPHER: Correct.

8 MR. ANDERSON: -- 13.

9 (Deposition Exhibit No. 13 was marked for
10 identification.)

11 **THE WITNESS: Thank you.**

12 MR. ANDERSON: Now, I want to -- so as I was
13 reviewing this, I realized that this may have some
14 information that should be redacted. And so I'm going to
15 say on the record we'll go ahead and mark this
16 confidential.

17 MR. STRUCK: Okay.

18 MR. ANDERSON: And if you would like to
19 reproduce a redacted form, we're totally fine with that.
20 We'll encounter it. So I just want to make that clear on
21 the record.

22 BY MR. ANDERSON:

23 Q. But I just want to ask you: Is this the type of
24 denial letter that ADHS sends when it denies an
25 application?



1 **A. Yes.**

2 Q. Are you familiar with this specific instance
3 without naming the person?

4 **A. Like I said before, I -- I process a lot of**
5 **amendments, so I don't have them all memorized.**

6 Q. Totally okay. Just wanted to make sure.

7 This one is dated May 6, 2021?

8 **A. Yes.**

9 Q. And the second paragraph it refers to in that
10 first line, subsection A-3, 36-337(A)(3)?

11 **A. Yes.**

12 Q. And it lists the two elements of subsection A-3,
13 "Undergone a sex change operation" being the first one.

14 Do you see that under A?

15 **A. Yes.**

16 Q. And then the next paragraph down says, "The
17 specific reason(s) for the denial of your request to amend
18 the gender marker on your birth certificate is as follows,"
19 and then it refers to a physician letter there; right? I'm
20 not going to read -- read that.

21 **A. Correct.**

22 Q. And just to -- just to go back a little bit here.

23 ADHS did use the phrase "gender marker" in
24 this letter; is that right?

25 **A. Yes.**



1 Q. Okay. In that bullet point, it says, "The
2 physician letter" -- I'm going to skip that part -- "does
3 not indicate there was a sex change operation or the
4 chromosomal count establishing a sex different than on the
5 record."

6 So it gives the reason for rejecting the
7 amendment because the letter did not state one of those two
8 things. Is that fair?

9 A. Yes.

10 Q. And is this a good example of a denial on that
11 basis that ADHS would send?

12 A. Yes.

13 Q. Do you know how many about of these letters ADHS
14 has sent?

15 A. No.

16 Q. No. Is it more than ten?

17 A. Yes.

18 Q. Is it more than 50?

19 A. I don't want to guess.

20 Q. Okay. Did ADHS also send e-mails to individuals
21 to inform them that their requests had been denied?

22 A. I'm not aware of an e-mail --

23 Q. Okay.

24 A. -- that I would have sent. Our procedure is to
25 send a letter.



1 Q. Is to send a letter. Okay. Would anyone on ADHS
2 ever inform applicants over the phone whether a request had
3 been denied?

4 A. We frequently get inquiries from registrants
5 asking questions, so they could certainly have answered
6 questions. But I don't know whether they would. I,
7 speaking for myself, have not indicated on the phone
8 whether somebody is denied or approved.

9 Q. So that -- that's a good clarification.

10 A letter would be sent if an official
11 application for an amendment had been submitted to the
12 Department and then denied?

13 A. Yes.

14 Q. If an applicant had called and asked about the
15 requirements, would ADHS have responded to that by an
16 e-mail?

17 A. They potentially could, yeah.

18 Q. Could they have responded to that on a telephone
19 call?

20 A. Yes. Providing information, yes.

21 Q. And in those encounters, does ADHS ordinarily
22 provide the statutory language that is reflected in this
23 letter?

24 A. They could.

25 Q. Okay.



1 MR. ANDERSON: Okay. I think that we can go
2 off the record and break for lunch if that's okay.

3 THE VIDEO SPECIALIST: We're going off the
4 record. The time is 11:41 a.m.

5 (Recess taken, 11:41 a.m. to 12:40 p.m.)

6 THE VIDEO SPECIALIST: We're back on the
7 record. The time is 12:40 p.m.

8 BY MR. ANDERSON:

9 Q. Ms. Colburn, I just wanted to ask a little bit
10 more about the binder in front of you.

11 Did you make any handwritten notes on any of
12 the documents in there?

13 A. No.

14 Q. Okay. Is there anything in that binder -- you
15 said they were filings.

16 Are they all filings on the docket in this
17 case? Are they public filings?

18 And can you go ahead and just flip it open.
19 If you wouldn't just mind reading the table of contents
20 just so we can confirm what they are?

21 A. Sure. Deposition notice, defendant's second
22 supplemental interrogatory responses. E-mails authored by
23 Krystal Coburn produced by Defendant. Documents produced
24 by Defendant.

25 Q. Okay.



1 MR. STRUCK: I'll just say for the record,
2 there's nothing in there that you all don't have.

3 MR. ANDERSON: That we don't have?

4 MR. STRUCK: The only thing you didn't have,
5 Trish sent you, I think, yesterday.

6 MR. ANDERSON: Yesterday. Okay.

7 BY MR. ANDERSON:

8 Q. Was there anything in that binder that you
9 reviewed that refreshed your recollection as to events that
10 have happened in the past?

11 A. No.

12 Q. Okay. So I'd like to return to one of the topics
13 we talked about before lunch, and that's the phrase in
14 subsection A-3, sex change operation.

15 Do you remember that phrase from the statute?

16 A. Yes.

17 Q. Does ADHS know who the people are in Arizona that
18 undergo sex change operations?

19 MR. STRUCK: Form.

20 **THE WITNESS: I don't think I could speculate**
21 **on that for the whole agency.**

22 BY MR. ANDERSON:

23 Q. Okay. Would a transgender person undergo a sex
24 change operation?

25 A. I should clarify. I thought you were asking



1 whether I knew names of people, so that's why I could not
2 answer.

3 Q. Understood.

4 A. Okay.

5 Q. Yeah.

6 Would transgender people undergo sex change
7 operations?

8 A. Yes.

9 Q. Is there anyone else you can think of that would
10 undergo a sex change operation?

11 A. Sometimes there are individuals who are born with
12 potential to different paths of genitalia, so I know that
13 sex operations can happen in those instances.

14 Q. And have you -- are you familiar with the phrase
15 "intersex"?

16 A. Yes.

17 Q. Would that refer to -- to people --

18 A. Yes.

19 Q. -- like those you just described?

20 A. Yes.

21 Q. Okay. So transgender people and intersex people
22 would undergo sex change operations?

23 A. Yes.

24 Q. Can you think of anything else?

25 A. Not that I'm aware of, no.



1 Q. Okay. Go ahead and flip back to Exhibit 2, the
2 notice of deposition topics.

3 **A. Okay.**

4 Q. I'll direct your attention to page 3, the -- the
5 number 1 -- or excuse me -- number 5 at the bottom. If you
6 could go ahead and read that, and then let me know when
7 you're done.

8 **A. Okay.**

9 Q. Okay. And flip over and read Topics 6 and 7 as
10 well.

11 **A. Okay.**

12 Q. Have you reviewed those topics, statements before?

13 **A. Yes.**

14 Q. And are you prepared to testify on those topics
15 today?

16 **A. Yes.**

17 Q. Okay.

18 MR. ANDERSON: Let's go ahead and mark
19 Exhibit 14, I believe.

20 (Deposition Exhibit No. 14 was marked for
21 identification.)

22 BY MR. ANDERSON:

23 Q. Ms. Colburn, do you recognize this?

24 **A. Yes.**

25 Q. Yes. This is an e-mail. At the top it says it's



1 from your ADHS e-mail address; is that right?

2 **A. Yes.**

3 Q. And it's to someone named Mariah Pokorny?

4 **A. Yes.**

5 Q. Who is Mariah Pokorny?

6 **A. She is the registrar in South Dakota.**

7 Q. South Dakota.

8 So she holds an equivalent position to you
9 but in South Dakota?

10 **A. That's correct.**

11 Q. Okay. It's dated October 24th, 2019?

12 **A. Yes.**

13 Q. Do you see that?

14 And the subject is AZ Statutes. "AZ" refers
15 to Arizona?

16 **A. Yes.**

17 Q. Do you recall why you were e-mailing with
18 Ms. Pokorny about Arizona statutes?

19 **A. No, other than perhaps she asked a question.**

20 Q. Okay. Go ahead and look down at the first page at
21 the bottom. The e-mail from you dated Thursday,
22 October 24th, 2019, at 7:36 a.m.

23 Do you see that one?

24 **A. Yes.**

25 Q. And you say, "Hi, Mariah, I am sharing with you



1 the AZ statutes governing the process to change a sex on a
2 registered birth" certificate -- on registered birth
3 certificates.

4 Do you see that?

5 **A. Yes.**

6 Q. Do you recall Ms. Pokorny asking you whether you
7 would share the Arizona statutes?

8 **A. Not specifically, no.**

9 Q. Okay. But you sent her here a link to the full
10 statute as well as copying the language below.

11 Did I read that correctly?

12 **A. Yes.**

13 **Q. And the highlighted language is specific to sex**
14 **change, and then you included a -- it looks like a section**
15 **from 36-337 "Amending birth certificates."**

16 **Do you see that?**

17 **A. Yes.**

18 **Q. And unfortunately this copy doesn't show**
19 **highlighting so we can't identify where it was highlighted,**
20 **but does 33 -- 36-337 includes the sections we discussed**
21 **earlier today; is that right?**

22 **A. Yes.**

23 **Q. Okay. And then if you look up on that first page**
24 **in the middle, Ms. Pokorny responds at 5:41 a.m. saying,**
25 **"Thank you- just so I'm clear you do not require a court**



1 order to do that, just the two statements?"

2 Do you see that?

3 A. Yes.

4 Q. And then you respond in the top e-mail and say,
5 "Hi, it's essentially two options. Physician note or court
6 order (we have only received one court order)."

7 Do you see that?

8 A. Yes.

9 Q. So you were explaining that 36-337, A-3, allows
10 for physician notes or court orders; is that right?

11 A. Yes.

12 MR. STRUCK: Object to the form.

13 BY MR. ANDERSON:

14 Q. Okay. At that time on October 24th, 2019, do you
15 recall having only received one court order for a sex
16 marker change?

17 A. I don't recall, but if I put it there, then I'm
18 sure that that's what happened.

19 Q. Okay. The next paragraph you say, "The physician
20 note can contain one of the two statements: Sex change
21 operation, chromosomal count change." And those are the
22 two things that we've talked about in Subsection A-3; is
23 that right?

24 A. Yes.

25 Q. Then you say, "When reviewing the physician notes



1 we specifically look for the above language."

2 When you say "we" there, are you referring to
3 the BVR registry team?

4 A. I'm referring to the entire process that we
5 already talked about.

6 Q. And that's the --

7 A. The processing and amendment.

8 Q. Sorry. Okay. That's the process in the desk
9 procedure?

10 A. Yes.

11 Q. Okay. And at the -- at the end of that procedure,
12 the person who does the ultimate approval is you; is that
13 right?

14 A. Yes.

15 Q. So when doing that approval, does BVR look for
16 those specific language -- those specific phrases in a
17 doctor's note?

18 A. Yes.

19 Q. Okay. Is that stated anywhere in ADHS policy that
20 you're aware of?

21 A. No. I mean, other than it references the statute,
22 and so that's the language in the statute, and we follow
23 the statutes.

24 Q. Okay. But the language of the statute's the only
25 basis to apply specifically looking for those phrases?



1 **A. Yes.**

2 Q. And when you write here, "When reviewing the
3 physician notes," the reviewing refers to the process, is
4 there any other part of -- of reviewing that would be
5 included here?

6 **A. No.**

7 Q. Okay. Okay. You can set that aside.

8 Do you know -- did ADHS ever consider whether
9 or not to accept language that was different than that in
10 the statute for doctor's notes under Subsection A-3?

11 **A. We've always followed the statutes.**

12 Q. Always followed -- has ADHS ever considered
13 alternative ways to say the phrase "sex change operation,"
14 for example?

15 MR. STRUCK: Form.

16 **THE WITNESS: There are different**
17 **arrangements of words that doctors have used that indicate**
18 **a sex change operation.**

19 BY MR. ANDERSON:

20 Q. Okay. When you say "different arrangements of
21 words," can you give me an example?

22 **A. Not off the top of my head, but we essentially**
23 **review the letter to make sure that the doctor is**
24 **indicating that the individual had an operation or a**
25 **surgery that changed the sex of the individual from what it**



1 was at the time of birth to what it is now.

2 Q. Okay.

3 MR. ANDERSON: I'd like to mark this as
4 Exhibit 15.

5 (Deposition Exhibit No. 15 was marked for
6 identification.)

7 BY MR. ANDERSON:

8 Q. Ms. Colburn, do you recognize this e-mail?

9 A. Yes.

10 Q. And what is this?

11 A. This is an e-mail that [REDACTED] sent to
12 Tom Salow.

13 Q. And who is [REDACTED]?

14 A. [REDACTED] is a researcher who works in the
15 division of licensing services.

16 Q. And that division is within the ADHS?

17 A. Correct.

18 Q. So she's an ADHS employee?

19 A. Yes.

20 Q. And did she send this from her ADHS e-mail?

21 A. Yes.

22 Q. And we've talked about Mr. Salow before. He's an
23 ADHS supervisor?

24 A. Yes.

25 Q. And he received this, it looks like, at his ADHS



1 e-mail?

2 **A. Yes.**

3 Q. And this is dated August 9th, 2019; is that right?

4 **A. Yes.**

5 Q. And the subject line is gender transition
6 approvals/denials?

7 **A. Yes.**

8 Q. Do you recall as of October of 2019, whether the
9 department was discussing gender transition and
10 approvals/denials?

11 **A. They were because that's what the e-mail**
12 **indicates.**

13 Q. Right. Do you recall there being any meetings
14 about that?

15 **A. I believe that was part of the -- one of the**
16 **enforcement meetings.**

17 Q. Mr. Salow was part of the enforcement team?

18 **A. Yes.**

19 Q. Do you recall the subject of the meetings with the
20 enforcement team specifically?

21 **A. We didn't have specific subjects.**

22 Q. Okay. They would just happen regularly?

23 **A. Yes.**

24 Q. Okay. Do you recall the meeting at which you
25 discussed gender transition approvals and denials?



1 **A. Not specifically.**

2 Q. Okay. Do you remember how the topic came up?

3 **A. I would venture to guess we either had a letter or**
4 **needed to review a letter or potentially a case that was**
5 **going on.**

6 Q. Okay. Do you remember who specifically was at
7 this enforcement meeting?

8 **A. I believe it was the people that I already**
9 **mentioned beforehand including Tom Salow.**

10 Q. Salow.

11 You would have been there?

12 **A. Yes.**

13 Q. And can you remind me who else was on the
14 enforcement team?

15 **A. Probably either the office chief or deputy bureau**
16 **chief.**

17 Q. So the -- the meeting was -- was four people?

18 **A. The meetings happened every week. They were**
19 **regularly scheduled. So if someone was out of the office,**
20 **they wouldn't have attended. It wasn't just one singular**
21 **meeting.**

22 Q. Okay. The -- sorry.

23 **A. And we would talk about any pending cases that we**
24 **had. So if we had a pending case or a letter we needed to**
25 **review, we would take it to that meeting.**



1 Q. Okay. Were there any notes kept at those
2 meetings?

3 A. No.

4 Q. Do you recall any agendas that were circulated for
5 those meetings ahead of time?

6 A. No.

7 Q. Okay. So the number 1 page on this document
8 doesn't have any text in the body of the e-mail; is that
9 right?

10 A. Correct.

11 Q. But it has an attachment to the e-mail?

12 Do you see that?

13 A. Yes.

14 Q. GenderTransition.docx. Is that the name of it?

15 A. Uh-huh. Yes.

16 Q. Go ahead and flip the page to page ending in Bates
17 Number 12122.

18 Is this the attachment that's referred to in
19 that e-mail?

20 A. Yes.

21 Q. And do you recognize this document?

22 A. I have seen it before.

23 Q. When did you see it?

24 A. I think shortly after it was created.

25 Q. Was it sent to you?



1 A. I don't remember whether it was sent to me or if I
2 saw a printed copy.

3 Q. And were -- did you see it in a particular
4 meeting?

5 A. Not that I recall.

6 Q. Did Mr. Salow give it to you?

7 A. I feel like that's more likely to have happened.

8 Q. Okay.

9 A. He's very informal, so we didn't have a lot of
10 regularly scheduled meetings.

11 Q. Do you recall why you had received it?

12 A. The intent, I believe, for what he was having
13 ████████ do was look at the letters that we had accepted and
14 denied as part of our process for processing the amendment
15 requests and to ensure that we were consistently applying
16 the statute.

17 Q. So these are examples of phrases from letters that
18 ADHS had accepted and denied?

19 A. Yes.

20 Q. Have you ever spoken to ████████ about this
21 document?

22 A. No.

23 Q. Have you ever spoken to Mr. Salow about this
24 document?

25 A. I believe briefly, we did.



1 Q. And do you remember what that discussion was
2 about?

3 A. Essentially that he was wanting to make sure that,
4 again, the Bureau was consistently and accurately applying
5 the statute, which is why he had ██████ to put this
6 together. And he felt that we did, and so to continue the
7 activities as we were processing them.

8 Q. Okay. Was Mr. Salow attempting to create a set of
9 guidelines for ADHS to use when processing doctors'
10 letters?

11 MR. STRUCK: Form.

12 THE WITNESS: I don't believe that was his
13 intent, but I wasn't part of his decision-making process to
14 initiate this, so I don't know if I can speak to that.

15 BY MR. ANDERSON:

16 Q. Do you know if he gave this document to your
17 customer service representatives, for example?

18 A. He does not communicate with them in that level
19 of -- of details, so, no.

20 Q. Did he ask you to communicate this to anybody else
21 in the department?

22 A. No.

23 Q. Do you know if he used this document to instruct
24 the Department about whether or not to -- or excuse me --
25 how to accept and deny letters?



1 **A. I'm not sure what you mean by "instruct the**
2 **Department."**

3 **Q. Did he -- do you know if he provided this document**
4 **to anybody else in the Department?**

5 **A. Not to my knowledge, but I wouldn't necessarily**
6 **know if he did.**

7 **Q. Did he tell you to use this document to guide your**
8 **approvals of corrections and amendments?**

9 **A. No.**

10 **Q. Do you know if ADHS employees ever on their own**
11 **created lists of what they considered acceptable and**
12 **unacceptable letters from doctors?**

13 **A. Not to my knowledge.**

14 **Q. If you discovered that -- that one of those lists**
15 **existed, would you take any action to -- to prevent it?**

16 **A. Yes.**

17 **Q. Okay. And why would you do that?**

18 **A. Well, I would definitely consult with our legal**
19 **counsel, because we -- the Department has the position that**
20 **we aren't to inform doctors what their best medical opinion**
21 **is because that is what they are trained to do. It is not**
22 **what we are trained to do. We are obligated to match it to**
23 **the statute, and that's where our purview ends.**

24 **Q. Okay. So when a doctor's note accompanies an**
25 **application to amend and BVR puts it into the process that**



1 we've described, who is the first one that looks at the
2 doctor's note to determine whether it satisfies the
3 statute? Who would be the first person in that process
4 that -- that reviews the doctor's note to make sure it's
5 consistent?

6 **A. That would be a supervisor level.**

7 Q. A supervisor level of the BVR registry team?

8 **A. Yes.**

9 Q. Go ahead and look back at Exhibit No. 5 --

10 **A. Okay.**

11 Q. -- which is the org chart.

12 I'm sorry. I know it's not easy to flip
13 through things there.

14 **A. That's okay.**

15 Q. I see that you have it in front of you. So this
16 is -- this is the organizational chart. And I know that
17 you said it's been changed a little bit.

18 But is the -- the structure of the teams, is
19 it roughly the same now as it was then?

20 **A. Yes.**

21 Q. And did you say that the middle section is the BVR
22 registry team?

23 **A. Yes.**

24 Q. So the supervisors that you referenced that would
25 first look at the letter, what level would they be at in



1 this org chart?

2 **A. The Program Manager II.**

3 Q. That would be Jenissa Lucio and Ramirez Allen
4 Paul?

5 **A. No. Allen would not be a part of this process.**

6 Q. I see. He's -- he's a PS -- PPS II supervisor,
7 not a Program Manager II?

8 **A. Yes, sir.**

9 Q. Okay. So there's -- there were two individuals
10 that might look at doctors' notes to assess them?

11 **A. Yes.**

12 Q. If they found -- where would the doctor's note
13 next go?

14 Who would be the next person to assess
15 whether it was consistent with the statute?

16 **A. To the customer service rep prepares the file.
17 They send it to the Program Manager II, who makes sure that
18 all of the components are in there. And then it would go
19 to the Health Program Manager III.**

20 Q. And that here is [REDACTED]

21 **A. Correct.**

22 Q. And [REDACTED] would also look at the letter to
23 determine if it con- -- was consistent with the statute?

24 **A. Yes.**

25 Q. And then where would it go from there?



1 **A. It may or may not go to the office chief and then**
2 **over to myself.**

3 Q. So it could in this org chart have gone to
4 Ms. Heath?

5 **A. Yes.**

6 Q. But it didn't have to go to Ms. Heath. It could
7 have gone to you directly?

8 **A. Correct.**

9 Q. Okay. But ultimately it ended on your desk; is
10 that right?

11 **A. Yes.**

12 Q. Okay. Would the doctor's note be accompanied by
13 any sort of comments from the people who had reviewed it
14 before about whether they believed it satisfied the
15 statute?

16 **A. It may or may not.**

17 Q. Okay. If one of the people in the process before
18 you decided the letter didn't satisfy the statute, would it
19 still come to your desk for approval?

20 **A. Yes.**

21 Q. Okay. So you made the decision whether or not to
22 deny or approve regardless of what people before had done?

23 **A. Correct.**

24 Q. Okay. So if they -- would they send a
25 recommendation about whether to approve or deny to you?



1 A. Not a recommendation, just an observation maybe if
2 it was language they haven't seen before, or if it was
3 language they had seen before and knew that it would be
4 accepted or denied, they may make a note.

5 Q. Okay. If it was language that they had not seen
6 before, how would the -- how would the Department go about
7 determining whether it was consistent with the statute?

8 A. Through reading the letter and matching it to the
9 language of the statute. If needed, we would reach out to
10 our administrative counsel.

11 Q. And when you say "administrative counsel," do you
12 mean the lawyers at the AG's office?

13 A. Yes.

14 Q. Okay. Would you ever consult with any medical
15 professionals about whether language was consistent with
16 sex change operation?

17 A. No.

18 Q. Did you ever consult with any advocacy
19 organizations about whether -- certain medical advocacy
20 organizations about whether certain language matched sex
21 change operation?

22 A. No.

23 Q. Did you ever consult with a transgender people
24 about that?

25 A. No.



1 Q. Okay. Let's go back to Exhibit 15, which has that
2 list on it we were just talking about.

3 And I'd like to look first at the top section
4 where it says "accepted." I'll give you a second here.
5 I'm sorry.

6 **A. Okay. Okay.**

7 Q. Under this section, I count one, two, three,
8 four -- I count six bullet points of quoted phrases.

9 Did I count that right?

10 **A. Yes.**

11 Q. And those are all phrases you said ADHS had
12 previously accepted in doctor letters -- doctors' letters
13 submitted under subsection A-3?

14 **A. Yes.**

15 Q. Does ADHS continue to accept these phrases in
16 doctor's letters today?

17 **A. Yes.**

18 Q. So looking at the fourth bullet point down, which
19 starts "Have reviewed/evaluated the patient's medical
20 history and they have" -- has -- and I pause there and
21 assume that that meant had -- continuing, "appropriate
22 medical treatment for transition to the new sex," unquote,
23 and then in parentheses, "(male/female)."

24 How did ADHS determine that that phrase
25 matches the phrase sex change operation in the statute?



1 A. I'm not super comfortable answering that question
2 just because I don't have the doctor's letter in front of
3 me. A lot of times, which I think is why it's quote --
4 quotations here is that was part of the letter, not the
5 letter in its entirety.

6 So there could have been other information
7 within the letter that could further support while -- why
8 it was accepted. But this phrase itself establishes that
9 it is the doctor of the patient. And that they are -- have
10 the knowledge based on the medical history and their
11 treatment to transition to the new sex.

12 Q. Okay. This list, it doesn't include any comment
13 that says that that phrase appeared with any other phrase;
14 right?

15 A. I don't understand the question.

16 MR. STRUCK: Form.

17 BY MR. ANDERSON:

18 Q. Right. It -- it just -- it simply quotes that --
19 that language. It doesn't say that this was in addition to
20 other language in the letter?

21 A. It doesn't say that it was or wasn't.

22 Q. Okay. The other -- just -- just to look at the
23 first bullet point, the first bullet point says, quote,
24 male -- "Female to Male Gender Reassignment Surgery,"
25 unquote?



1 **A. Yes.**

2 Q. Do you see that?

3 The second bullet says, quote, "Sex
4 Reassignment Surgery," unquote?

5 **A. Yes.**

6 Q. How did the department determine that those
7 matched the phrase "sex change operation"?

8 **A. So the surgery piece matches the operation piece
9 of the statute, and then the sex change is captured from
10 the female to male. And then sex reassignment change;
11 meaning, changing the sex, reassigning it. So that's the
12 sex change operation.**

13 Q. So to take those one at a time. ADHS interprets
14 "operation" to mean surgery?

15 **A. Yes.**

16 Q. How did ADHS determine that operation means
17 surgery?

18 MR. STRUCK: Form.

19 **THE WITNESS: Through our guidance with our
20 legal counsel.**

21 BY MR. ANDERSON:

22 Q. Did ADHS consult with any medical professionals
23 when coming to that conclusion?

24 **A. Not that I'm aware of.**

25 Q. Did it consult with anyone other than legal



1 counsel in coming to that conclusion?

2 **A. No.**

3 Q. Is that determination that operation is the
4 same -- or can be interpreted to mean surgery written down
5 in any ADHS policy?

6 **A. No. Not that I'm aware of.**

7 Q. Was it communicated to ADHS staff in any way?

8 **A. I would say for the -- from the manager level and
9 above that we talked about as part of their verbal training
10 when putting the files together and routing them for
11 review, we had conversations.**

12 Q. So it was passed on verbally?

13 **A. Yes.**

14 Q. Can you think of any time where it was written in
15 a document or an e-mail or any sort of guideline?

16 **A. Not that comes to mind. I wasn't provided any
17 written forms of it when I acquired the position so -- and
18 in my time I'm not aware of any.**

19 Q. Okay. Looking down to the bullet number -- that's
20 not numbered -- the fifth bullet down where it says,
21 "Appropriate clinical treatment for gender transition to
22 the new gender (male/female) including both hormone therapy
23 and sex reassignment surgery."

24 That bullet point includes the word
25 "surgery"; is that right?



1 **A. Yes.**

2 Q. And sex reassignment as well?

3 **A. Yes.**

4 Q. And the last bullet point says "Irreversible
5 Reassignment Surgery"?

6 **A. Yes.**

7 Q. How did the department determine that irreversible
8 reassignment meant sex change in this instance?

9 **A. Again, without having the full letter in front of
10 me, I don't want to speculate whether there was other
11 context in the letter that indicated what gender was
12 assigned at birth to what gender they were requesting to
13 amend to. So I don't feel I can answer that.**

14 Q. Did the -- reading this, did the department
15 determine irreversible reassignment related to sex
16 reassignment though?

17 Is that -- is that a fair interpretation?

18 **A. Potentially combined with other content in the
19 letter.**

20 Q. So given that context, looking back at that fourth
21 bullet point that we started at, which says: Has review --
22 "Have reviewed/evaluated," would that statement standing
23 alone, without any other statement about surgical
24 procedures, would that statement standing alone be approved
25 by ADHS as part of a doctor's note under Subsection A-3



1 today?

2 A. I really can't answer that because I don't have a
3 full file in front of me. We don't just look at one
4 quotation and make a decision. We look at the file in its
5 entirety. I could deny it because they didn't meet the
6 requirements of the application. They could be denied
7 because they didn't submit the form of payment.

8 Like, there's a lot of other reasons besides
9 one quotation that was pulled out of a letter and not
10 having the full letter.

11 Q. That's fair. So I'd like you to assume that
12 everything else about the amendment application satisfies
13 ADHS's requirements in the statute.

14 Assume that the only thing that you're
15 determining is that the doctor's letter has this phrase,
16 the one that starts "Have reviewed evaluated," and the
17 doctor's letter does not say anything about an operation or
18 surgery, would this phrase suffice to meet Subsection A-3
19 under ADHS's position today?

20 MR. STRUCK: Form.

21 THE WITNESS: If it did -- if nothing else in
22 the letter -- no other information was included, this
23 bullet does not include anything to indicate operation or
24 surgery so that would not be accepted.

25 BY MR. ANDERSON:



1 Q. Okay. Has ADHS ever considered accepting this
2 type of language in the place of sex change operation?

3 MR. STRUCK: Form.)

4 THE WITNESS: Can you repeat that?

5 BY MR. ANDERSON:

6 Q. Sure. Under the -- under what we just discussed
7 where this is the only phrase the doctor uses. He doesn't
8 use operation or surgery. Has ADHS ever considered whether
9 this phrase would satisfy "sex change operation"?

10 A. Not to my knowledge because it wouldn't meet the
11 statute.)

12 Q. Okay. So you testified that ADHS considers
13 operation to also include surgery.)

14 Does ADHS believe that operation includes
15 anything else than the surgery or is surgery the only
16 phrase that would work in place of operation?

17 MR. STRUCK: Form.)

18 THE WITNESS: I would say that ADHS accepts
19 surgery or operation.)

20 BY MR. ANDERSON:

21 Q. Okay.)

22 A. Either word.)

23 Q. Okay. There -- there's not another phrase that
24 might take the place of that?

25 A. Not that I'm aware of.)



1 Q. Would "procedure" just standing alone work?

2 A. I don't want to speculate on that.

3 Q. Okay. If -- if a doctor's letter came to you that
4 said, for instance, looking at this last bullet point on
5 the top "Irreversible Reassignment Surgery," if a doctor's
6 note came to you that just said irreversible reassignment
7 procedure, how would you go about determining whether
8 that -- that satisfied Subsection A-3?

9 MR. STRUCK: Form.

10 THE WITNESS: I would probably send that to
11 our administrative counsel because, like I said, these are
12 just small quotations take -- taken out of a longer letter
13 that we normally see, and so I would read the letter in its
14 totality and then if I had still had a question about it, I
15 would seek our legal counsel.

16 BY MR. ANDERSON:

17 Q. Okay. Has ADHS ever considered whether or not it
18 would accept a doctor's note that used the phrase, quote,
19 "Irrevocably committed to the gender change process,"
20 unquote, in the place of sex change operation?

21 MR. STRUCK: Form.

22 THE WITNESS: I don't believe that the agency
23 would accept that because it's not indicating surgery or
24 operation.

25 BY MR. ANDERSON:



1 Q. Okay. Would ADHS -- has ADHS ever considered
2 accepting a doctor's note that used the phrase, quote,
3 "Permanent and irreversible steps to change their gender
4 and remain who they say they are," unquote?

5 MR. STRUCK: Form.

6 THE WITNESS: No. Again, it doesn't include
7 sex change operation or a variation of operation to
8 surgery, but I will say we have accepted letters with that
9 language when accompanied by a court order. So I don't
10 want to say we've never accepted it when we've received a
11 court order telling us to change the gender and then we
12 will do it that way because of the court order.

13 BY MR. ANDERSON:

14 Q. Okay. That's -- that's fair enough. Under
15 Subsection A-3, though, just to clarify, this language
16 would not be accepted by ADHS?

17 A. Correct.

18 Q. Okay. Looking back at this list, I'd like to now
19 shift down to where it has the section that says denied.

20 And I counted the bullets there, and I think
21 that there are five of them. Are these phrases, at least
22 the ones in quotations, that ADHS has not accepted in
23 doctors' notes under Subsection A-3?

24 A. Yes.

25 Q. Does ADHS accept any of those phrases today?



1 **A. Yes.**

2 Q. Which one? Can you point out which one ADHS would
3 accept today?

4 **A. The first one.**

5 Q. So the first one is, quote, "Confirmation Chest
6 Masculinization Surgery," unquote, and then has the comment
7 "without any statement of Reassignment Surgery."

8 That's -- that's the one you're pointing to?

9 **A. Yes.**

10 Q. So ADHS would accept a doctor's note under
11 Subsection A-3 that used the phrase "Confirmation Chest
12 Masculinization Surgery"?

13 **A. Yes.**

14 Q. When did ADHS decide to accept that as a proof of
15 sex change operation?

16 **A. Sometime after the date of this document as a
17 result of litigation. I don't remember the exact date.**

18 Q. Okay. Has ADHS ever indicated to -- take back the
19 word "indicated."

20 Has ADHS ever publicly stated that it would
21 accept confirmation chest masculinization surgery as
22 evidence of a sex change operation?

23 **A. I don't know what you mean by "publicly."**

24 Q. Has it issued a public statement saying "we would
25 accept this" in a doctor's note under Subsection A-3?



1 **A. No.**

2 Q. Okay. Has it ever informed applicants who are
3 seeking amendments that this phrase would work in a letter
4 under Subsection A-3?

5 **A. I don't feel I can answer that because I don't**
6 **know every customer that could potentially call in and**
7 **potentially talk to one of our managers. So I don't want**
8 **to speculate.**

9 Q. Did ADHS inform the managers in the BVR that this
10 phrase would be accepted in doctor's notes?

11 **A. Yes.**

12 Q. And how did it inform the managers?

13 **A. Verbally following the litigation decision.**

14 Q. Does ADHS expect that its managers would tell
15 applicants who call and inquire about amendments that this
16 type of surgery would satisfy the statute?

17 **A. If the applicant asked, we would tell them.**

18 Q. Is there any written policy or guideline that
19 states that confirmation chest masculinization surgery
20 would satisfy sex change operation under Subsection A-3?

21 **A. No.**

22 Q. Of these five bullet points, we've talked about
23 the first one, are you aware if ADHS accepts any of the
24 phrases quoted in the remaining four today?

25 **A. I'm not sure what [REDACTED] meant by bullets 2 and 5**



1 so I don't want to speculate on those since I'm not the
2 author of the document, but for bullets 3 and 4 -- you were
3 asking if we would accept those today, correct?

4 Q. Correct.

5 A. Just making sure I don't lose track of the
6 question.

7 Q. Yeah.

8 A. No. We would not accept that.

9 Q. Okay. Under that last bullet point it says,
10 "Listing any surgeries without any statement of
11 Reassignment Surgery," and I take your point that we're not
12 sure what -- what [REDACTED] was referring to here.

13 Other than confirmation chest masculinization
14 surgery, are there other types of surgeries that you are
15 aware of that ADHS has considered to be sex change
16 operations under Subsection A-3?

17 A. Not that I can think of off the top of my head.

18 Q. Okay. There's no other surgeries that have come
19 up in -- in your verbal instructions to managers that you
20 would -- that ADHS allows these letters to include?

21 A. No. Really the instruction that we have is to
22 match it to the statute.

23 Q. And actually I'd like to ask you about that
24 because you said "match it to the statute."

25 When you say "match," you're not saying the



1 exact words; is that right?

2 A. Correct. Like I explained, we need to make sure
3 that the letter indicates that the registrant is changing
4 the gender, which is the sex change piece of it, and then
5 operation that they had surgery to have the operation that
6 changes the gender.

7 Q. So matching here is -- is making sure those two
8 concepts are included in the doctor's note?

9 A. Correct.

10 Q. Go ahead and -- you can set that aside for right
11 now.

12 Are you aware -- and I understand you're
13 involved with NAPHSIS. Are you aware that there are other
14 states that allow sex marker amendments on birth
15 certificates based on an individual's self attestation?

16 A. I believe so, but I couldn't tell you what states.

17 Q. Okay. Have you ever -- have ADHS ever considered
18 accepting an individual self attestation in order to
19 support an amendment to a sex marker?

20 A. No, because the statute doesn't allow for that.

21 Q. Okay. So ADHS has never accepted a
22 self attestation in the past?

23 A. No.

24 Q. Are you aware of a time when ADHS or individuals
25 at ADHS were considering preparing new guidelines on the



1 meaning of sex change operation?

2 **A. I'm not aware of any.**

3 MR. ANDERSON: Let's mark Exhibits 16 and 17.
4 I got two here. That's 16. That one's 17. That one's 16
5 and that is 17.

6 (Deposition Exhibit Nos. 16 and 17 were
7 marked for identification.)

8 BY MR. ANDERSON:

9 Q. All right. Ms. Colburn, do you recognize both of
10 these documents?

11 **A. No, I was not involved in this.**

12 Q. Okay. Looking at the -- the first page, this is
13 an e-mail from someone named [REDACTED], and it's to
14 someone named Colby Bower.

15 Do you know who Colby Bower is?

16 **A. Yes.**

17 Q. And who is Colby?

18 **A. Colby was the prior assistant director for
19 licensing services at the Department.**

20 Q. How long was -- and I -- I would say Ms. Bower,
21 but I'm not sure.

22 **A. It's Mr.**

23 Q. Mr.

24 **A. How long was he in that position?**

25 Q. Correct.



1 **A. I would say a handful of years.**

2 Q. Okay.

3 **A. Maybe five, six.**

4 Q. And he was in that position in December of 2019
5 when this e-mail exchanged; true?

6 **A. Yes.**

7 Q. Okay. And as you look at the second e-mail down,
8 the one dated Wednesday, August 21, 2019, it has
9 Mr. Bauer's e-mail address there, and that's his ADHS
10 government e-mail address?

11 **A. Yes.**

12 Q. Okay. So in that e-mail, the August 21st e-mail,
13 Mr. Bower says, "Hi [REDACTED]. We have pulled the
14 information we discussed at our meeting a few weeks ago."

15 I'm going to stop there. And I'm going to
16 say are you familiar and with a meeting between Mr. Bower
17 and [REDACTED] a few weeks before August 21, 2019?

18 **A. I was not at the meeting. I remember hearing that**
19 **Colby, and I believe Tom Salow was there too, but I**
20 **can't -- I don't remember for sure, but that they were**
21 **going to have a meeting to try and work with the community**
22 **to see how the statute could potentially be changed by the**
23 **legislature to better align with how society has evolved to**
24 **since that statute was enacted, but I wasn't part of the**
25 **meeting. And I don't know what came of the meeting.**



1 Q. Okay. And when you say "the statute that was
2 enacted," are you talking about subsection A-3?

3 A. Yes.

4 Q. So at the meeting, as you recall, it was
5 Mr. Bower, Mr. Salow, [REDACTED]

6 Can you recall if anyone else was at that
7 meeting?

8 A. I no idea because I wasn't there.

9 Q. Okay. Did Mr. Colby report back to you on what
10 happened at that meeting?

11 A. No.

12 Q. Did Mr. Salow?

13 A. No.

14 Q. Did either of them take notes from that meeting?

15 A. I have no way to know that.

16 Q. Okay. You have not reviewed any notes prior to
17 this deposition?

18 A. No.

19 Q. Okay. Okay. Back to the exhibit.

20 "We have pulled the information we discussed
21 at our meeting a few weeks ago," and he continues, "and are
22 prepared to move forward. I was wondering if you could
23 send me the letter that was used in your case for reference
24 as well?"

25 What -- do you know what he's referring to



1 when he says that, "are prepared to move forward"?

2 **A. No.**

3 Q. Okay. Looking at the e-mail above that from
4 [REDACTED] back to Mr. Bower -- and this one is dated
5 December 6th, 2019. He says, "Hello Colby, I wanted to
6 follow up and see where we are in the process of the
7 guidelines for gender affirmation transition and birth
8 certificate gender marker changes."

9 He's referring there to a process of
10 guidelines for gender affirmation transition.

11 Are you aware of any process for creating
12 guidelines on gender affirmation transition?

13 **A. No.**

14 Q. Are you aware of any discussion about a guidelines
15 for birth certificate gender marker changes?

16 **A. No.**

17 Q. Okay. Does -- I'm sorry.

18 **A. No. That's it.**

19 Q. Does BVR have a desk procedure related
20 specifically to gender marker changes?

21 **A. No.**

22 Q. Does BVR have any specific policies directly
23 related to gender marker changes?

24 **A. Just what we've reviewed --**

25 Q. Just what --



1 **A. -- so far.**

2 Q. He then says -- [REDACTED] says, "I've attached a
3 sample letter as well."

4 And if you see at the top, it says,
5 "Attachments:
6 TEMPLATE_GenderMarkerLetter_AZBirthCert.PDF."

7 Did I read that correctly?

8 **A. Yes.**

9 Q. Okay. Then let's go ahead and flip to the next
10 exhibit, Exhibit 17.

11 Is this that attachment?

12 **A. I presume so.**

13 Q. Okay. Just to -- to clarify, if we look at
14 Exhibits 16 and 17, in the lower right-hand corner, do you
15 see that there's a series of letters and numbers?

16 **A. Yes.**

17 Q. Do you agree that the -- Exhibit 16 is the number
18 right before Exhibit 17?

19 **A. Yes.**

20 Q. They're consecutive?

21 **A. Yes.**

22 Q. Okay. So I'll represent these were produced
23 together as a -- as a set.

24 **A. Okay.**

25 Q. So I just wanted to make sure we clear about that.



1 I am not -- not putting different documents in front of
2 you.

3 **A. Yes.**

4 Q. So if we look at Exhibit 17.

5 MR. STRUCK: I just want to note for the
6 record that there's a Bates Number page that's skipping --
7 it's missing in between these two documents. I don't know
8 what it says or what it is -- well, but I withdraw that.
9 I'm sorry.

10 MR. ANDERSON: Yeah. I'm sorry.

11 MR. STRUCK: No. That's my fault. I just
12 lost the first one. They're sequential.

13 MR. ANDERSON: They are? Okay. I wanted to
14 just clarify that.

15 MR. STRUCK: Yeah.

16 BY MR. ANDERSON:

17 Q. Okay. And so looking at this letter, if you look
18 at the top, it says "[MUST BE ON PRACTICE LETTERHEAD]."

19 So does this look to you to be a template for
20 a doctor's letter under subsection A-3?

21 **A. Yes.**

22 Q. And if you look down at the very bottom, there's a
23 footnote, a small case A that says: "[A]This is the work
24 around for the discriminatory" Arizona Revised Statute
25 Section 36-337(A)(3).



1 Do you see that?

2 **A. Yes.**

3 Q. And that footnote refers to the last full
4 paragraph of this letter.

5 Do you see up -- where that small case A is?

6 **A. Yes.**

7 Q. And that paragraph says , "In these efforts,
8 [he/she] has had a sex change operation and asks that the
9 sex on [his/her] birth record be updated from [male/female]
10 to [male/female]."

11 That's what that paragraph says?

12 **A. Yes.**

13 Q. So when it -- when it begins with "In these
14 efforts," it's referring to the paragraph above; is that
15 right?

16 MR. STRUCK: Foundation.

17 **THE WITNESS: I assume so. I did not write**
18 **the template.**

19 BY MR. ANDERSON:

20 Q. Right. So that paragraph, just to make sure that
21 we're reading it together, it says:

22 "[PATIENT NAME] has had appropriate
23 clinical treatment for transition to
24 [male/female]. [He/She] has been taking
25 cross-sex hormone replacement therapy for



1 [duration]. And in this. has undergone an
2 operation (i.e., an organized and concerted
3 activity involving a number of people --
4 mainly medical providers, behavioral health
5 specialists and pharmacists) to change
6 [his/her] sex from [male/female] to
7 [male/female]."

8 Do you see that paragraph?

9 **A. Yes.**

10 Q. Is that defining operation as taking cross-sex
11 hormone replacement therapy?

12 MR. STRUCK: Foundation.

13 **THE WITNESS: Again, I'm not the author of**
14 **the document, so I don't know what they intend -- if they**
15 **intended that or not.**

16 BY MR. ANDERSON:

17 Q. Okay. Would -- I'll put it like this: Would ADHS
18 interpret the phrase "appropriate clinical treatment for
19 transition to [male/female]" as satisfying subsection A-3
20 today?

21 **A. Only appropriate clinical treatment?**

22 Q. Correct.

23 **A. No.**

24 Q. Would ADHS interpret taking cross-sex hormone
25 replacement therapy for a period of time on its own as



1 sufficient to satisfy Subsection A-3?

2 A. No.

3 Q. Okay. But reading this letter, which uses the
4 phrase "sex change operation," would that be sufficient,
5 this letter as a -- as a whole?

6 MR. STRUCK: Object to the form.

7 THE WITNESS: If the doctor is attesting that
8 the individual had a sex change operation, yes.

9 BY MR. ANDERSON:

10 Q. Okay. Are you aware if -- are you aware what
11 Mr. Bower did with this letter when he received it?

12 A. No.

13 Q. Did he forward it to you?

14 A. No. I don't remember --

15 Q. Did he discuss it -- oh, I'm sorry.

16 A. -- seeing it.

17 Q. You don't remember seeing it?

18 A. Huh-uh.

19 Q. Did he discuss it as you -- as far as you know
20 with anyone else at the Department?

21 A. I have no idea.

22 Q. Okay. Did Mr. Salow ever mention this -- that
23 particular letter to you?

24 A. No.

25 Q. Okay. As far as you know, have there been any



1 further discussions with [REDACTED]?

2 **A. Not that I'm aware of.**

3 Q. Okay. And did ADHS ever distribute a sample
4 letter of what a doctor's note under Subsection A-3 could
5 say?

6 **A. Not that I'm aware of.**

7 Q. Okay. You can go ahead and put that to the side
8 now.

9 I'd like to ask you now a little bit about
10 what ADHS does after it receives a letter under Subsection
11 A-3.

12 Does ADHS do anything to verify a letter that
13 states that somebody has undergone a sex change operation?

14 **A. What do you mean by "verify"?**

15 Q. Does ADHS contact the doctor?

16 **A. No.**

17 Q. Does ADHS have any standards for whether or not
18 the doctor who performed the operation is required to be
19 the one writing the letter?

20 MR. STRUCK: Form.

21 **THE WITNESS: What do you mean by standards?**

22 BY MR. ANDERSON:

23 Q. Would ADHS accept a doctor's letter written by a
24 different doctor who did not perform the operation saying
25 that the individual had undergone a sex change operation?



1 **A. I don't think we would know that.**

2 Q. If the letter said, "I, Doctor, did not perform,
3 but I can attest that the individual underwent a sex change
4 operation," would ADHS accept that letter?

5 **A. I don't think I've ever seen that.**

6 Q. You've never seen that before?

7 **A. No.**

8 Q. If you saw a letter like that, would you -- what
9 would you do?

10 **A. I would contact our legal counsel.**

11 Q. Okay. Would you consult with any medical
12 professionals?

13 **A. Maybe, if legal counsel advised us to.**

14 Q. Okay. Have they ever advised you to consult with
15 medical professionals?

16 MR. STRUCK: We'll object to the form.

17 MR. ANDERSON: I'm sorry. You're right.

18 Withdrawn. I apologize.

19 BY MR. ANDERSON:

20 Q. Without revealing any conversations from
21 counsel -- well, strike that.

22 Is the doctor writing the letter, does ADHS
23 require the doctor writing the letter to attest that they
24 performed any sort of physical inspection of the individual
25 to confirm a sex change operation?



1 **A. That's not required in the statute so they may or**
2 **may not include it, but that wouldn't be a factor in the**
3 **determination.**

4 Q. Okay. If a registrant undergoes more than one sex
5 change operation, is that person required to submit more
6 than one letter?

7 **A. No, one letter would be fine.**

8 Q. Okay. Does ADHS review any medical records to
9 assess whether a sex change operation was performed?

10 **A. No. Even if somebody did, we would still request**
11 **a letter, not their medical records.**

12 Q. Okay. And ADHS doesn't require that applicants
13 submit to physical inspection by anybody that's retained by
14 ADHS?

15 **A. Oh, no.**

16 Q. Okay. I'd now like to move on from Subsection A-3
17 to what I believe is the last avenue for amending birth
18 certificates, which you mentioned before is court orders;
19 is that right?

20 **A. Yes.**

21 Q. So just to clarify, we've covered corrections.
22 We've covered doctor's letters under Subsection A-3, both
23 related to chromosomal count and sex change operations, and
24 this is the fourth basis, which is court orders.

25 Are there any others that -- that we haven't



1 talked about?

2 **A. Not that I'm aware of.**

3 Q. Okay. Let's look back at the statute which is --
4 let me be clear -- Exhibit 8.

5 **A. Okay.**

6 **MS. LaMAGNA: Okay.**

7 BY MR. ANDERSON:

8 Q. If you look down -- this is Subsection A-4. So
9 it's about a third of the way down the page, has the
10 number 4, and says, "A court order ordering an amendment to
11 a birth certificate."

12 Do you see that?

13 **A. Yes.**

14 Q. So that's -- that's finishing up the phrase if the
15 state -- "when the state registrar receives any of the
16 following"; is that right?

17 **A. Yes.**

18 Q. Is there anything more to Subsection A-4 that you
19 see here?

20 It's just that sentence?

21 **A. It's just that sentence.**

22 Q. It doesn't have a list of documents the court
23 should consider when determining whether to grant a sex
24 marker change?

25 **A. It does not have any documents for which the court**



1 **should consider for any field to be amended.**

2 Q. Does it -- does it contain a -- any sort of
3 guidance for a court that's considering an amendment
4 request for a sex change -- sex marker change?

5 **A. No.**

6 Q. Okay. You can set that aside.

7 Has ADHS adopted any policies related
8 specifically to court orders on birth certificate
9 amendments?

10 **A. Just what we've talked about in the other**
11 **policies.**

12 Q. Does ADHS have a policy on court orders and
13 subpoenas?

14 **A. I believe so.**

15 Q. Okay.

16 MR. ANDERSON: Let's mark this as Exhibit 18,
17 and this one as 19.

18 (Deposition Exhibit Nos. 18 and 19 were
19 marked for identification.)

20 MR. STRUCK: Is this -- this is 20?

21 MR. ANDERSON: 18.

22 MS. LaMAGNA: 18 and 19.

23 MR. ANDERSON: Yeah, 18 and 19. The cover
24 e-mail is 18.

25



1 BY MR. ANDERSON:

2 Q. So looking at this e-mail, this is an e-mail from
3 [REDACTED] -- and that's the [REDACTED] we've discussed,
4 who's an employee or was an employee at ADHS?

5 A. Yes.

6 Q. Sorry. Is [REDACTED] still at ADHS?

7 A. She is.

8 Q. Okay. And at the time this was sent, May 18th,
9 2020, she was still employed -- or is employed at this
10 time?

11 A. Yes.

12 Q. And the e-mail is to you and then four other names
13 there, and are those four names all ADHS employees as well?

14 A. They were all previous employees.

15 Q. Previous.

16 And were they employees at the time this
17 e-mail was sent?

18 A. Yes.

19 Q. And the -- the subject is "Draft Revision - Court
20 Order and Subpoena Policy.

21 Was ADHS revising its court order and
22 subpoena policy at this time?

23 A. That appears to be the case.

24 Q. Do you recall this process of going through and
25 revising the court order subpoena policy?



1 **A. Not specifically.**

2 Q. So do you remember why this court order policy had
3 to be revised?

4 **A. No.**

5 Q. Okay. Go ahead and turn then to page -- or
6 Exhibit 19.

7 And is this the -- I'm sorry. On Exhibit 18,
8 that e-mail from [REDACTED] -- [REDACTED] did have an
9 attachment; is that right?

10 **A. Yes.**

11 Q. And that's:
12 "BIRTH 003 - Court Orders - 5-18-20.doc"?

13 **A. Yes.**

14 Q. Go ahead and flip then to Exhibit 19.

15 Is this a draft version of a court order and
16 subpoenas policy?

17 **A. Yes.**

18 Q. And in the upper-right corner it looks like --
19 under section it says "Birth Registry," and then under
20 number it says 003?

21 **A. Yes.**

22 Q. Is that how ADHS determines the name of a policy,
23 birth 003 would be --

24 **A. Yes.**

25 Q. Okay. And this matches the template -- this



1 matches the format of the other policies we've talked about
2 before?

3 **A. Yes.**

4 Q. Okay. And under "Supersession" it says, "This
5 policy supersedes the policy dated 8-29-19."

6 Do you see that?

7 **A. Yes.**

8 Q. So this is a draft of a policy that's in front of
9 you in this exhibit?

10 **A. Yes. I'm sorry. I wasn't sure if that was the**
11 **question.**

12 Q. No -- no worries.

13 And so this is a -- this is the same kind of
14 policy that ADHS creates and maintains for itself?

15 **A. Yes.**

16 Q. And that sets out its activities?

17 **A. Yes.**

18 Q. Go ahead and look to the "Purpose," and the
19 purpose there it says is "To provide guidance on how to
20 review and process court orders and subpoenas"; is that
21 correct?

22 Did I read that right?

23 **A. Yes.**

24 Q. So this policy applied to court orders submitted
25 under Subsection A-4?



1 **A. Yes.**

2 Q. Okay. And -- and I don't -- well, to confirm, if
3 you look under authority where it says Arizona revised
4 statutes, do you see in that list kind of over to the
5 right, it does say 36-337, A-4?

6 **A. Yes.**

7 Q. Okay. If you look down under "Definitions," it's
8 about -- it's -- moves over to the next page as well.

9 Do you see a definition of the phrase "sex
10 change operation" in here?

11 **A. No.**

12 Q. Okay. So if you flip over to the second page --
13 and I realize there's no page numbers on the actual
14 document so I'll refer to the Bates Numbers. Those are
15 those numbers in the lower right-hand corner.

16 **A. Okay.**

17 Q. So this is the document ending in 87 -- or the
18 page ending in 8717. It says -- under where it says
19 "Policy," I'm sorry. Backing right up to -- right above
20 that, "Division Primary Position of Responsibility,"
21 that's -- that lists your position there; is that right?

22 **A. Correct.**

23 Q. So you were responsible for enforcing this policy?

24 **A. Yes.**

25 Q. And then under the policy it says, "A court order



1 used as an evidentiary document must be an original
2 certified copy (raised seal or ink stamp) or an
3 electronically certified copy" (as per Arizona statute.)

4 Do you see that?

5 **A. Yes.**

6 Q. So under this policy which applies to court
7 orders, the court order must be the original certified
8 copy; is that correct?

9 **A. Yes.**

10 Q. If you look to the next page -- let's go two more
11 pages to where it ends with 8719 on the lower right-hand
12 corner.

13 **A. Okay.**

14 Q. There's a -- Section B says "Types of Court
15 Orders."

16 Do you see that?

17 **A. Yes.**

18 Q. And the first one there is "Guardianship Orders,"
19 and if you flip a page, it says "Court Order Name Change,"
20 and then there are other examples of court orders; is that
21 right?

22 **A. Yes.**

23 Q. Do you see any of these court orders that are
24 regarding sex marker amendment?

25 **A. No.**



1 Q. Is there any of these type of orders that are
2 listed here that would -- would cover orders regarding sex
3 marker amendments?

4 A. Likely not, but name -- I have seen name change
5 and sex changes on the same court order before.

6 Q. Okay. So let's look under -- let's go to the page
7 that ends in 8720 where it says, "Court Ordered Name Change
8 (Registrant)"?

9 A. Yes.

10 Q. Does this section here, Section 2, have any
11 information or provide any guidance for what to assess on a
12 court order with regard to a sex marker change?

13 A. No.

14 Q. Okay. Are there any other policies that might
15 provide guidance on what information should be in a court
16 order on a sex marker change that -- that ADHS maintains?

17 A. Not that I'm aware of.

18 Q. Now, just to be clear, what -- what procedure
19 would BVR follow if it receives an amendment application
20 that attaches a court order under Subsection A-4?

21 A. The same --

22 MR. STRUCK: Form.

23 THE WITNESS: Sorry. The same desk procedure
24 that we already talked about. It's that same process.

25 BY MR. ANDERSON:



1 Q. The one in Exhibit 7? We don't have to get it
2 out --

3 A. Yes.

4 Q. -- but is that -- and you're welcome to confirm.
5 I don't mean to prevent you from confirming, but I just
6 want to make sure.

7 A. Yes.

8 Q. Okay. So that instead of a doctor's note with
9 that, the applicant would submit a court order; is that
10 right?

11 A. Yes.

12 Q. Okay. So in order to do that, the applicant would
13 first have to go to a court to obtain the order?

14 A. Yes.

15 Q. So who are the people that would request
16 amendments -- without -- not specific names -- who are the
17 people that request amendments to the sex listed on their
18 birth certificates using a court order rather than a
19 doctor's note?

20 A. Who requests the amendment? It could be the
21 registrant themselves if they're of legal age, or it could
22 be the registrant's parent or guardian if they're a minor.

23 Q. Okay. Would a transgender person be somebody who
24 would request a court order for a sex change amendment, a
25 sex marker amendment? Excuse me.



1 A. Yep.

2 Q. Okay.

3 A. Yes.

4 Q. Yeah. Would -- it's okay.

5 Would a transgender person who has not
6 undergone a sex change operation be somebody who would use
7 Subsection A-4 to apply for an amendment?

8 A. Can you repeat the first part again?

9 Q. Sure.

10 Would a transgender person who has not
11 undergone a sex change operation as the mark -- as the
12 Department defines it be eligible to use Subsection A-4?

13 A. That would be up to the court to decide that they
14 were provided sufficient information to -- to grant the
15 amendment, but we wouldn't ask for any -- for a doctor's
16 note in addition to the court order.

17 Q. Okay. Other than transgender people, can you
18 think of any other category of person who would be seeking
19 a gender marker change under Subsection A-4?

20 A. Not -- not the sex field, no.

21 Q. Okay. Are you aware that in the past, ADHS would
22 only accept court orders under Subsection A-4 for sex
23 marker amendments if accompanied by a doctor's letter?

24 MR. STRUCK: Object to the form. Time frame.

25 THE WITNESS: I'm aware that in the past,



1 under previous guidance before, we had a case that changed
2 the decision that we did not accept court orders to change
3 the sex on a record, then we had litigation and now we do.

4 BY MR. ANDERSON:

5 Q. Okay. So now ADHS does accept court orders
6 without doctor's letters?

7 A. Correct.

8 Q. Is that change reflected in any ADHS policy that
9 you can think of?

10 A. I would have to go back through all of them and
11 compare them.

12 Q. Okay. So sitting here, you can't -- you can't
13 name one off the top of your head?

14 A. No.

15 Q. Okay. Is it reflected in any ADHS or BVR
16 procedure?

17 A. Again, without comparing what was prior to that
18 date and after, I -- I can't answer that.

19 Q. Okay. Did ADHS ever issue a public statement
20 saying that now it accepts court orders without an
21 accompanying doctor's note?

22 A. Not a public statement, no.

23 MR. STRUCK: Belated objection to form.

24 MR. ANDERSON: Okay. I think that we are at
25 a good spot for a break.



1 MR. STRUCK: Okay.

2 MR. ANDERSON: We'll go off the record.

3 THE VIDEO SPECIALIST: We're going off the
4 record. The time is 1:52 p.m.

5 (Recess taken, 1:52 p.m. to 2:13 p.m.)

6 THE VIDEO SPECIALIST: We're back on the
7 record. The time is 2:13 p.m.

8 BY MR. ANDERSON:

9 Q. Hi, Ms. Colburn. If you could take Exhibit 19 one
10 more time, just what we were talking about just a little
11 bit ago. It's the draft court orders and subpoenas policy.

12 Are you familiar with whether or not this
13 policy was finalized?

14 A. Off the top of my head, no.

15 Q. Okay. Do you recall if -- if it has changed
16 substantively since this date?

17 A. No.

18 MR. STRUCK: And I'm going to object to the
19 form. It is a draft.

20 MR. ANDERSON: Okay.

21 BY MR. ANDERSON:

22 Q. Are you aware if there's a more recent version
23 than this?

24 A. Without checking our policies folder, I can't
25 accurately answer that.



1 MR. ANDERSON: Okay. But I'm -- just, again,
2 for the record, if there is a more recent copy, we would
3 ask that it be produced.

4 MR. STRUCK: And just for the record, we
5 didn't -- we didn't produce this pursuant to this case.

6 Was this part of the public records request?

7 MR. ANDERSON: Yes.

8 MR. STRUCK: Okay.

9 MR. ANDERSON: Yes, it was.

10 MR. STRUCK: All right.

11 BY MR. ANDERSON:

12 Q. Okay. If we could go back to Exhibit 2, which is
13 that list of topics. And go ahead and flip to page 5, just
14 the last one. If you could read number 11, and then let me
15 know when you're done.

16 A. Okay.

17 Q. All right. Are you prepared to testify on this
18 topic?

19 A. Yes.

20 Q. Does ADHS track the number of requests that it
21 receives to change the sex listed on a birth certificate?

22 A. No.

23 Q. Does ADHS track the number of sex markers that it
24 actually has changed on birth certificates?

25 A. No.



1 Q. Is there a way for ADHS to assess whether or
2 not -- the number of changes that have been made on birth
3 certificates in a particular year?

4 **A. We can have our IT department pull reports for us.**

5 Q. Okay.

6 MR. ANDERSON: I'd like to mark this as
7 Exhibit 20.

8 (Deposition Exhibit No. 20 was marked for
9 identification.)

10 BY MR. ANDERSON:

11 Q. Do you recognize this?

12 **A. Yes.**

13 Q. This is an e-mail, the top e-mail is from Robert
14 Lane who has an AZDHS.gov e-mail account; is that right?

15 **A. Yes.**

16 Q. And who's Robert Lane?

17 **A. Robert Lane was the prior Office of Administrative
18 Counsel and Rules that we spoke about, he was their chief.**

19 Q. Chief. Okay. And so he was employed by -- at
20 this time, January 24th, 2022, by ADHS?

21 **A. Yes.**

22 Q. And this e-mail, the top e-mail is to you at
23 Krystal Colburn?

24 **A. Yes.**

25 Q. And that would have been to your ADHS e-mail



1 account?

2 **A. Yes.**

3 Q. The subject here is "Amendments to Gender - Data
4 Needed"; is that right?

5 **A. Yes.**

6 Q. Let's go ahead and flip down to the first e-mail
7 on the chain just to get a sense of what it's about. And
8 that is the page that ends in 47422, which is about four
9 pages in.

10 **A. Okay.**

11 Q. If you see the e-mail starting in the middle of
12 the page dated Friday, January 21st, 2022, at 9:05 from
13 you. It says, "Hi, Team, Rob Lane needs some data for the
14 Director and Governor's office."

15 Do you see that?

16 **A. Yes.**

17 Q. The next one is, "Please provide the total number
18 of amendments performed on the gender field in calendar
19 year" 2021 and calendar year 2022.

20 Do you see that?

21 **A. Calendar year 2020?**

22 Q. I'm sorry. Did I say 2022?

23 **A. Yes.**

24 Q. Sorry. I'll reread that.

25 "Calendar 2021 and calendar year 2020"; is



1 that correct?

2 **A. Yes.**

3 Q. Okay. Do you know why the Governor's Office
4 needed that data?

5 MR. STRUCK: Foundation.

6 **THE WITNESS: I believe that it was for a**
7 **request to amend the sex field to something other than**
8 **male, female, or not yet determined.**

9 BY MR. ANDERSON:

10 Q. So earlier we talked about the three different
11 options for the sex field, and -- and you're saying that
12 there was a consideration that there might be a new option
13 rather than those three?

14 **A. Not a consideration, a request to list nonbinary.**

15 Q. Nonbinary. Would -- that would be a fourth
16 option?

17 **A. Yes.**

18 Q. Okay. Do you know if that request ever went
19 anywhere?

20 **A. Yes, I know whether it did. I don't know if I'm**
21 **allowed to release that information about those**
22 **individuals.**

23 Q. Okay. At this time, Arizona birth certificates
24 are not allowed to list nonbinary in the sex field; is that
25 right?



1 **A. No, that is not right.**

2 Q. Nonbinary is an option now on birth certificates?

3 **A. There are birth certificates that list nonbinary.**

4 Q. Okay. Would -- if -- if an applicant submitted an
5 application to amend a birth certificate under Subsection
6 A-3 today, could they request a nonbinary gender sex
7 marker?

8 MR. STRUCK: Object to the form.

9 **THE WITNESS: That would be something that I**
10 **have to talk to administrative -- or legal counsel about.**
11 **The requests that we have received for nonbinary have been**
12 **court orders, they have not been based on a physician**
13 **statement.**

14 BY MR. ANDERSON:

15 Q. So the nonbinary sex markers have been adopted
16 only under Subsection A-4?

17 **A. Correct.**

18 Q. Okay. Can you tell me about how many have been
19 amended under that?

20 **A. Less than five.**

21 Q. Okay. If you look at this chain, let's go up --
22 flip back a page to the one ending in 47421. And in the
23 middle of that page is an e-mail -- I'm sorry. I'll wait
24 until you're there.

25 **A. Yes.**



1 Q. -- from [REDACTED] and that's from her ADHS
2 e-mail account?

3 A. Uh-huh.

4 Q. Dated Friday, January 21, 2022 at 1:57 p.m.

5 Do you see that?

6 A. Yes.

7 Q. She's e-mailing to Robert Lane and then cc'ing
8 you, [REDACTED] and Nicole Heath; is that right?

9 A. Yes.

10 Q. So there's all ADHS employees on this e-mail?

11 A. Those are ADHS employees, yes.

12 Q. And they were at the time?

13 A. Yes.

14 Q. [REDACTED] says, "Here are the numbers: 2020 a
15 total of 233," that's 233 changes to the gender field were
16 completed. "2021 a total of 229 changes to the gender
17 field were completed."

18 As far as you know, have those numbers --
19 have -- have there been any changes to those numbers? Are
20 those numbers still accurate?

21 MR. STRUCK: Form and foundation.

22 THE WITNESS: To the best of my knowledge
23 without rerunning a report, I don't know if they've
24 changed.

25



1 BY MR. ANDERSON:

2 Q. You have no reason to believe they've changed?

3 A. No.

4 Q. Okay. Does ADHS have the ability to run the same
5 analysis on changes to the gender field for 2022?

6 A. Yes.

7 Q. And where is that data stored?

8 A. In the electronic birth registry system.

9 Q. And that's the EBRS?

10 A. Yes.

11 Q. Okay. If you look at the top of this page, it
12 looks like there's the e-mail there from Don Herrington,
13 and if you can flip to the page right before to see the top
14 of that e-mail, which is Friday, January 21st, 2022, at
15 2:19 p.m.

16 Do you see that?

17 A. Yes.

18 Q. And we've talked about Mr. Herrington before?

19 A. Yes.

20 Q. On this date, was he the interim -- or acting
21 director of ADHS?

22 A. Yes.

23 Q. He says -- and this is the top of 47421. He says,
24 "That seems very high, almost one each business day. Could
25 there be any explanation other than a sex change



1 operation?"

2 Do you see that?

3 **A. Yes.**

4 Q. And [REDACTED] we'll go back a page, she responds
5 at 3:13 p.m., "We do have some cases where the
6 registrant's" -- "registrant's gender was incorrectly
7 documented when the birth was registered."

8 When she says that, do you understand her to
9 be referring to typos -- typographical errors like we
10 discussed before?

11 **A. Correct.**

12 Q. She continues to say, "For those, a medical record
13 is provided to make a correction to the gender. These are
14 still routed for approval to ensure accuracy."

15 When she says "routed for approval," do you
16 know what she is talking about there?

17 **A. The same process that I previously described.**

18 Q. Okay. And "routed for approval" would mean they
19 would end up on your desk?

20 **A. Correct.**

21 Q. And when she says "to ensure accuracy," do you
22 know what she means by the -- by that?

23 **A. To ensure that the file is complete and accurate.**

24 Q. And is that the same review process that we've
25 been talking about?



1 **A. Yes.**

2 Q. And then go ahead and flip to the first page of
3 this exhibit ending in 47419. There's an e-mail from you
4 dated -- or it's dated Monday, January 24th, 2022, at
5 8:54 a.m., and you're responding to Rob Lane. You say,

6 "We don't track that level of processing
7 data. So we would have to go back and open
8 the sealed records to view the documents and
9 assess the reason for making the gender
10 amendment. Anecdotally though, I would say
11 an error during registration at the time of
12 birth is far less common than a court order
13 or doctor's letter due to sex change
14 operation."

15 Do you see where you say that?

16 **A. Yes.**

17 Q. And that's consistent with what you testified
18 earlier that the most common bases for changing sex markers
19 are doctors' notes and court orders?

20 **A. Yes.**

21 Q. Okay. Do you recall what anecdotes you're
22 referring to here?

23 **A. I don't understand your question.**

24 Q. In -- in your sentence you say "Anecdotally,
25 though." So you are referring to some anecdotes, some



1 stories?

2 **A. No. I think my intent was just saying with how --**
3 **reviewing each file and going off of my memory.**

4 Q. So had you -- did you gain the impression from
5 speaking to other people at BVR that this was the case?

6 **A. No, that would be based on my review of all the**
7 **files.**

8 Q. Of the files.

9 So the approvals that would come to your
10 desk?

11 **A. Yes.**

12 Q. You were basing your comment here off of your
13 experience approving and denying corrections --

14 **A. Yes.**

15 Q. -- and amendments? Okay.

16 Okay. You can set that aside.

17 Does ADHS have a basis to know how many
18 transgender people there are in Arizona that have birth
19 certificates?

20 **A. No.**

21 Q. Okay. Does ADHS know how many transgender people
22 are born every year in Arizona?

23 **A. No.**

24 Q. Does ADHS know how many transgender people in
25 Arizona would like to amend the sex listed on their birth



1 certificates but have not?

2 **A. No.**

3 Q. Does ADHS know how many transgender people who are
4 now alive who have not undergone a sex change operation as
5 ADHS interprets that term to mean under Subsection A-3?

6 **A. Can you repeat that question again?**

7 Q. Sure. Does ADHS know how many transgender people
8 who are alive now have not undergone a sex change
9 operation?

10 **A. No.**

11 Q. Does it think that there are less than 40 of those
12 people?

13 MR. STRUCK: Object to the form and
14 foundation.

15 **THE WITNESS: I would not begin to speculate**
16 **on a number.**

17 BY MR. ANDERSON:

18 Q. Okay. Does ADHS know how many transgender people
19 yet to be born in Arizona who may never need to undergo a
20 sex change operation?

21 MR. STRUCK: Foundation.

22 **THE WITNESS: I could not begin to guess**
23 **that.**

24 BY MR. ANDERSON:

25 Q. Okay. If we can go back to Exhibit Number 2,



1 which is the list of topics. Go ahead and flip to page 4.

2 **A. Okay.**

3 Q. If you could look at topics 9 and 10, and then let
4 me know when you're done.

5 **A. Okay.**

6 Q. Are you prepared to testify on these topics today?

7 **A. Yes.**

8 Q. Okay. And in preparing for these topics, did you
9 review the interrogatory responses submitted by the
10 defendant to plaintiffs' requests?

11 **A. Yes.**

12 Q. If you could, pull up Exhibit Number 8, which is
13 36-337. It's the statute that we've been talking about
14 today.

15 **A. Okay.**

16 Q. Do you have personal knowledge as to when this
17 statute was enacted by the state legislature?

18 **A. No.**

19 Q. Okay. Has it been in this format since you've
20 worked in your current position at BVR?

21 **A. Correct.**

22 Q. Has it changed at all?

23 **A. No. Just one second actually.**

24 Q. Yeah. Sure. And I can be more specific.

25 Has Subsection A-3 changed at all?



1 **A. No.**

2 Q. Okay.

3 **A. Thank you.**

4 Q. We'll cut to the chase.

5 Do you know where the phrase "sex change
6 operation" came from in the statute?

7 **A. The legislature.**

8 Q. The legislature.

9 Do you know the person in the legislature
10 that wrote it?

11 **A. No.**

12 Q. Okay. Has ADHS applied Subsection A-3 to sex
13 marker amendments during your time as -- at the BVR?

14 **A. Yes.**

15 Q. And it's applied it consistently during your time?

16 MR. STRUCK: Form.

17 **THE WITNESS: Yes.**

18 BY MR. ANDERSON:

19 Q. Okay. Does ADHS have a position on what the goals
20 of Subsection A-3 were or are currently?

21 MR. STRUCK: Form and foundation.

22 **THE WITNESS: Does ADHS have a goal? Is that
23 what you said?**

24 BY MR. ANDERSON:

25 Q. Does it have a -- does it have a position on what



1 the goals are?

2 **A. What position on the goals? No. In general, ADHS**
3 **is not in the position to -- to have a position or have a**
4 **goal based on what the legislature decides. We are just**
5 **the enactors of what we are given.**

6 Q. Okay. Now, as you know from reviewing the
7 interrogatories, the defendant in this case has indicated
8 that there's a "'governmental interest in maintaining and
9 ensuring" -- and I'm reading now from Topic Number 9 -- a
10 "'governmental interest in maintaining and ensuring the
11 truthfulness, completeness, and correctness of information
12 in vital records and statistics."

13 Are you familiar with that alleged
14 governmental interest?

15 **A. Yes.**

16 Q. And we've spent some time today talking about
17 completeness, truthfulness, accuracy. So I want to ask you
18 just a few more questions about those.

19 **A. Okay.**

20 Q. Before we do, though, are you aware of any other
21 governmental interest that the department has in enforcing
22 Subsection A-3?

23 MR. STRUCK: Form.

24 **THE WITNESS: No.**

25 BY MR. ANDERSON:



1 Q. Okay. So truthfulness, completeness, correctness,
2 that's the governmental interest that the department has
3 identified for enforcing Subsection A-3?

4 A. Yes.

5 Q. Let's take them one by one starting with
6 truthfulness.

7 What does truthfulness mean in the context of
8 a birth certificate?

9 MR. STRUCK: Object to the form.

10 THE WITNESS: That the information that is on
11 the record is true and complete to the best of our
12 knowledge.

13 BY MR. ANDERSON:

14 Q. So truthfulness, would it -- is it fair to say
15 that -- that it is information actually pertaining to the
16 person that it's purportedly about?

17 Is that fair?

18 MR. STRUCK: Form.

19 THE WITNESS: All vital records are
20 information about the registrant.

21 BY MR. ANDERSON:

22 Q. Uh-huh. So when -- how is truthfulness, as a
23 concept, advanced by requiring an individual to submit a
24 doctor's note that says that they've undergone a sex change
25 operation?



1 MR. STRUCK: Form.

2 THE WITNESS: By an individual submitting a
3 doctor's note to change the sex on their record, it's
4 indicating that just as we have other changes that we make
5 based on evidentiary documents, it's an evidentiary
6 document supporting the truthfulness, the accuracy, of what
7 is being requested to be amended.

8 BY MR. ANDERSON:

9 Q. Is a doctor's note that says that an individual
10 has undergone a sex change operation the only way the
11 Department believes that it can maintain a truthful birth
12 certificate --

13 MR. STRUCK: Form and foundation.

14 BY MR. ANDERSON:

15 Q. -- for a sex marker change?

16 MR. STRUCK: I'm sorry. Form and foundation.
17 I didn't mean to interrupt.

18 MR. ANDERSON: No, that's okay.

19 BY MR. ANDERSON:

20 Q. What I'm trying to get at is I'm trying to
21 understand in -- under Subsection A-3 with the doctor's
22 note that says "undergone a sex change operation," how does
23 the Department view that as ensuring truthfulness of a
24 birth certificate?

25 MR. STRUCK: Form.



1 **THE WITNESS:** It -- the doctor's note is
2 that -- that evidentiary document supporting the amendment
3 request.

4 BY MR. ANDERSON:

5 Q. So the Department -- and -- the Department
6 understands that a doctor's note saying sex change
7 operation is an evidentiary document that meets the needs
8 of truthfulness; is that right?

9 **A. Yes.**

10 Q. Okay. Did the Department -- has the Department
11 ever considered whether a different kind of doctor's note
12 could also advance and maintain the truthfulness of a birth
13 certificate in a sex marker change?

14 MR. STRUCK: Form.

15 **THE WITNESS:** The statute doesn't allow for
16 that.

17 BY MR. ANDERSON:

18 Q. Okay. Okay. Another -- another word that -- that
19 we've talked about today is completeness, the completeness
20 of a birth certificate.

21 What does completeness mean for a birth
22 certificate?

23 MR. STRUCK: Form.

24 **THE WITNESS:** That all of the fields would be
25 complete and filled out.



1 BY MR. ANDERSON:

2 Q. Okay. So completeness with respect to a sex
3 marker is -- would -- wouldn't you agree that it's
4 satisfied as long as there is information in that bucket?

5 MR. STRUCK: Form.

6 **THE WITNESS: It would be complete if it was**
7 **filled out.**

8 BY MR. ANDERSON:

9 Q. If it was filled out.

10 So the only time a birth certificate sex
11 marker would be incomplete would be if there was nothing at
12 all in that box on the birth certificate?

13 MR. STRUCK: Form.

14 **THE WITNESS: As you're reading the question,**
15 **yes.**

16 BY MR. ANDERSON:

17 Q. Okay. I'm just trying to understand how
18 completeness plays a role in sex marker changes under
19 Subsection A-3.

20 **A. Well, I think you're splitting the words out. And**
21 **when they're all read together, it reads slightly different**
22 **than when you're splitting them out.**

23 Q. Okay. When completeness is read, truthfulness,
24 completeness, and correctness, what does -- how does that
25 change? How does it read slightly differently?



1 **A.** When we're processing a record for registration or
2 correcting or amending, we're looking at the file in its
3 totality. So that what I mean when we're reading it all
4 together. Is the information true and accurate and
5 complete? Is that doctor's letter missing any information
6 that would not be -- that could change how its interpreted?
7 Then it might not be complete. But is the field complete
8 because it has a value in it, yes.

9 **Q.** I see. So the completeness applies to the
10 application as well as the birth certificate itself?
11 You're looking at the completeness of the application?

12 **A.** **Yes.**

13 **Q.** Okay. Can you explain how -- how a doctor's note
14 that uses the phrase "undergone a sex change operation"
15 advances the goals of completeness with respect to birth
16 certificates?

17 MR. STRUCK: Form.

18 **THE WITNESS:** Well, it would meet the
19 statutory requirements, so it would allow us to make that
20 amendment for the totality of the record be truthful and
21 complete and accurate.

22 BY MR. ANDERSON:

23 **Q.** Okay. I -- I realize that we've talked about them
24 together, and we've talked about the first two separately.
25 So I just want to ask about the last one to make sure that



1 we're complete in our questions here. And the last one is
2 correctness.

3 So correctness with respect to
4 Subsection A-3, the correctness of a sex marker, can you
5 explain to me how Subsection A-3 advances that interest?

6 MR. STRUCK: Form.

7 **THE WITNESS: Well, we want to make sure that**
8 **the record is correct and accurate. So if the letter**
9 **provided to us meets the statute, we will amend the record**
10 **so that it is -- has the correct information.**

11 BY MR. ANDERSON:

12 Q. And if the -- if the application satisfies
13 Subsection A-3 and ADHS determines that it does and amends
14 the birth certificate, would that amended birth certificate
15 be truthful, complete, and correct?

16 **A. Yes.**

17 Q. Okay. When it comes to the accuracy of a sex
18 marker on a birth certificate, is it ADHS's position that
19 the sex marker must match the person's sex aligned -- sex
20 assigned at birth?

21 MR. STRUCK: Form.

22 **THE WITNESS: Can you say that again?**

23 BY MR. ANDERSON:

24 Q. Sure. Are the only accurate sex markers those
25 that are the sex assigned at birth, or can a birth



1 certificate be truthful, accurate, and correct even if the
2 sex it lists is not the sex assigned at birth for that
3 individual?

4 MR. STRUCK: Form.

5 THE WITNESS: Well, we wouldn't know that
6 unless they applied to us to amend it. So we would be
7 operating under the under- -- assumption that it was
8 complete, accurate, and truthful because we didn't know
9 otherwise.

10 BY MR. ANDERSON:

11 Q. Okay. Let me ask this in a different way.

12 If an individual applies for an amendment
13 under Subsection A-3 and satisfies all of the requirements
14 and obtains an amendment, the sex listed on their birth
15 certificate would be different than their sex assigned at
16 birth; is that right?

17 A. Yes.

18 Q. But that birth certificate, that amended birth
19 certificate, would still be truthful, complete, and
20 correct; is that right?

21 A. Yes.

22 Q. Okay. So I'll ask a similar question, and that,
23 is, if a person has applied for an amendment and submitted
24 a court order under Subsection A-4 and obtained that
25 amendment and it resulted in an app- -- certificate with a



1 sex listed that did not reflect the sex assigned at birth,
2 it was different than the sex assigned at birth, would that
3 amended birth certificate be truthful, complete, and
4 accurate?

5 **A. Yes.**

6 Q. Okay.

7 MR. ANDERSON: I'd like to go ahead and go
8 off the record and take a break real quick.

9 THE VIDEO SPECIALIST: We're going off the
10 record. The time is 2:42 p.m.

11 (Recess taken, 2:42 p.m. to 2:54 p.m.)

12 THE VIDEO SPECIALIST: We're back on the
13 record. The time is 2:54 p.m.

14 BY MR. ANDERSON:

15 Q. Ms. Colburn, just a few more questions for you.

16 Before the break, we were talking about
17 truthfulness, completeness, and correctness of documents.
18 So I want to ask you about a different type of situation.

19 Are you aware that transgender people can
20 present in public as a gender that is different than their
21 sex assigned at birth?

22 **A. Yes.**

23 Q. And by "present," I mean a person whose sex
24 assigned at birth is male can dress and act and go by
25 pronouns of a female?



1 **A. Yes.**

2 Q. And are you aware that transgender people can
3 obtain identity documents without a proof of a surgical
4 procedure in other -- from other agencies?

5 MR. STRUCK: Form.

6 **THE WITNESS: Yes.**

7 BY MR. ANDERSON:

8 Q. And one of those agencies is the Arizona
9 Department of Transportation driver's license; is that
10 right?

11 **A. That's what came to mind, yes.**

12 Q. Yeah. Are you aware that they can obtain U.S.
13 passport without a proof of surgery?

14 MR. STRUCK: Form; foundation.

15 **THE WITNESS: That one, I'm not aware of.**

16 BY MR. ANDERSON:

17 Q. Not aware of that. That's okay. But you are
18 aware of the driver's licenses that an individual could
19 obtain without a proof of a sex change operation?

20 **A. Yes.**

21 Q. Okay. Now, if an individual, a transgender
22 individual has a driver's license that says that they are
23 one sex, but a birth certificate that remains their sex
24 assigned at birth, does the Department believe that that
25 birth certificate is still truthful, complete, and



1 accurate?

2 MR. STRUCK: Object to the form.

3 THE WITNESS: We would believe that it is
4 until we are told otherwise.

5 BY MR. ANDERSON:

6 Q. Okay.

7 A. Through the application process that we've talked
8 a lot about today.

9 Q. Does the Department believe that that birth
10 certificate accurately identifies that person?

11 MR. STRUCK: Object to the form.

12 THE WITNESS: Again, until we receive an
13 application indicating otherwise, yes, we would believe
14 that the birth record on file represents the individual.

15 BY MR. ANDERSON:

16 Q. Okay. If the Department received an application
17 from that person that did not have a doctor's note -- or
18 excuse me -- it did have a doctor's note, but that doctor's
19 note did not say sex change operation. It said the same
20 thing that that person had given to the Arizona Department
21 of Transportation, would the Department reject that
22 application?

23 MR. STRUCK: Form.

24 THE WITNESS: If the file in its -- excuse
25 me. Okay. I thought I was going to sneeze, but I guess



1 not.

2 BY MR. ANDERSON:

3 Q. That's okay.

4 A. If the file received by the Department did not
5 contain a letter that met the statutory requirement, then
6 it would be denied, and we would not be able to amend the
7 record.

8 Q. Okay. And at that point, the Department would
9 still consider the birth certificate as it existed with the
10 sex assigned at birth to be truthful, complete, and
11 accurate?

12 A. Following our governing regulations, yes.

13 MR. ANDERSON: Okay. No further questions.

14 MR. STRUCK: All right. We'll read and sign.

15 THE VIDEO SPECIALIST: This concludes today's
16 video-recorded deposition. The time is 2:57 p.m.

17 (The deposition concluded at 2:57 p.m.)

18

19

KRYSTAL COLBURN

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CERTIFICATE OF CERTIFIED REPORTER

BE IT KNOWN that the foregoing proceedings were taken before me; that the witness before testifying was duly sworn by me to testify to the whole truth; that the foregoing pages are a full, true, and accurate record of the proceedings, all done to the best of my skill and ability; that the proceedings were taken down by me in shorthand and thereafter reduced to print under my direction; that I have complied with the ethical obligations set forth in ACJA 7-206(F)(3) and ACJA 7-206 J(1)(g)(1) and (2).

I CERTIFY that I am in no way related to any of the parties hereto, nor am I in any way interested in the outcome hereof.

Review and signature was requested; any changes made by the witness will be attached to the original transcript.
 Review and signature was waived/not requested.
 Review and signature not required.

Dated at Phoenix, Arizona, this 5th day of May, 2023.

_____/s/ Danielle C. Griffin_ _
DANIELLE C. GRIFFIN, RPR
Certified Reporter
Arizona CR No. 50926

* * * * *

I CERTIFY that GRIFFIN GROUP INTERNATIONAL, has complied with the ethical obligations set forth in ACJA 7-206 (J)(1)(g)(1) through (6).

_____/s/ Pamela A. Griffin_____
GRIFFIN GROUP INTERNATIONAL
Registered Reporting Firm
Arizona RRF No. R1005



Roe vs Herrington

30(b)(6) of ADHS - Krystal Colburn

1 GRIFFIN GROUP INTERNATIONAL -ERRATA SHEET - CHANGES IN TESTIMONY
 2 3200 East Camelback Road Suite 177 Phoenix, Arizona 85018
 3 Roe vs Herrington--30(b)(6) of ADHS - Krystal Colburn-April 10, 2023
 4 Errata & Signature due no later than the June 9, 2023.

5	7	PAGE	LINE	CORRECTIONS/CHANGES	REASON
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Roe vs
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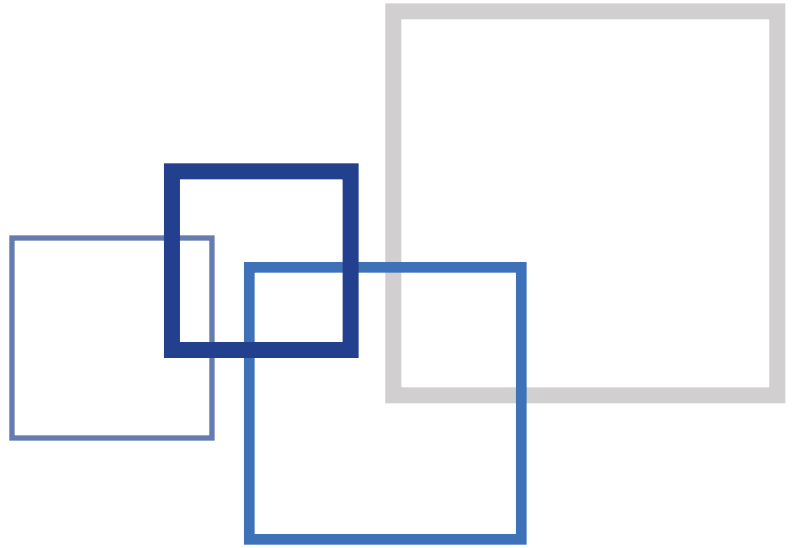
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Exhibit 6
FILED UNDER SEAL

Exhibit 7
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EXHIBIT 8



THE REPORT OF THE

2019

U.S.

TRANSGENDER

SURVEY

About the National Center for Transgender Equality

The National Center for Transgender Equality (NCTE) is the nation's leading social justice policy advocacy organization devoted to ending discrimination and violence against transgender people. NCTE was founded in 2003 by transgender activists who recognized the urgent need for policy change to advance transgender equality. NCTE now has an extensive record winning life-saving changes for transgender people. NCTE works by educating the public and by influencing local, state, and federal policymakers to change policies and laws to improve the lives of transgender people. By empowering transgender people and our allies, NCTE creates a strong and clear voice for transgender equality in our nation's capital and around the country.

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The Report of the **2015 U.S. Transgender Survey**

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Genny Beemyn	Jake Eleazer	Paul Lillig	Jama Shelton
Aaron Belkin	Gary J. Gates	Emilia Lombardi	Jillian Shipherd
Walter Bockting	Jaime Grant	Jenifer McGuire	Sharon Stapel
Kyler Broadus	Emily Greytak	Ilan Meyer	Michael Steinberger
David Chae	Ann Haas	Shannon Price Minter	Catalina Velasquez
Cecilia Chung	Jack Harrison-Quintana	Aaron Morris	Bianca Wilson
Loree Cook Daniels	Mark Hatzenbuehler	Asaf Orr	
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Ruby Corado	Lourdes Ashley Hunter	Sari Reisner	

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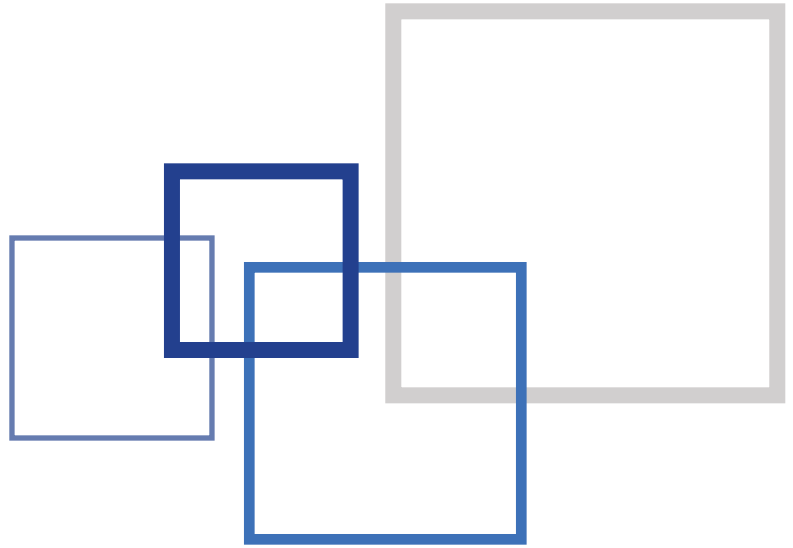
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EXECUTIVE SUMMARY

USTS Executive Summary

The 2015 U.S. Transgender Survey (USTS) is the largest survey examining the experiences of transgender people in the United States, with 27,715 respondents from all fifty states, the District of Columbia, American Samoa, Guam, Puerto Rico, and U.S. military bases overseas. Conducted in the summer of 2015 by the National Center for Transgender Equality, the USTS was an anonymous, online survey for transgender adults (18 and older) in the United States, available in English and Spanish. The USTS serves as a follow-up to the groundbreaking 2008–09 National Transgender Discrimination Survey (NTDS), which helped to shift how the public and policymakers view the lives of transgender people and the challenges they face. The report of the 2015 USTS provides a detailed look at the experiences of transgender people across a wide range of categories, such as education, employment, family life, health, housing, and interactions with the criminal justice system.

The findings reveal disturbing patterns of mistreatment and discrimination and startling disparities between transgender people in the survey and the U.S. population when it comes to the most basic elements of life, such as finding a job, having a place to live, accessing medical care, and enjoying the support of family and community. Survey respondents also experienced harassment and violence at alarmingly high rates. Several themes emerge from the thousands of data points presented in the full survey report.

Pervasive Mistreatment and Violence

Respondents reported high levels of mistreatment, harassment, and violence in every aspect of life. One in ten (10%) of those who were out to their immediate family reported that a family member was violent towards them because they were transgender, and 8% were kicked out of the house because they were transgender.

The majority of respondents who were out or perceived as transgender while in school (K–12) experienced some form of mistreatment, including being verbally harassed (54%), physically attacked (24%), and sexually assaulted (13%) because they were transgender. Further, 17% experienced such severe mistreatment that they left a school as a result.

In the year prior to completing the survey, 30% of respondents who had a job reported being fired, denied a promotion, or experiencing some other form of mistreatment in the workplace due to their gender identity or expression, such as being verbally harassed or physically or sexually assaulted at work.

In the year prior to completing the survey, 46% of respondents were verbally harassed and 9% were physically attacked because of being transgender. During that same time period, 10% of respondents were sexually assaulted, and nearly half (47%) were sexually assaulted at some point in their lifetime.

Severe Economic Hardship and Instability

The findings show large economic disparities between transgender people in the survey and the U.S. population. Nearly one-third (29%) of respondents were living in poverty, compared to 12% in the U.S. population. A major contributor to the high rate of poverty is likely respondents' 15% unemployment rate—three times higher than the unemployment rate in the U.S. population at the time of the survey (5%).

Respondents were also far less likely to own a home, with only 16% of respondents reporting homeownership, compared to 63% of the U.S. population. Even more concerning, nearly one-third (30%) of respondents have experienced homelessness at some point in their lifetime, and 12% reported experiencing homelessness in the year prior to completing the survey because they were transgender.

Harmful Effects on Physical and Mental Health

The findings paint a troubling picture of the impact of stigma and discrimination on the health of many transgender people. A staggering 39% of respondents experienced serious psychological distress in the month prior to completing the survey, compared with only 5% of the U.S. population. Among the starkest findings is that 40% of respondents have attempted suicide in their lifetime—nearly nine times the attempted suicide rate in the U.S. population (4.6%).

Respondents also encountered high levels of mistreatment when seeking health care. In the year prior to completing the survey, one-third (33%) of those who saw a health care provider had at least one negative experience related to being transgender, such as being verbally harassed or refused treatment because of their gender identity. Additionally, nearly one-quarter (23%) of respondents reported that they did not seek the health care they needed in the year prior to completing the survey due to fear of being mistreated as a transgender person, and 33% did not go to a health care provider when needed because they could not afford it.

The Compounding Impact of Other Forms of Discrimination

When respondents' experiences are examined by race and ethnicity, a clear and disturbing pattern is revealed: transgender people of color experience deeper and broader patterns of discrimination than white respondents and the U.S. population. While respondents in the USTS sample overall were more than twice as likely as the U.S. population to be living in poverty, people of color, including Latino/a (43%), American Indian (41%), multiracial (40%), and Black (38%) respondents, were more than three times as likely as the U.S. population (12%) to be living in poverty. The unemployment rate among transgender people of color (20%) was four times higher than the U.S. unemployment rate (5%). People of color also experienced greater health disparities. While 1.4% of all respondents were living with HIV—nearly five times the rate in the U.S. population (0.3%)—the rate among Black respondents (6.7%) was substantially higher, and the rate for Black transgender women was a staggering 19%.

Undocumented respondents were also more likely to face severe economic hardship and violence than other respondents. In the year prior to completing the survey, nearly one-quarter (24%) of undocumented respondents were physically attacked. Additionally, one-half (50%) of undocumented respondents have experienced homelessness in their lifetime, and 68% have faced intimate partner violence.

Respondents with disabilities also faced higher rates of economic instability and mistreatment. Nearly one-quarter (24%) were unemployed, and 45% were living in poverty. Transgender people with disabilities were more likely to be currently experiencing serious psychological distress (59%) and more likely to have attempted suicide in their lifetime (54%). They also reported higher rates of mistreatment by health care providers (42%).

Increased Visibility and Growing Acceptance

Despite the undeniable hardships faced by transgender people, respondents' experiences also show some of the positive impacts of growing visibility and acceptance of transgender people in the United States.

One such indication is that an unprecedented number of transgender people—nearly 28,000—completed the survey, more than four times the number of respondents in the 2008–09 NTDS. This number of transgender people who elevated their voices reflects the historic growth in visibility that the transgender community has seen in recent years. Additionally, this growing visibility has lifted up not only the voices of transgender men and women, but also people who are non-binary, which is a term that is often used to describe

people whose gender identity is not exclusively male or female, including those who identify as having no gender, a gender other than male or female, or more than one gender. With non-binary people making up over one-third of the sample, the need for advocacy that is inclusive of all identities in the transgender community is clearer than ever.

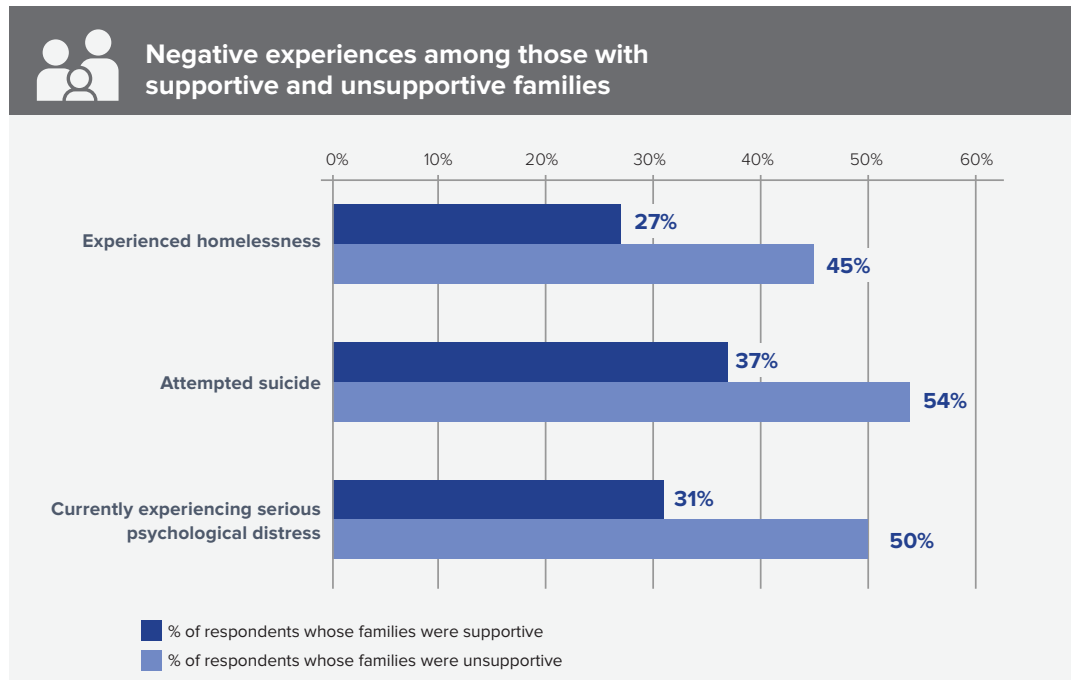
Respondents' experiences also suggest growing acceptance by family members, colleagues, classmates, and other people in their lives. More than half (60%) of respondents who were out to their immediate family reported that their family was supportive of them as a transgender person. More than two-thirds (68%) of those who were out to their coworkers reported that their coworkers were supportive. Of students who were out to their classmates, more than half (56%) reported that their classmates supported them as a transgender person.

Overall, the report provides evidence of hardships and barriers faced by transgender people on a day-to-day basis. It portrays the challenges that transgender people must overcome and the complex systems that they are often forced to navigate in multiple areas of their lives in order to survive and thrive. Given this evidence, governmental and private institutions throughout the United States should address these disparities and ensure that transgender people are able to live fulfilling lives in an inclusive society. This includes eliminating barriers to quality, affordable health care, putting an end to discrimination in schools, the workplace, and other areas of public life, and creating systems of support at the municipal, state, and federal levels that meet the needs of transgender people and reduce the hardships they face. As the national conversation about transgender people continues to evolve, public education efforts to improve understanding and acceptance of transgender people are crucial. The rates of suicide attempts, poverty, unemployment, and violence must serve as an immediate call to action, and their reduction must be a priority. Despite policy improvements over the last several years, it is clear that there is still much work ahead to ensure that transgender people can live without fear of discrimination and violence.

Overview of Key Findings

Family Life and Faith Communities

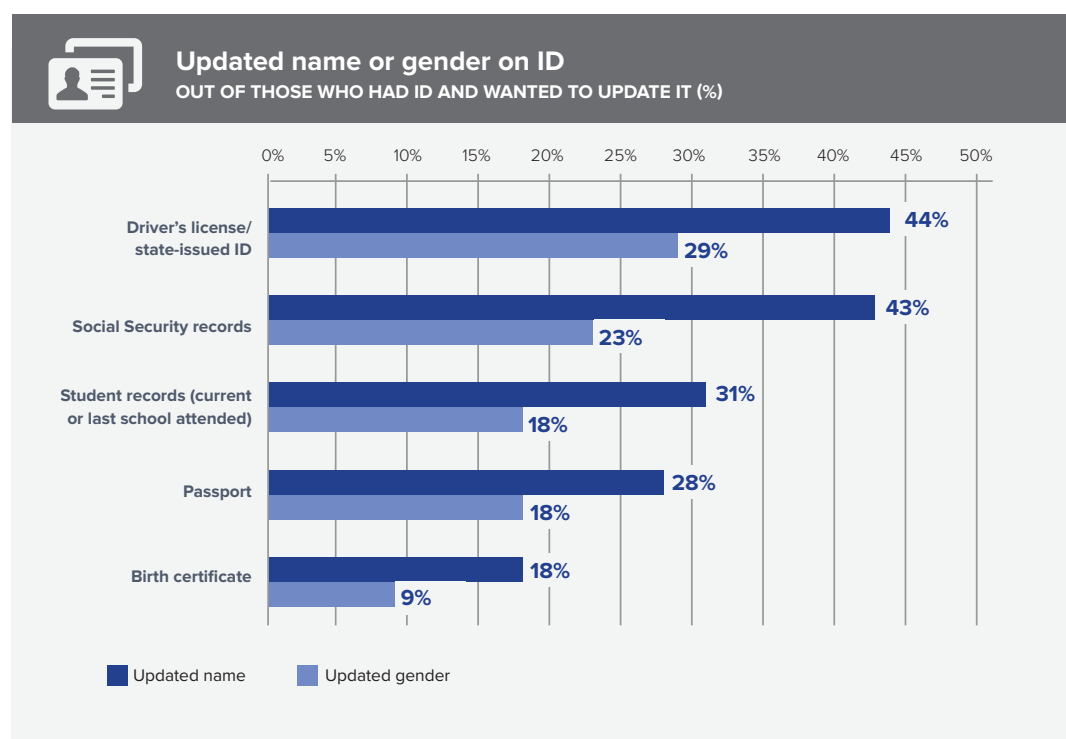
- **A majority of respondents (60%) who were out to the immediate family they grew up with said that their family was generally supportive of their transgender identity,** while 18% said that their family was unsupportive, and 22% said that their family was neither supportive nor unsupportive.
- **Those who said that their immediate families were supportive were less likely to report a variety of negative experiences related to economic stability and health,** such as experiencing homelessness, attempting suicide, or experiencing serious psychological distress.



- **One in ten (10%)** respondents who were out to their immediate family reported that a **family member was violent towards them** because they were transgender.
- **One in twelve (8%)** respondents who were out to their immediate family **were kicked out of the house**, and one in ten (10%) ran away from home.
- **Nineteen percent (19%)** of respondents who had ever been part of a **spiritual or religious community left due to rejection**. Forty-two percent (42%) of those who left later found a welcoming spiritual or religious community.

Identity Documents

- Only 11% of respondents reported that *all* of their IDs had the name and gender they preferred, while more than two-thirds (68%) reported that *none* of their IDs had the name and gender they preferred.



- The cost of changing ID documents was one of the main barriers respondents faced, with 35% of those who have not changed their legal name and 32% of those who have not updated the gender on their IDs reporting that it was because they could not afford it.
- Nearly **one-third (32%)** of respondents **who have shown an ID with a name or gender that did not match their gender presentation were verbally harassed, denied benefits or service, asked to leave, or assaulted.**

Health Insurance and Health Care

- **One in four (25%) respondents experienced a problem in the past year with their insurance related to being transgender**, such as being denied coverage for care related to gender transition or being denied coverage for routine care because they were transgender.
- **More than half (55%) of those who sought coverage for transition-related surgery in the past year were denied**, and 25% of those who sought coverage for hormones in the past year were denied.
- **One-third (33%) of those who saw a health care provider in the past year reported having at least one negative experience related to being transgender**, with higher rates for people of color and people with disabilities. This included being refused treatment, verbally harassed, or physically or sexually assaulted, or having to teach the provider about transgender people in order to get appropriate care.
- In the past year, **23% of respondents did not see a doctor when they needed to because of fear of being mistreated as a transgender person**, and 33% did not see a doctor when needed because they could not afford it.

Psychological Distress and Attempted Suicide

- **Thirty-nine percent (39%) of respondents experienced serious psychological distress** in the month before completing the survey (based on the Kessler 6 Psychological Distress Scale), compared with only 5% of the U.S. population.
- **Forty percent (40%) have attempted suicide in their lifetime**, nearly nine times the rate in the U.S. population (4.6%).
- **Seven percent (7%) attempted suicide in the past year**—nearly twelve times the rate in the U.S. population (0.6%).

HIV

- Respondents were **living with HIV (1.4%) at nearly five times the rate in the U.S. population (0.3%)**.
- **HIV rates were higher among transgender women (3.4%)**, especially transgender women of color. **Nearly one in five (19%) Black transgender women were living with HIV**, and American Indian (4.6%) and Latina (4.4%) women also reported higher rates.

Experiences in Schools

- **More than three-quarters (77%)** of those who were out or perceived as transgender at some point between Kindergarten and Grade 12 (K–12) **experienced some form of mistreatment**, such as being verbally harassed, prohibited from dressing according to their gender identity, disciplined more harshly, or physically or sexually assaulted because people thought they were transgender.
- **Fifty-four percent (54%)** of those who were out or perceived as transgender in K–12 **were verbally harassed, nearly one-quarter (24%) were physically attacked, and 13% were sexually assaulted in K–12 because of being transgender.**
- **Seventeen percent (17%)** faced such severe mistreatment as a transgender person **that they left a K–12 school.**
- **Nearly one-quarter (24%)** of people who were out or perceived as transgender in college or vocational school **were verbally, physically, or sexually harassed.**

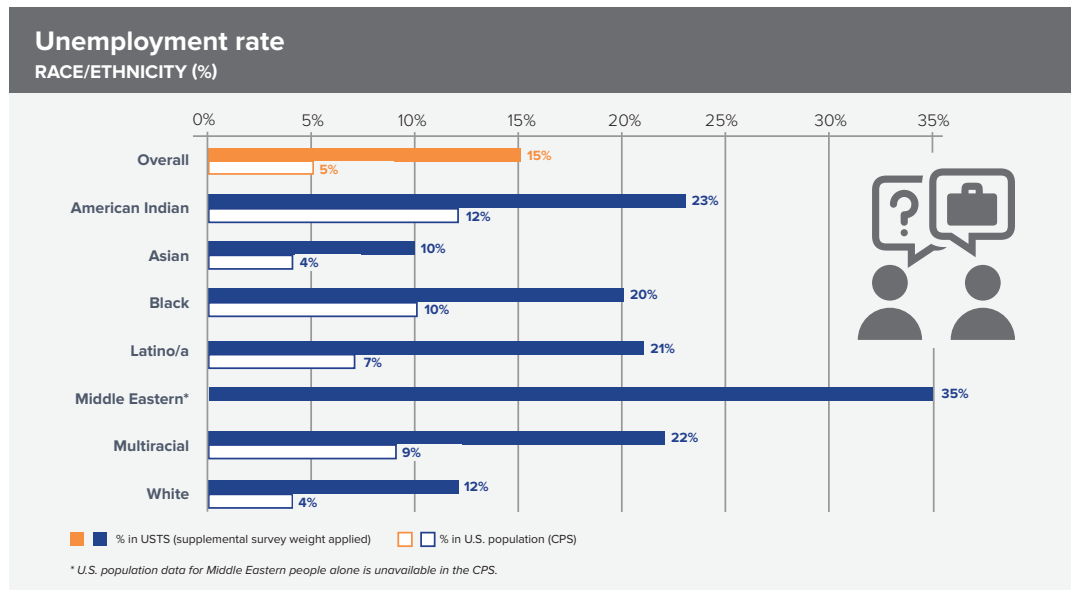


Experiences of people who were out as transgender in K–12 or believed classmates, teachers, or school staff thought they were transgender

EXPERIENCES	% OF THOSE WHO WERE OUT OR PERCEIVED AS TRANSGENDER
Verbally harassed because people thought they were transgender	54%
Not allowed to dress in a way that fit their gender identity or expression	52%
Disciplined for fighting back against bullies	36%
Physically attacked because people thought they were transgender	24%
Believe they were disciplined more harshly because teachers or staff thought they were transgender	20%
Left a school because the mistreatment was so bad	17%
Sexually assaulted because people thought they were transgender	13%
Expelled from school	6%
One or more experiences listed	77%

Income and Employment Status

- **The unemployment rate among respondents (15%) was three times higher than the unemployment rate in the U.S. population (5%),** with Middle Eastern, American Indian, multiracial, Latino/a, and Black respondents experiencing higher rates of unemployment.



- **Nearly one-third (29%) were living in poverty, more than twice the rate in the U.S. population (12%).**

Employment and the Workplace

- **One in six (16%)** respondents who have ever been employed—or 13% of all respondents in the sample—**reported losing a job because of their gender identity or expression** in their lifetime.
- **In the past year, 27%** of those who held or applied for a job during that year—19% of all respondents—**reported being fired, denied a promotion, or not being hired for a job they applied for because of their gender identity or expression.**
- **Fifteen percent (15%)** of respondents who had a job in the past year were verbally harassed, physically attacked, and/or sexually assaulted at work because of their gender identity or expression.
- **Nearly one-quarter (23%)** of those who had a job in the past year reported other forms of mistreatment based on their gender identity or expression during that year,

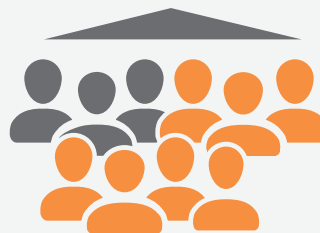
such as being forced to use a restroom that did not match their gender identity, being told to present in the wrong gender in order to keep their job, or having a boss or coworker share private information about their transgender status without their permission.

- **Overall, 30% of respondents who had a job in the past year reported being fired, denied a promotion, or experiencing some other form of mistreatment related to their gender identity or expression.**
- **More than three-quarters (77%) of respondents who had a job in the past year took steps to avoid mistreatment in the workplace,** such as hiding or delaying their gender transition or quitting their job.

Housing, Homelessness, and Shelter Access

- **Nearly one-quarter (23%) of respondents experienced some form of housing discrimination in the past year,** such as being evicted from their home or denied a home or apartment because of being transgender.
- **Nearly one-third (30%) of respondents have experienced homelessness at some point in their lives.**
- **In the past year, one in eight (12%) respondents experienced homelessness** because of being transgender.
- **More than one-quarter (26%) of those who experienced homelessness in the past year avoided staying in a shelter because they feared being mistreated as a transgender person.** Those who did stay in a shelter reported high levels of mistreatment: **seven out of ten (70%) respondents who stayed in a shelter in the past year reported some form of mistreatment,** including being harassed, sexually or physically assaulted, or kicked out because of being transgender.

Seven out of ten respondents who stayed in a shelter in the past year reported being mistreated because of being transgender.



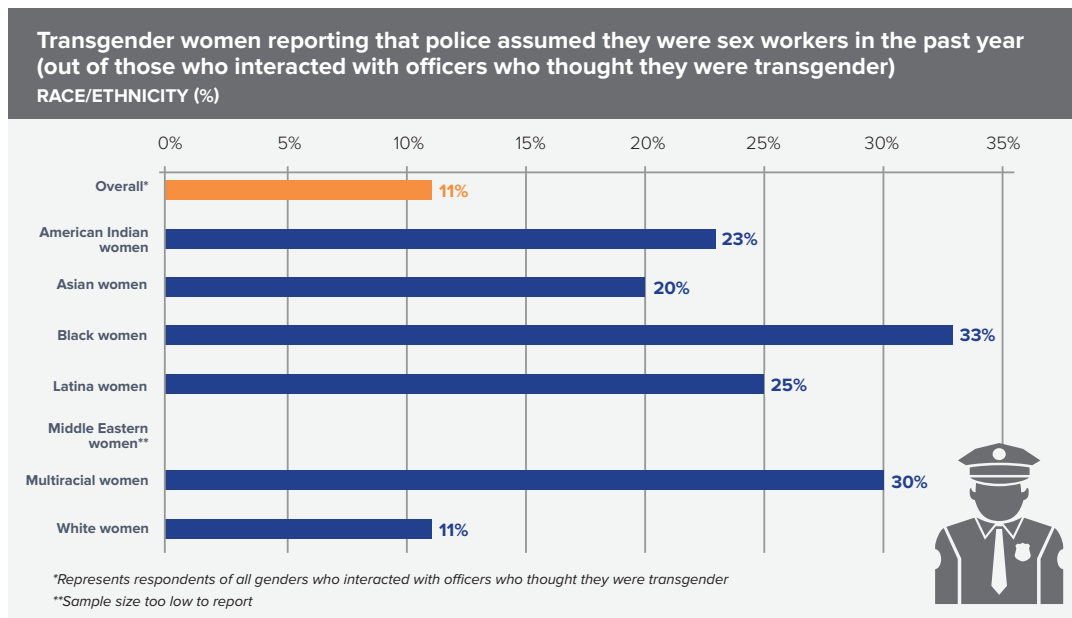
- Respondents were nearly **four times less likely to own a home (16%) compared to the U.S. population (63%).**

Sex Work and Other Underground Economy Work

- Respondents reported high rates of experience in the underground economy, including sex work, drug sales, and other work that is currently criminalized. **One in five (20%) have participated in the underground economy** for income at some point in their lives—including 12% who have done sex work in exchange for income—and 9% did so in the past year, with higher rates among women of color.
- Respondents who interacted with the police either while doing sex work or while the police mistakenly thought they were doing sex work reported high rates of police harassment, abuse, or mistreatment, with **nearly nine out of ten (86%) reporting being harassed, attacked, sexually assaulted, or mistreated in some other way by police.**
- **Those who have done income-based sex work were also more likely to have experienced violence.** More than three-quarters (77%) have experienced intimate partner violence and 72% have been sexually assaulted, a substantially higher rate than the overall sample. Out of those who were working in the underground economy at the time they took the survey, nearly half (41%) were physically attacked in the past year and over one-third (36%) were sexually assaulted during that year.

Police Interactions and Prisons

- **Respondents experienced high levels of mistreatment and harassment by police.** In the past year, of respondents who interacted with police or law enforcement officers who thought or knew they were transgender, **more than half (58%) experienced some form of mistreatment.** This included being verbally harassed, repeatedly referred to as the wrong gender, physically assaulted, or sexually assaulted, including being forced by officers to engage in sexual activity to avoid arrest.
- **Police frequently assumed that respondents—particularly transgender women of color—were sex workers.** In the past year, of those who interacted with law enforcement officers who thought or knew they were transgender, one-third (33%) of Black transgender women and 30% of multiracial women said that an officer assumed they were sex workers.
- **More than half (57%)** of respondents said they would feel **uncomfortable asking the police for help** if they needed it.
- Of those who were arrested in the past year (2%), **nearly one-quarter (22%) believed they were arrested because they were transgender.**



- Respondents who were held in jail, prison, or juvenile detention in the past year faced **high rates of physical and sexual assault by facility staff and other inmates**. In the past year, nearly one-quarter (23%) were physically assaulted by staff or other inmates, and one in five (20%) were sexually assaulted. Respondents were over **five times more likely to be sexually assaulted by facility staff** than the U.S. population in jails and prisons, and over **nine times more likely to be sexually assaulted by other inmates**.

Harassment and Violence

- **Nearly half (46%) of respondents were verbally harassed** in the past year because of being transgender.
- **Nearly one in ten (9%) respondents were physically attacked** in the past year because of being transgender.
- **Nearly half (47%) of respondents were sexually assaulted** at some point in their lifetime and **one in ten (10%) were sexually assaulted in the past year**. Respondents who have done sex work (72%), those who have experienced homelessness (65%), and people with disabilities (61%) were more likely to have been sexually assaulted in their lifetime.
- **More than half (54%) experienced some form of intimate partner violence**, including acts involving coercive control and physical harm.
- **Nearly one-quarter (24%) have experienced severe physical violence by an intimate partner, compared to 18% in the U.S. population.**

Places of Public Accommodation

- Respondents reported being denied equal treatment or service, verbally harassed, or physically attacked at many places of public accommodation—places that provide services to the public, like retail stores, hotels, and government offices. Out of respondents who visited a place of public accommodation where staff or employees thought or knew they were transgender, **nearly one-third (31%) experienced at least one type of mistreatment in the past year in a place of public accommodation.** This included 14% who were denied equal treatment or service, 24% who were verbally harassed, and 2% who were physically attacked because of being transgender.
- **One in five (20%) respondents did not use at least one type of public accommodation** in the past year because they feared they would be mistreated as a transgender person.

Denied equal treatment or service, verbally harassed, or physically attacked in public accommodations in the past year because of being transgender

LOCATION VISITED	% OF THOSE WHO SAID STAFF KNEW OR THOUGHT THEY WERE TRANSGENDER
Public transportation	34%
Retail store, restaurant, hotel, or theater	31%
Drug or alcohol treatment program	22%
Domestic violence shelter or program or rape crisis center	22%
Gym or health club	18%
Public assistance or government benefit office	17%
Department of Motor Vehicles (DMV)	14%
Nursing home or extended care facility	14%
Court or courthouse	13%
Social Security office	11%
Legal services from an attorney, clinic, or legal professional	6%



Experiences in Restrooms

The survey data was collected before transgender people's restroom use became the subject of increasingly intense and often harmful public scrutiny in the national media and legislatures around the country in 2016. Yet respondents reported facing frequent harassment and barriers when using restrooms at school, work, or in public places.

- **Nearly one in ten (9%) respondents reported that someone denied them access to a restroom in the past year.**
- In the past year, **respondents reported being verbally harassed (12%), physically attacked (1%), or sexually assaulted (1%)** when accessing a restroom.

- **More than half (59%)** of respondents **avoided using a public restroom** in the past year because they were afraid of confrontations or other problems they might experience.
- **Nearly one-third (32%)** of respondents **limited the amount that they ate and drank** to avoid using the restroom in the past year.
- **Eight percent (8%)** reported having a **urinary tract infection, kidney infection, or another kidney-related problem** in the past year as a result of avoiding restrooms.

More than half (59%) of respondents **avoided using a public restroom** in the past year because they were afraid of confrontations or other problems they might experience.

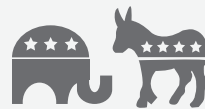


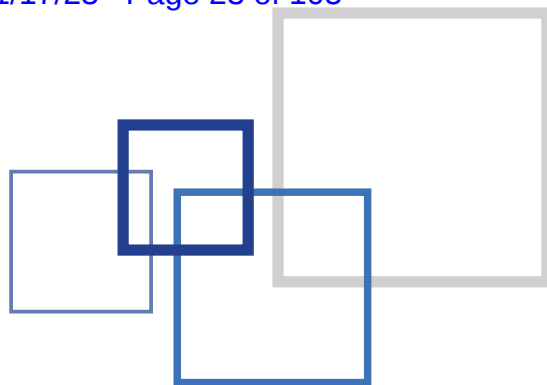
Civic Participation and Party Affiliation

- **More than three-quarters (76%)** of U.S. citizens of voting age in the sample reported that they were registered to vote in the November 2014 midterm election, compared to 65% in the U.S. population.
- **More than half (54%)** of U.S. citizens of voting age reported that they had voted in the midterm election, compared to 42% in the U.S. population.
- **Half (50%)** of respondents identified as Democrats, **48%** identified as Independents, and **2%** identified as Republicans, compared to 27%, 43%, and 27% in the U.S. population, respectively.

Political party affiliation

POLITICAL PARTY	% IN USTS	% IN U.S. POPULATION (GALLUP)
Democrat	50%	27%
Independent	48%	43%
Republican	2%	27%





CHAPTER 1

Introduction

This report presents the findings of the 2015 U.S. Transgender Survey (USTS), a study conducted by the National Center for Transgender Equality (NCTE). With 27,715 respondents, it is the largest-ever survey examining the lives of transgender people in the United States. The USTS provides a detailed portrait of the experiences of transgender people across many areas, including health, family life, employment, and interactions with the criminal justice system.

The USTS serves as a follow-up to the National Transgender Discrimination Survey (NTDS), which was developed by NCTE and the National LGBTQ Task Force and conducted in 2008–09. The NTDS was the first comprehensive survey examining the lives and experiences of transgender and gender nonconforming people in the United States. With 6,456 respondents reporting on a range of experiences throughout their lives, the NTDS was a groundbreaking study. The results were published in the 2011 report, *Injustice at Every Turn*, and showed that discrimination against transgender people was pervasive in many areas of life, including education, employment, health care, and housing. The report also highlighted the resilience of transgender people in the face of such discrimination and found that family and peer support could have a substantially positive impact on a transgender person’s quality of life. The report quickly became a vital source of information about transgender people and continues to serve as an important resource for advocates, policymakers, educators, service providers, media, and the general public.

Much has changed since the NTDS was conducted in 2008–09 and results were published in 2011, including increased visibility of transgender people in the media and in society in general. Despite making significant strides in the five years since the report was published, there is still a substantial amount of work to be done to address critical needs in transgender communities throughout the United States. Transgender people continue to experience discrimination and anti-transgender bias in virtually all areas of life.

The 2015 U.S. Transgender Survey was developed by the National Center for Transgender Equality to provide updated and more detailed data to inform a wide range of audiences about the experiences of transgender people, how things are changing, and what can be done to improve the lives of transgender individuals in the United States. It is the largest survey of transgender people conducted to date, far surpassing the previous survey, with 27,715 respondents. This study explores a wider range of topics than the previous survey and more deeply examines specific issue areas where transgender people are disparately impacted, such as health care, HIV/AIDS, housing, workplace discrimination, immigration, sex work, and police interactions. Additionally, by closely mirroring questions from federal and other existing surveys, this study seeks to fill in the gaps left by the lack of data collected about transgender people in national surveys. Since federal survey data is often used by government agencies to make key determinations about policies and programs that affect individuals in many areas of life, such as employment and health, it is important to provide specific data on the potential impact of such policies on transgender people. This report on the U.S. Transgender Survey data draws comparisons between transgender people and the U.S. population and examines disparities across multiple issue areas.

This report demonstrates that transgender people continue to face discrimination in numerous areas that significantly impact quality of life, financial stability, and emotional wellbeing, including employment, education, housing, and health care. Furthermore, many respondents experienced discrimination in multiple areas of their lives, the cumulative effect of which leads to severe economic and emotional hardship and can in turn have devastating effects on other outcome areas, such as health and safety.

Although issues impacting transgender people have become more visible in the years since the NTDS was published, the data overwhelmingly demonstrates that there is still a long way to go towards eliminating harmful discrimination and providing sustainable systems of support for transgender people throughout their lives. These findings are presented with the recognition that advocates, researchers, and transgender communities will greatly benefit from additional research conducted using this extensive data source. The authors encourage subsequent analyses to delve into areas of the data that this report is unable to address, and as before, will strive to make the dataset available for such analyses.

Report Roadmap

The next chapter of the report will give an overview of the study's methodology, which will be followed by a guide to this report, including information about terminology used throughout. These will be followed by chapters discussing respondents' experiences across a range of areas that impact transgender people's lives:

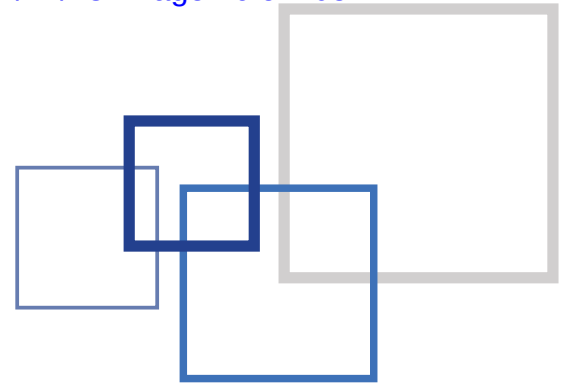
- Portrait of USTS Respondents
- Family Life and Faith Communities
- Identity Documents
- Health
- Experiences at School
- Income and Employment Status
- Employment and the Workplace
- Sex Work and Other Underground Economy Work
- Military Service
- Housing, Homelessness, and Shelter Access
- Police, Prisons, and Immigration Detention
- Harassment and Violence
- Places of Public Accommodation and Airport Security
- Experiences in Restrooms
- Civic Participation and Policy Priorities

The report also contains three appendices, which offer more detailed information related to the study:

Appendix A: Characteristics of the Sample

Appendix B: Survey Instrument (Questionnaire)

Appendix C: Detailed Methodology



CHAPTER 2

Methodology

The U.S. Transgender Survey is the largest survey ever conducted to examine the experiences of transgender people in the United States. The survey instrument was comprised of thirty-two sections reflecting 1,140 distinct variables that covered a broad array of topics, such as health and health care access, and experiences around employment, education, housing, law enforcement, and public accommodation.¹ The survey was developed by a team of researchers and advocates and administered online to transgender adults residing in the United States.² The survey was accessible via any web-enabled device (e.g., computer, tablet, netbook, smart phone), accessible for respondents with disabilities (e.g., through screen readers), and made available in English and Spanish. Rankin & Associates Consulting hosted the survey on several secure servers. The survey was accessed exclusively through a website created specifically for the promotion and distribution of the survey.³ Data was collected over a 34-day period in the summer of 2015,⁴ and the final sample included 27,715 respondents from all fifty states, the District of Columbia, American Samoa, Guam, Puerto Rico, and U.S. military bases overseas. The survey contained mainly closed-ended questions, but respondents were also offered the opportunity to provide write-in responses in fifty-three of the survey questions. Over 80,000 write-in responses were provided by respondents.

I. About the U.S. Transgender Survey

The U.S. Transgender Survey (USTS) was developed as the follow-up to the groundbreaking National Transgender Discrimination Survey (NTDS), which was the first study to comprehensively measure experiences and life outcomes of transgender people in the United States. Fielded in late 2008 to early 2009 by the National Center for Transgender Equality (NCTE) and the National LGBTQ Task Force (“the Task Force”), the NTDS provided data that has informed policymakers, advocates, and educators since its publication in 2011. However, the NTDS report acknowledged that the study had “just scratched the surface of this extensive data source” and encouraged advocates and researchers to conduct additional research to continue collecting data aimed at identifying and addressing the needs of transgender people.⁵ The NTDS authors also examined the survey instrument and concluded that there were “imperfections” in the manner in which several questions had been posed.⁶ The authors addressed areas for potential improvement with respect to both survey question design and substantive content in an “issues and analysis” section of the report.⁷ These recommendations were considered in the development of the U.S. Transgender Survey.

In subsequent years, researchers have performed additional analyses using the NTDS public use dataset provided by NCTE and the Task Force. These analyses provided further insight into the experiences of transgender people, but also increased awareness of the questions that remained unanswered after the NTDS report was published. In some instances, there was insufficient information to draw nuanced comparisons between life outcomes of transgender people collected in the NTDS and the U.S. general population. In other cases,

the ability to form additional conclusions was limited due to a lack of follow-up questions. For example, the NTDS asked a single question about suicide attempts, which did not allow for a clear examination of suicidal thoughts and behaviors.⁸ Additionally, given the deficiency of longitudinal data on outcomes specific to transgender people, there remained a need to collect data that could speak to the experiences of transgender people over time and how outcomes may have changed in the years since the NTDS was published. In these respects, the NTDS provided an important platform upon which to build the USTS to address identified areas for improvement and collect data that would enable new insights to be drawn about transgender people in the United States.

The study was renamed the U.S. Transgender Survey for several reasons. One was to clarify the geographical location of the intended study sample both during the data collection period and following report publication. The use of “U.S.” signaled that this study was developed with the unique needs of transgender people in the United States and U.S. territories in mind, considering relevant policies, procedures, and practices applicable to residents of the United States at the time of the study in areas such as health care and insurance, income, employment, housing, and education. Recognizing the contextual differences between the experiences of transgender people in the U.S. and in other parts of the world, the research team sought to dispel any confusion arising from the use of “national” in the title. The new name was also intended to reflect the depth and breadth of the experiences of transgender people in the U.S. and elevate a variety of narratives beyond discrimination, including the resilience and resourcefulness of the transgender community in the face of hardship, as well as experiences of acceptance and affirmation. “Discrimination” was removed from the title to clarify that the survey was designed to capture all such experiences. Additionally, removing the word

reduced potential bias in respondents' answers or resulting from primarily attracting respondents who felt they had experienced discrimination.

II. USTS Respondents

The study population included individuals who identified as transgender, trans, genderqueer, non-binary, and other identities on the transgender identity spectrum, in order to encompass a wide range of transgender identities, regardless of terminology used by the respondent. Although “transgender” was defined broadly for the purposes of this study as being inclusive of a wide range of identities—such as genderqueer, non-binary, and crossdresser—the research team recognized that many individuals for whom the study was intended may have used different terminology or definitions and might have assumed that the term “transgender” did not include them. To address this, promotional materials affirmed that the survey was inclusive of all transgender, trans, genderqueer, and non-binary people. Additionally, materials specified that the survey was for adults at any stage of their lives, journey, or transition to encourage participation among individuals with diverse experiences regarding their transgender identity. An in-depth description of survey respondents is available in the *Portrait of USTS Respondents* chapter.

The study included individuals aged 18 and older at the time of survey completion, as did the NTDS. The study was not offered to individuals under the age of 18 due to limitations created by specific risk factors and recommendations associated with research involving minors. These considerations, including requirements for parental/guardian consent, would have impacted the survey's scope and content and also reduced the literacy level at which the survey could be offered.⁹ Furthermore, the current experiences and needs of transgender

youth often differ from those of adults in a number of key areas, including experiences related to education, employment, accessing health care, and updating identity documents, and many of these experiences or needs could not be adequately captured in a survey that was not specifically tailored to transgender people under the age of 18.

The sample was limited to individuals currently residing in a U.S. state or territory, or on a U.S. military base overseas, since the study focused on the experiences of people who were subject to U.S. laws and policies at the time they completed the survey. Individuals residing outside of the U.S. may have vastly different experiences across a number of outcome measures based on each respective country's laws, policies, and culture, particularly in the areas of education, employment, housing, and health care. Additionally, many survey questions were taken from U.S. federal government surveys that also limit their sample population to individuals in the U.S., and the research team sought to examine a similar population with regard to geographical location to allow for comparisons to the U.S. general population.

III. Developing the Survey Instrument

The USTS survey instrument was developed over the course of a year by a core team of researchers and advocates in collaboration with dozens of individuals with lived experience, advocacy and research experience, and subject-matter expertise. When developing the survey instrument, the research team focused on creating a questionnaire that could provide data to address both current and emerging needs of transgender people while gathering information about disparities

that often exist between transgender people and non-transgender people throughout the U.S. To achieve this, questions were included that would allow comparisons between the USTS sample and known benchmarks for the U.S. population as a whole or populations within the U.S. Consequently, questions were selected to best match those previously asked in federal government or other national surveys on a number of measures, such as measures related to income and health.¹⁰ Changes were made to the language of comparable questions whenever it was required to more appropriately reflect issues pertaining to transgender people and language in common use in the transgender community while maintaining comparability to the best extent possible. However, in many cases, language was preserved to ensure that responses to a USTS question would maintain maximum comparability with surveys such as the U.S. Census Bureau's American Community Survey and Current Population Survey.

Several questions were also included in an attempt to provide comparability between the NTDS, where possible, to determine how certain outcomes may have changed since the NTDS data was collected in 2008–09. While the USTS provides crucial updated data, it is important to note that many of the questions asked in the NTDS were either not included in the USTS, or they were asked in a manner that reduced comparability with the NTDS. For example, many USTS questions asked about whether certain experiences occurred within the past year instead of asking whether those experiences occurred at any point during an individual's lifetime. These questions were included for both comparability with federal government or other national surveys and also to yield improved data regarding changing experiences in future iterations of the USTS. In such instances, the NTDS continues to provide the best available data regarding experiences that occurred over respondents' lifetime. The authors suggest referring to both the USTS and

the NTDS to gain a full picture of issues impacting transgender people.

The survey instrument was reviewed by researchers, members of the transgender community, and transgender advocates at multiple intervals throughout the development process. This included thorough reviews of sections that addressed specific subject matter and the entire questionnaire. The questionnaire was revised based on feedback from dozens of reviewers.

a. Pilot Study

Prior to finalizing the survey instrument and launching the survey in field, a pilot study was conducted to evaluate the questionnaire. The pilot study was conducted among a small group of individuals with characteristics that were representative of the sample the study was intended to survey. The pilot study was administered through an online test site using the same platform and format in which the final survey later appeared. The purpose of the pilot study was to provide both a substantive and technical evaluation of the survey. Approximately 100 individuals were invited to complete and evaluate the survey online during a specified period of time. In order to receive access to the pilot study test site, invitees were required to confirm their participation by indicating that they met the following pilot study criteria: they were (1) 18 years or older, (2) transgender, (3) willing to provide feedback that would be used to make improvements to the survey, (4) available to take the survey online during specified dates, and (5) agreeing to not share the questions in the pilot study with anyone so as to not compromise the study. Forty (40) individuals confirmed their participation and received access to the pilot study test site. Thirty-two (32) people completed the study and submitted feedback on the questionnaire, including participants in fifteen states ranging in age from 19 to 78. Participants

reported identifying with a range of gender identities¹¹ and racial and ethnic identities, including 34% who identified as people of color.¹²

In addition to providing general feedback on individual questions and the entire questionnaire, pilot study participants were asked to address specific questions as part of their evaluation, including: (1) how long it took to complete the survey, (2) what they thought about the length of the survey, (3) whether any existing questions were confusing or difficult to answer, (4) whether they found any questions offensive or thought they should be removed or fixed, (5) whether they experienced technical or computer issues while taking the survey, and (6) what they thought about the statement explaining why the term “trans” was used throughout the survey.¹³ All participant feedback was compiled, discussed, and used to further develop the questionnaire, such as through the revision of language and the addition of questions to more thoroughly examine an issue.

b. Length

The final survey questionnaire contained a total of 324 possible questions in thirty-two discrete sections addressing a variety of subjects, such as experiences related to health and health care access, employment, education, housing, interactions with law enforcement, and places of public accommodation. The online survey platform allowed respondents to move seamlessly through the questionnaire and ensured they only received questions that were appropriate based on previous answers. This was accomplished using skip logic, which created unique pathways through the questionnaire, with each next step in a pathway being dependent on an individual respondent’s answer choices. For example, respondents who reported that they had served in the U.S. Armed Forces, Reserves, or National Guard received a series of questions about their military service, but those who had not served

did not receive those questions. Due to the customized nature of the survey, the length varied greatly between respondents, and no respondent received all possible questions. Prior to the pilot study, estimates indicated a survey-completion time of 30–45 minutes. The completion-time estimate was extended to 60 minutes based on feedback from pilot study participants, and it was consistent with many reports during the fielding period.¹⁴

Despite observations about survey length discussed in the NTDS,¹⁵ evolving data needs relating to issues affecting transgender people required an in-depth treatment of multiple issue areas. This often required multiple questions to thoroughly assess an issue—including in areas where the NTDS asked only one question—and resulted in a lengthier survey. Survey instrument length was assessed throughout its development to ensure it would be manageable for as many participants as possible. Furthermore, through multiple reviews and evaluations of the survey instrument—including the pilot study—survey takers reported that the length was appropriate for a survey addressing such a wide range of issues and the need for data outweighed concerns about the overall length of the survey.

IV. Survey Distribution and Sample Limitations

The survey was produced and distributed in an online-only format after a determination that it would not be feasible to offer it in paper format due to the length and the complexity of the skip logic required to move through the questionnaire. With so many unique possibilities for a customized survey experience for each respondent, the intricate level of navigation through the survey

would have created an undue burden and confusion for many respondents. This could have led to questions being answered unnecessarily or being skipped completely, which could have increased the potential for missing data in the final dataset.¹⁶ This made online programming the best option for ensuring that respondents received all of the questions that were appropriate based on their prior answers, decreasing the probability of missing data. However, the potential impact of internet survey bias on obtaining a diverse sample has been well documented in survey research,¹⁷ with findings that online and paper surveys may reach transgender respondents with “vastly different health and life experiences.”¹⁸ With those considerations in mind, outreach efforts were focused on addressing potential demographic disparities in our final sample that could result from online bias and other issues relating to limited access. Although the intention was to recruit a sample that was as representative as possible of transgender people in the U.S., it is important to note that respondents in this study were not randomly sampled and the actual population characteristics of transgender people in the U.S. are not known. Therefore, it is not appropriate to generalize the findings in this study to all transgender people.

V. Outreach

The main outreach objective was to provide opportunities to access the survey for as many transgender individuals as possible in different communities across the U.S. and its territories. Additionally, outreach efforts focused on reaching people who may have had limited access to the online platform and who were at increased risk of being underrepresented in such survey research. This included, but was not limited to, people of color, seniors, people residing in rural areas, and low-income individuals. The outreach strategy was

a multi-pronged approach to reach transgender people through various connections and points-of-access, including transgender- or LGBTQ-specific organizations, support groups, health centers, and online communities.

Outreach efforts began approximately six months prior to the launch of the data-collection period with a variety of tactics designed to raise awareness of the survey, inform people when it would be available, and generate opportunities for community engagement, participation, and support. A full-time Outreach Coordinator worked for a period of six months to develop and implement the outreach strategy along with a team of paid and volunteer interns and fellows.¹⁹

An initial phase of outreach involved developing lists of active transgender, LGBTQ, and allied organizations who served transgender people and would eventually support the survey by spreading the word through multiple communication platforms and in some cases providing direct access to the survey at their offices or facilities. Establishing this network of “supporting organizations” was an essential component of reaching a wide, diverse sample of transgender people.

Over 800 organizations were contacted by email, phone, and social media, and they were asked if they would support the survey by sharing information about it with their members and contacts. Specifically, supporting organizations were asked to share information through email blasts and social media channels, and the research team provided language and graphics for organizations to use in an effort to recruit appropriate respondents into the study. Of the organizations contacted, approximately half responded to requests for support, resulting in direct recruitment correspondence with nearly 400 organizations at regular intervals during the pre-data-collection period and while the survey was in the field.^{20,21} These organizations

performed outreach that contributed to the far reach of the survey and unprecedented number of respondents.²² The organizations were also featured on the survey website so potential respondents could determine whether organizations they knew and trusted had pledged support for the survey.

Nearly 400 organizations responded to outreach and confirmed their support for the survey. The remaining organizations did not respond directly to invitations to learn more about the survey and become supporters. Consequently, these organizations did not receive correspondence aimed at directly recruiting respondents prior to the survey launch or during the data-collection period. It is possible, however, that survey respondents were still made aware of the survey through those organizations. Since there is no information regarding whether these organizations shared information about the survey through their channels, it is difficult to assess the full scope of the outreach efforts.

a. Advisory Committee

A significant element of outreach involved convening a USTS Advisory Committee (UAC). The UAC was created to increase community engagement in the survey project and raise awareness by connecting with transgender people in communities across the country through a variety of networks. The UAC was comprised of eleven individuals with advocacy, research, and lived experience from a wide range of geographical locations.²³ Members were invited to join the committee as advisors on survey outreach to facilitate the collection of survey data that would best reflect the range of narratives and experiences of transgender people in the U.S. Each member brought unique skills and expertise to contribute to the committee's objectives. UAC members participated in five monthly calls with members of the USTS outreach team from May

to September 2015. UAC monthly calls focused on providing project updates and identifying pathways by which outreach could be conducted to increase the survey's reach and promote participation from a diverse sample. Members suggested organizations, individuals, and other avenues through which to conduct outreach, shared ideas and strategies for improving outreach to specific populations of transgender people, and spread the word about the survey through their professional and personal networks.

b. Survey-Taking Events

In an effort to increase accessibility of the survey, the outreach team worked with organizations across the country to organize events or venues where people could complete the survey. *Survey-Taking Events*,²⁴ or "survey events," were spaces in which organizations offered resources to provide access to the survey, such as computers or other web-enabled devices. These organizations provided a location in which to take the survey at one particular time or over an extended period of time, such as during specified hours over the course of several days.²⁵ The events were created with the intention of providing access to individuals with limited or no computer or internet access, those who may have needed assistance when completing the survey, or those who needed a safe place to take the survey. Additionally, the population that had previously been identified as being more likely to take a paper survey than an online survey were considered,²⁶ and the events were developed to target those individuals.

Given the potential variety of these survey events—including the types of available resources and times at which they were conducted—guidelines were needed to maintain consistency across the events and preserve the integrity of the data-collection process. A protocol was developed outlining the rules for hosting a survey event to advise hosts on best practices for ensuring

a successful data-collection process, including guidelines to prevent the introduction of bias into survey responses. The protocols described the steps for becoming a survey-event host and tips for how to conduct outreach about the event. The protocol also specified that hosts should inform NCTE of their event prior to hosting and report on how many people attended the event and how many people completed and submitted the survey. This was helpful information for evaluating the relative success and benefits of these events. All confirmed supporting organizations were invited to become survey event hosts, and those who accepted the invitation were sent the protocol. Seventy-one (71) organizations accepted the invitation and confirmed the date(s) and time(s) of their events.²⁷

Survey events were promoted on the survey website and given a specific designation on the supporting organization map (described further in the “Survey Website” section), including information about where and when people could attend. Hosts were encouraged to promote their event through multiple channels and consider outreach methods beyond online avenues, such as direct mail or flyers, to better reach transgender people with limited or no internet access. Additionally, hosts were provided with flyer templates so they could promote the events in their facilities or through communications with their members or constituents. Of the organizations who confirmed their survey events, 46 reported information about attendance at the event. The hosts reported that 341 people attended their events, including transgender and non-transgender friends, family, and volunteers. Approximately 199 respondents completed the survey at these events.²⁸ However, survey responses indicate that additional unreported survey events or similar gatherings may have been held where participants had an opportunity to complete the survey.²⁹ Event-related information submitted by organizations following the fielding

period was not comprehensive enough to make a thorough determination as to whether the events had achieved their previously stated objectives.³⁰

c. Incentives

As an incentive for completing the survey, participants were offered a cash-prize drawing. Incentives, such as cash prizes are widely accepted as a means by which to encourage and increase participation in survey research.³¹ Studies have shown that such incentives may have a positive effect on survey response rate, which is the proportion of individuals in the population of interest that participates in the survey.³² Research has also found that lottery-style cash drawings may be beneficial in online surveys,³³ since they offer a practical method for providing incentives in surveys with a large number of respondents by eliminating the potential high cost of both the cash incentive and prize distribution.³⁴

USTS respondents were offered the opportunity to enter into a drawing for one of three cash prizes upon completion of the survey, including one \$500 cash prize and two \$250 cash prizes.³⁵ After completing and submitting their anonymous survey responses, USTS respondents were re-directed away from the survey hosting site³⁶ to a web page on the NCTE-hosted USTS website. In addition to being thanked for their participation on this page, respondents received a message confirming that their survey had been submitted and any further information they gave would not be connected to their survey responses. Only individuals who completed and submitted the survey were eligible for one of the cash prizes. To enter into the prize drawing, respondents were required to check a box giving their consent to be entered.³⁷ Respondents were also asked to provide their contact information in order to be notified if selected in the drawing. The final drawing contained 17,683 entrants. Each entrant was assigned a number, and six numbers were randomly chosen by a non-NCTE party: three

numbers for the prize winners and three for alternates if necessary. The three prize winners were contacted and awarded their prizes upon acceptance.

VI. Communications

Communications for the survey required a multifaceted approach and a coordinated effort with the outreach strategy to most effectively reach a wide range of transgender people and ensure a robust sample size. The goals of survey communications were to: (1) inform people that NCTE would be conducting a survey to further the understanding of the experiences of transgender people in the U.S initially gleaned through the NTDS, (2) communicate when the survey would be available to complete and how it could be accessed, and (3) find creative ways of reaching diverse populations of potential respondents. This involved raising awareness of the survey through several communication methods, including email, social media, and print media, as well as through additional unique campaigns. Many survey promotional materials were produced in English and Spanish to increase the accessibility of the survey.³⁸

a. Survey Website

A website was created and designed specifically for the promotion and distribution of the survey.³⁹ This website served as a platform for providing information about the survey starting several months prior to its release in the field, such as a description of the survey, information about the team working on the survey, frequently asked questions, and sample language and graphics for individuals and organizations to use for email and social media communications, including sample Facebook and Twitter postings. The website also featured an interactive map, which included

information about organizations that had pledged to support the survey. Additionally, the map distinctly indicated information about organizations that were hosting survey-taking events, including the date, time, and location of such events. The website later served as the only platform through which the survey could be accessed and provided English and Spanish links to enter the survey, since there was no direct link available to the off-site hosting platform.

b. Survey Pledge

The survey pledge campaign was developed to raise awareness about the survey and generate investment in the project. The campaign engaged potential participants and allies by inviting them to pledge to take the survey and/or spread the word about the survey. The survey pledge was a critical method of both informing people that the survey would be launching and sustaining engagement with potential respondents in the months leading up to the fielding period. Pledges received reminders about the survey launch date and availability through email communications. Beginning in January 2015, pledge palm cards were distributed at a variety of events across the country, including conferences and speaking engagements. The cards contained information about the upcoming survey and asked people to sign up to help by committing to: (1) spread the word about the survey; and/or (2) take the survey. Transgender and non-transgender individuals were asked to complete the pledge information, either through a palm card or directly online through the survey website. Individuals who completed pledge information received email communications throughout the pre-data-collection phase. Pledge information was collected continuously for several months, and by the time of the survey launch, over 14,000 people had pledged to take the survey. Additionally, more than 500 people pledged to promote the survey among their transgender friends and family.⁴⁰ The pledge proved to be

an effective method of assessing how many people had learned about the survey and were interested in completing it, where potential survey respondents were distributed geographically, and how more potential respondents could be effectively engaged.

c. Photo Booth Campaign

In January 2015, a photo booth campaign was launched as another method for engaging people and raising awareness about the survey. Individuals and groups were asked to take photos holding one of two signs with messages expressing support for the survey.⁴¹ USTS photo booths were conducted at several conferences and events across the country. More than 300 photos were collected and shared directly through NCTE's Facebook page. Photos were also sent to most participants so they could conduct their own promotion using their photos.

d. Social Media

With the increased use of social media in the years since the previous survey (the NTDS), it was important to engage via these outlets to further the reach of the survey. Facebook and Twitter⁴² became the primary social media outlets used throughout the survey project, and their use significantly amplified awareness, increasing the number of people who were exposed to the survey. A series of postings provided the ability to rapidly and succinctly communicate with individuals and groups who had an interest in contributing to the survey's success by completing the survey and spreading the word about it. Although social media reach fluctuated during the months leading up to the survey launch, over 96,000 Facebook users were estimated to have received NCTE's post announcing that the survey was live and available for completion on August 19, 2015.

e. USTS Awareness Week

Prior to launching the survey in the field, communication was maintained with thousands of individuals and organizations who fell into three categories: (1) people who had signed up to take or spread the word about the survey ("pledge list"), (2) organizations that had committed to support the survey through outreach efforts ("supporting organization list"), and (3) people who had signed up to be in communication with NCTE about the organization's work and projects ("NCTE list").

Communication with the individuals and groups on these lists through targeted messages occurred at various intervals; however, one of the most important methods for promoting the survey was through USTS Awareness Week. This campaign was designed to share a significant amount of information about the survey over a concentrated period of time in close proximity to the launch of the survey. Awareness Week occurred during the week of July 27, 2015 and highlighted different aspects of the survey focusing on a different medium each day, including social media, email, and blogs. Awareness Week was introduced to the communication lists on July 15, and recipients were invited to access and download a planning kit for the campaign, which was available on the survey website. The planning kit included language and graphics for email and social media communications. Communications were sent on each of the days devoted to social media,⁴³ email,⁴⁴ and blogs⁴⁵ with appeals for organizations to share the information with their membership and individuals to share the information through their personal networks. Awareness Week proved to be one of the most effective methods for increasing the number of individuals who pledged to take the survey and likely increased the number of eventual respondents.⁴⁶

f. Additional Communications Methods

The overall approach to survey communications was diverse and captured many media forms. In addition to the previously stated campaigns and projects, communications involved working with a variety of individuals such as bloggers, artists, advocates, and others to create print blogs and videos promoting the survey. Op-eds were another medium that contributed to survey promotion, and media consultants and traditional media sources aided in expanding the survey's reach even further. Approximately 50 articles, blogs, and op-eds focused on the survey were produced and distributed by organizations, including NCTE, and individuals prior to the launch of the survey and during the data-collection period. The wide variety of approaches contributed to the number of individuals who were reached through all communications and likely impacted the final number of respondents in the sample.

VII. Language and Translation

Throughout the survey questionnaire, the use of accessible language was balanced with preserving the meaning of each question to the greatest extent possible. This was of particular importance in maintaining comparability with questions from existing surveys that allowed conclusions to be drawn about how the experiences of the USTS sample compares to the U.S. population. In order to make assessments about USTS survey respondents in relation to the U.S. population, it was important that USTS respondents had similar interpretations of questions taken from other surveys as non-transgender survey takers had to those questions in federal surveys. In many places, language was revised to use terminology

that would most appropriately speak to individuals in the many communities for which the survey was intended. However, several areas required difficult choices about keeping language that may have caused discomfort for some respondents. Throughout the questionnaire, language was avoided that could be interpreted as stigmatizing or characterized as a value judgment wherever possible while maintaining objectivity in crafting sound research questions. For example, at times survey questions referred to work or activities that were “currently considered illegal.” Such deliberate language was used in an attempt to separate the issue of criminalization from the activity in question while maintaining comparability with other surveys. This was a difficult balance to achieve throughout the survey. Eliminating technical language was also necessary, unless it was widely used and accepted in transgender communities, such as some medical terminology. Short descriptions or parenthetical explanations were provided whenever technical language was required for those who may not have been familiar with the language. Additionally, hyperlinked explanations of specific terms were included when those terms could be interpreted in several ways or if similar explanations were provided in the federal surveys from which the questions were taken. For example, explanations were provided for the terms “active duty” when asking about military service and “household” when asking about income.

The research team remained conscious of individual and collective identities throughout the survey instrument drafting process, and attempted to use language that acknowledged the breadth and significance of individual identities while also making the questions accessible to the widest range of transgender people possible across the U.S. and in the territories. The questionnaire was reviewed and revised for consistent readability at an eighth-grade literacy level where possible,⁴⁷ although several

terms used in the survey were at a considerably higher literacy level. This included places where language was preserved for comparability with other surveys and when language describing transgender-specific experiences or procedures was used. Additionally, community members and researchers reviewed the survey and suggested revised language throughout the development process. This collaborative process was beneficial in providing collective insight on the best language to use in each particular instance based on lived experience and research expertise. The research team acknowledges, however, a continuing need to work towards identifying suitably inclusive terminology within an evolving language and community for future iterations of the survey.

The questionnaire was translated into Spanish by a translation service, and several native-Spanish-speaking community members and NCTE staff and interns reviewed and revised the language to use terminology that was most prevalent in Spanish-speaking transgender communities in the U.S. In many instances, it was difficult to find language that accurately captured the meaning of a question or specific terms, but in each case language was selected to convey interpretations as close to the English-language question interpretations as possible.

VIII. Institutional Review

The study was vetted through an Institutional Review Board (IRB) process, which is meant to ensure confidentiality and protect the rights and welfare of individuals participating in a research study. The USTS underwent a full board review by the University of California Los Angeles (UCLA) IRB. As a requirement of approval, the questionnaire began with a study information

sheet describing aspects of the study and rights of individuals as participants in the study.⁴⁸ To be included in the study, participants were required to indicate their consent at the end of the information sheet. This process established that participants were fully informed about the risks and benefits of participating in the study and that their participation was voluntary. IRB review also required the submission of all recruitment materials leading up to the launch of the survey and throughout the time the survey was in the field.⁴⁹ This required the production of a large volume of messaging for the many different types of media through which people were invited to participate in the survey in both English and Spanish. It also required anticipating how messaging might need to change while the survey was in the field and submitting this language for pre-approval for later use as needed.

IX. Survey Hosting

The survey was hosted online by Rankin & Associates Consulting, under the supervision of USTS research team member, Dr. Susan Rankin. Access to the survey was provided exclusively through the USTS website. All programming of the questionnaire and online administration of the survey was handled through Rankin & Associates Consulting, which managed the process of collecting the survey data throughout the 34-day fielding period.

The survey was anonymous, and maintaining privacy and confidentiality in the collection and maintenance of survey data was an important component of preserving participants' anonymity. Furthermore, as a condition of IRB approval, the research team was required to ensure that confidentiality protections were in place for the study and demonstrate sufficiency of data security protocols. Accordingly, data from online

participants was submitted through seven secure firewalled servers with forced 256-bit SSL (Secure Sockets Layer) security and Security-Enhanced Linux (SELinux) security extensions to encrypt and protect the survey data. Given the volume of traffic on the seven servers during the initial launch of the survey, an eighth server was added. The survey was stored in an SQL database that could only be accessed locally. The servers themselves were only accessible using encrypted SSH (Secure Shell) connections originating from the local network. The servers were also in RAID (Redundant Array of Inexpensive Disks), which is a data storage virtualization technology that combines multiple physical disk drive components into a single logical unit for the purposes of data redundancy, performance improvement, or both, to reduce the chance of any data loss due to hardware failure. The servers performed nightly security audits from data acquired via the system logs and notified the system administrators.

Despite a successful data-collection period evidenced by the large final sample size, it is important to note issues that occurred in the initial days of the survey data-collection period, given the potential impact on the data collection and the final sample. Prior to the survey launch, the online platform had been assessed and capacity was predicted for the seven dedicated servers based on reasonable estimated response rates. However, in the first days of the data-collection period, exceptionally high levels of traffic to the survey far exceeded the predicted response rates and overwhelmed the capacity of the servers, causing significant delays in accessing and completing the survey. The resulting server delays occurred within hours of the survey launch on August 19, 2015, producing unusually long page-loading times and may have served as a barrier to completing the survey.⁵⁰ The survey team notified potential respondents of the delays through email and social media communication and updated the first page of the online survey questionnaire with

a note about the issues and information about the continued availability of the survey.⁵¹ The hosting team added a server to process the high level of traffic and returned the survey to normal loading speeds within a couple days of the initial reports. Although high numbers of survey submissions were received throughout these days, it is likely that the server delays affected the completion and submission of some surveys or may have discouraged individuals from attempting to take the survey.

X. Cleaning the Data

The dataset was cleaned following collection to remove survey responses that did not belong in the final sample.⁵² Data cleaning is the process of detecting and removing some survey responses (e.g., duplicate responses, incomplete responses, illogical responses) in order to improve the quality of the sample. This dataset was “cleaned” using commonly accepted procedures.⁵³ The first step was to remove survey responses from individuals who did not consent to take the survey and those who did not meet the eligibility criteria, such as not being at least 18 years of age and not residing in the U.S. These survey respondents had been automatically sent to a disqualification page,⁵⁴ but their responses were included in the initial dataset. Incomplete responses were then removed from the sample based on a requirement that respondents minimally complete specific questions in Section 2 of the questionnaire to be included in the final dataset.⁵⁵ Duplicate survey responses were removed next, as were those with illogical responses, such as those with contradictory responses to related questions. Missing-data analyses were then conducted to determine the percentage of missing data.⁵⁶

The next step of the process was recoding data, including re-categorization of answer choices

in several questions for improved analysis or to match existing categories for comparison to other surveys. Answers were evaluated for those questions that allowed a write-in response when the selected option was “not listed above.” In some cases, these answers were recoded into existing answer choices where appropriate, and in other cases, new answer categories were created for write-in responses that were frequently repeated. The recoding process included two coding teams. The first coding team conducted initial data recoding, and the second team reviewed the recoding and flagged areas of disagreement. A simple percent agreement score was calculated to determine inter-rater reliability.⁵⁷

Several survey weights were developed for presentation of results in the report.⁵⁸ A race and ethnicity weight was developed based on the Census Bureau’s 2014 American Community Survey (ACS).⁵⁹ Additionally, given the disproportionately large number of respondents who reported an age of 18 years old, a weight was created to balance the representation in the sample of those respondents in relation to the rest of the sample.⁶⁰ The race and ethnicity weight and the 18-year-old weight were both included in a “standard weight” applied to the dataset. All results presented in this report are weighted based on the standard weight unless otherwise noted. Additional survey weights were created for the purposes of comparability with federal government and national data sources, including weights for age and educational attainment.⁶¹ These weights were applied in addition to the standard weight when comparing the USTS sample to the U.S. population for items that are sensitive to age and educational attainment, such as individual and household income, and are noted accordingly as the “supplemental weight.”

XI. Data Analysis and Presentation of Findings

The data was first analyzed to tabulate individual responses to each of the questions in the survey. The respondents included in each tabulation differed throughout the survey due to certain questions only being asked of a particular set of respondents and/or due to some respondents choosing not to answer a question. Analyses were performed to explore how survey responses differed based on demographic characteristics—such as race, gender, and income—and non-demographic factors—such as experience with sex work, HIV status, and experiences of family support or rejection.

All findings in the report are presented as weighted percentages of the entire sample or of the subgroups being examined. For example, educational attainment is presented as a percentage of the whole sample, while much of the data related to HIV care represent percentages of those respondents who are living with HIV. In limited instances, unweighted frequencies are included where the additional information could be informative and to provide context for the weighted percentages reported.

Percentages are rounded to whole numbers, except in cases where a more exact comparison to national data sources was desired or where more precision was needed due to the reported percentages being small. When rounding to whole numbers, the following convention was generally followed: findings containing decimals of 0.50 and above were rounded up, and findings with 0.49 and below were rounded down (e.g., 1.50% was rounded to 2% and 1.49% was rounded to 1%). Additionally, a finding of 0.49% and below was generally labeled “less than 1%” or “<1%.” Throughout the report, results are presented in

various figures and tables. The percentages in these figures and tables do not always add up to 100% due to respondents being able to select more than one answer to a question (“mark all that apply”) or due to rounding.

Throughout the report, U.S. population findings are provided for comparison to USTS findings or to provide context for USTS findings, where available and/or applicable. Where USTS data is compared to data from existing research, the

data source is specified. When providing U.S. population comparisons, the research team made efforts to limit the comparisons to adults (18 years and older) to most appropriately match the USTS sample. Whenever that was not possible, notes as to age ranges or other limitations are provided. Additionally, calculations made by the research team when necessary to present U.S. population findings are noted. Data in this report is generally presented without information regarding statistical testing.⁶²

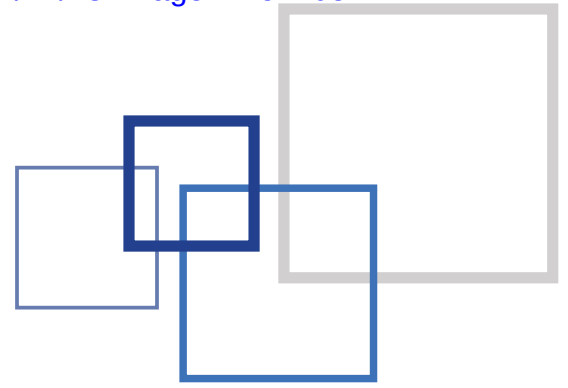
ENDNOTES | CHAPTER 2: METHODOLOGY

- 1 The survey included questions related to the following topics (in alphabetical order): accessing restrooms; airport security; civic participation; counseling; education; employment; faith; family and peer support; health and health insurance; HIV; housing and homelessness; identity documents; immigration; income; intimate partner violence; military service; police and incarceration; policy priorities; public accommodations; sex work; sexual assault; substance use; suicidal thoughts and behaviors; unequal treatment, harassment, and physical attack; and voting.
- 2 Detailed information about survey methodology is available in *Appendix C (Detailed Methodology)*.
- 3 www.USTransSurvey.org
- 4 The survey was in the field between August 19 and September 21, 2015.
- 5 Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. (p. 11). DC: National Center for Transgender Equality and National Gay and Lesbian Task Force.
- 6 Grant et al., p. 182.
- 7 Grant et al.
- 8 See Haas, A. P., Rodgers, P. L., & Herman, J. L. (2014). *Suicide Attempts Among Transgender and Gender Non-Conforming Adults*. New York, NY & Los Angeles, CA: American Foundation for Suicide Prevention & Williams Institute.
- 9 See e.g., The GenIUSS Group. (2014). In J. L. Herman (Ed.), *Best Practices for Asking Questions to Identify Transgender and Other Gender Minority Respondents on Population-Based Surveys* (p. vii). Los Angeles, CA: Williams Institute. (“Adolescents may have particular difficulties with complex vocabulary and sentences. Therefore, questions designed for adolescents should take extra care to use plain language and simple sentences. Terms used in measures of sex and gender should be defined since adolescents, and cisgender (non-transgender) adolescents in particular, conflate the terms sex and gender, and have varying understanding of the term *transgender*, *masculine*, and *feminine*.”). Given the need to collect data about the unique experiences of transgender youth, it is important to design and conduct future studies focusing on the issue areas and needs most applicable to transgender youth.
- 10 Information about the source of survey questions used for comparison to the U.S. population can be found in *Appendix C (Detailed Methodology)*.
- 11 Forty-four (44%) of pilot participants identified as a woman or trans woman (MTF), 41% as a man or trans man (FTM), and 16% as non-binary or genderqueer.
- 12 These pilot participants identified as American Indian, Asian, multiracial, Black, Latino/a, and a racial/ethnic identity not listed above, in addition to 66% who identified as white.
- 13 The following statement was provided to explain why the word “trans” was used throughout the survey: We know that not everyone is comfortable with the word “transgender,” but for this survey, we must use one word to refer to all trans and non-binary identities. Because of this we will use the word “trans” in this survey to refer to all trans and non-binary identities.”

- 14 A notable exception to the 30–60 minute estimate for completing the survey occurred during the first days of the survey’s availability, when a high volume of survey takers overwhelmed multiple servers, causing lengthy delays when completing the survey. This is discussed further in the “Survey Hosting” section.
- 15 Grant et al., p. 13.
- 16 Post-NTDS analysis of respondents who had completed that survey online or in paper format found that surveys completed online were less likely to have missing data, providing further support for the decision to only offer the survey online. See Reisner, et al. (2014). Comparing in-person and online survey respondents in the U.S. National Transgender Discrimination Survey: Implications for transgender health research. *LGBT Health*, 1(2), 98–106.
- 17 See Dillman, D. A., Smyth, J. D., & Christian, L. M. (2014). *Internet, Phone, Mail, and Mixed-Mode Surveys: The Tailored Design Method* (4th ed.). Hoboken, NJ: John Wiley & Sons.
- 18 Reisner et al., p. 98. See note 16. This analysis also found that “[a] higher proportion of in-person respondents were young, male-to-female, people of color, publicly insured, with lower incomes and lower educational attainment than online respondents (all $p < 0.05$). In-person respondents also were more likely than online respondents to be current daily smokers, to endorse substance use to cope with mistreatment, and to self-report as HIV-positive (all $p < 0.05$).”
- 19 Although outreach efforts were instrumental in obtaining the largest sample of transgender respondents ever collected, a longer outreach period may have resulted in reaching more individuals in communities that are often underrepresented in online surveys.
- 20 A total of 827 organizations received at least one outreach email, and organizations received additional outreach emails and/or phone calls if no response was received. Out of those organizations, 392 confirmed their support, and 435 did not respond to any communications.
- 21 Correspondence included almost one dozen emails with asks to spread the word about the survey and with various information about the availability of the survey.
- 22 The research team attempted to ascertain the level of outreach engagement of supporting organizations; however, the limited amount of information received about the outreach did not allow a calculation of a response rate. Of the 392 organizations that pledged their support, 58 (15%) reported information on their outreach activities and estimated reaching over 20,000 transgender people through their channels. In the future, researchers are encouraged to collect consistent outreach activity data from supporting organizations that will help to better assess the effectiveness of outreach and response rate estimates.
- 23 Information about UAC members can be found in the *Acknowledgements* section of the report.
- 24 These events were promoted as “Survey-Taking Events” on recruitment materials and described accordingly (see note 25). However, it is possible that the name did not appropriately capture the nature of these vastly differing events. A lack of clarity may have decreased the number of people who attempted to access the survey through organizations who offered space or computers to complete the survey online.
- 25 Survey-Taking Events were described as “a function in which an organization or group opens its doors and provides access to its facilities (such as community centers and office buildings) to allow trans survey participants use of its resources (including computers, tablets, and internet access) to complete the USTS. This will occur during specified periods of time or throughout the time the survey is available on a drop-in basis. For example, a community center might participate by setting aside one Saturday from 9am–6pm where some or all of its computers are available for survey takers to use, or it might host people on Monday–Friday from 5pm–9pm each evening for a week, or longer.”
- 26 A total of 435 NTDS respondents completed the survey in paper format (7% of the sample) and were found to differ from online survey takers in sociodemographic characteristics, health outcomes, and life experiences. Reisner et al., p. 98, 103. See note 16.
- 27 Although only 71 organizations confirmed their events, based on information reported at various intervals throughout the data-collection period, it appeared that more organizations hosted survey events or similar gatherings to complete the survey without reporting them to the survey outreach team. Additionally, it is also possible that individuals and organizations held informal parties where groups of friends could gather to complete the survey at the same time. Data regarding this sort of activity was not collected or received.
- 28 This completion rate is a conservative estimate based on reports that some individuals started the survey at the event and then left to complete it on their own at a later time.
- 29 Four hundred and seventeen (417) respondents answered “yes” in response to the following survey question: “Are you taking this survey at a survey event or meeting, such as one hosted by an LGBTQ or Trans organization or meeting?”
- 30 In future iterations of the USTS and other research studies, the research team suggests a more robust approach towards organizing, conducting, and monitoring survey events to increase the reach and availability of such events in providing access to the survey. Researchers are also encouraged to conduct follow-up analyses to

- determine the demographic characteristics of individuals who completed the survey at events and whether these events were successful in capturing a similar demographic to those who had completed paper surveys in the previous survey. See Reisner, et al. (discussing the demographics of online and paper respondents in the NTDS).
- 31 See e.g., Göritz, A. S. (2006). Incentives in web studies: Methodological issues and a review. *International Journal of Internet Science*, 1(1), 58–70. (finding that “material incentives increase the odds of a person responding by 19% over the odds without incentives”).
- 32 Pedersen, M. J. & Nielsen, C. V. (2016). Improving survey response rates in online panels: Effects of low-cost incentives and cost-free text appeal interventions. *Social Science Computer Review*, 34(2), 229–243.
- 33 Pedersen et al., pp. 237–238.
- 34 Singer, E. & Ye, C. (2013). The use and effects of incentives in surveys. *The ANNALS of the American Academy of Political and Social Science*, 645(1), 123–124.
- 35 Participants were informed of the cash prize incentives in several ways. The study information sheet placed at the beginning of the survey prior to obtaining each respondent’s consent to enter the survey contained the following information in response to the question of whether respondents would be paid for their participation: “You will receive no payment for your participation. You will have the option to voluntarily enter a drawing to win one of three cash prizes: one prize of \$500 and two prizes of \$250.” The frequently asked questions section of the survey website also offered the following statement: “When you complete the survey, you will have the option to enter a drawing to win one of three cash prizes: one prize of \$500 and two prizes of \$250. Because thousands of trans people across the country will complete the survey, we cannot offer payment to each participant.” Additionally, some recruitment materials mentioned the cash-prize drawing, including email blasts.
- 36 The survey was hosted by Rankin & Associates Consulting. Further details are described in the “Survey Hosting” section.
- 37 The check box stated: “Enter me in the drawing for one of three cash prizes: one prize of \$500 and two prizes of \$250!”
- 38 Due to limited funding, it was not possible to translate all survey materials, such as email communications. Translation of all promotional materials may positively impact the response rate amongst respondents with limited English proficiency in future iterations of the study.
- 39 www.USTransSurvey.org
- 40 Final pledge numbers were 14,005 and 561 for survey takers and promoters, respectively.
- 41 Photo booth participants could choose from one of two signs indicating that the survey was coming in the summer of 2015 and stating the following: (1) “My Voice Counts: I’m Taking the #USTransSurvey” or (2) “Every Voice Counts: Spread the Word About the #USTransSurvey.”
- 42 The Twitter hashtag used to promote the survey was #USTransSurvey.
- 43 For social media day, recipients received one of the following requests, based on whether they were organizations or individuals: (1) “Use the hashtag #USTransSurvey on social media asking your social networks to join us” or (2) “Please join Social Media day. We have sample copy and a variety of photos and graphics.”
- 44 For email day, recipients received one of the following requests, based on whether they were organizations or individuals: (1) “Email a friend explaining why this is so important to you” or (2) “Download the sample email and send it to your membership list today.”
- 45 For blog day, recipients were invited to share a blog written by Outreach Coordinator, Ignacio Rivera, cross post the blog on an organization’s blog site, or draft a blog about the importance of the survey.
- 46 The number of individuals who pledged to take the survey on the pledge list increased from approximately 7,700 when the initial Awareness Week email was sent on July 15 to over 14,000 at the time the survey launched in the field. The 82% increase in the numbers of survey pledges is likely due to the increased exposure generated by Awareness Week communications.
- 47 The initial literacy level review and revision was conducted by a certified copy editor proficient in reading levels, and the questionnaire was determined to be at an eighth grade reading level.
- 48 Due to IRB requirements, the language in the study information sheet was generally at a higher literacy level than the rest of the questionnaire.
- 49 This included all materials aimed at “recruiting” or getting people to participate in a research study, such as website pages, flyers, emails, and social media messages.
- 50 The research team received reports that it took some individuals up to several hours to complete the survey on the first day, and others reported that they were not able to complete or submit their survey at all due to the technical issues.

- 51 The following note was added to the first page of the survey (in English and Spanish) to notify respondents of the delay: “Our servers have been overwhelmed by the number of enthusiastic participants and some are experiencing unusual delays. We apologize for the inconvenience as we work to address this issue. You can complete the survey now but may experience delays. However, the survey will be available to complete through at least September 21st. If you experience delays, we encourage you to return to this site in the coming days. If the survey is slow to respond, you can leave the page open and return later. If the survey times out, you can hit the ‘back’ button. However, if you close your browser, you may have to restart the survey.”
- 52 A detailed description of the cleaning process is included in *Appendix C (Detailed Methodology)*.
- 53 Rahm, E. & Do, H. H. (2000). Data cleaning: Problems and current approaches. *IEEE Data Engineering Bulletin*, 23(4), 3–13.
- 54 Ineligible respondents were sent to one of two disqualification pages notifying them of their ineligibility and providing either an opportunity to visit the survey website for more information or giving information about their gender identity or expression and experiences related to gender identity or expression.
- 55 See *Appendix C (Detailed Methodology)* for more information on the Section 2 questions that were required to remain in the sample.
- 56 Missing-data analyses determined that there was less than 5% missing data on all but two questions. Therefore, the research team did not impute the missing data. See *Appendix C (Detailed Methodology)* for more information.
- 57 A modified version of an inter-rater reliability metric was used by the two teams that conducted the review. Each team included a principal researcher and an outside researcher. One researcher on each team conducted the initial coding and the other researcher reviewed the coding for approval or revisions. See *Appendix C (Detailed Methodology)* for more information.
- 58 “Weighting” is a common statistical technique used to adjust data with disproportionate sample sizes to be more representative of the population from which the sample was drawn. For example, the proportion of respondents aged 18–24 and 25–44 in a survey sample taken in the U.S. may differ from the proportion of those age groups in the total U.S. population. Therefore, weights are applied to survey data in order to make comparisons between the collected survey data and the total population. See *Appendix C (Detailed Methodology)* for more detailed information about weights applied to the survey data.
- 59 Studies using representative samples of transgender adults have found that transgender adults differ from the general population in regard to race and ethnicity, with transgender people more likely to be people of color. See e.g., Flores, A. R., Brown, T. N. T., & Herman, J. L. (2016). *Race and Ethnicity of Adults who Identify as Transgender in the United States*. Los Angeles, CA: Williams Institute; Conron, K. J., Scott, G., Stowell, G. S., & Landers, S. J. (2012). Transgender health in Massachusetts: Results from a household probability sample of adults. *American Journal of Public Health*, 102(1), 118–122. However, the USTS sample has a higher percentage of white respondents than the U.S. general population. To help correct for this sampling bias, the research team applied U.S. population weights for race and ethnicity. While this may still over-represent white respondents, this weighting procedure brings the sample closer to what is estimated to be the true population distribution for race and ethnicity for transgender people.
- 60 The weight for 18-year-old respondents was created with propensity scores developed using a regression discontinuity model. For more information on this process and other weighting procedures, see *Appendix C (Detailed Methodology)*.
- 61 The age, race, and educational attainment weights were created based on the Census Bureau’s 2014 American Community Survey (ACS).
- 62 Due to the large sample size, bivariate statistical tests largely result in statistically significant differences among the groups being compared. Small group differences often will be found to be statistically significant, even when the differences are small and, therefore, not particularly meaningful. In writing the findings to this report, the research team considered other measures when pointing out meaningful differences among groups, such as a particular cell’s contribution to an overall chi-square test statistic and effect sizes. These tests are on file with the research team. Future researchers are encouraged to use additional bivariate and multivariate modeling to provide more nuanced understanding of group differences.



CHAPTER 3

Guide to Report and Terminology

Throughout the report, the authors use a variety of terminology to refer to respondents in the sample or experiences that respondents reported. The authors also applied several conventions in the reporting of results. While explanations are often included in chapters to provide context and clarity, several terms and conventions that are used widely throughout the report are outlined in this chapter to make the report more accessible to a broad range of audiences.

I. Use of the Term “Transgender” in this Report

The term “transgender” is often used to describe people whose gender identity or expression differs from what is associated with the gender they were thought to be at birth. Although this term has often been described as an “umbrella term” that encompasses the spectrum of identities and captures the diversity of transgender people, the authors recognize that one term cannot reflect each individual’s unique identity and some people prefer to use other terms to describe their gender identity. However, in order to make the report’s findings clear and accessible, it was important to select a single term for consistent use throughout this report that could best represent the range of identities expressed in the USTS survey sample.

In promotional materials, the survey was described as being inclusive of all “transgender, trans, genderqueer, and non-binary” people, so that those who might have assumed that “transgender” did not include them would know their voice was welcomed. The survey also acknowledged the limitation of current language and used “trans”—a shorthand term that is widely accepted amongst transgender people—consistently throughout the questions. While respondents in this study identified with a wide range of terms—including more than 500 unique terms that were reported in response to survey questions—88% of respondents thought of themselves as transgender, and 86% expressed that they were “very comfortable,” “somewhat comfortable,” or “neutral” when asked how comfortable they were with the word “transgender” being used to describe them. This included 82% percent of non-binary respondents. This provides evidence of the term’s continued broad usage and general acceptance. Based on this information, the

term *transgender* is used for the purposes of this report to represent the diverse identities of the individuals who made their voices heard by completing the survey.

II. Other Transgender-Specific Terminology

Non-binary:

This term is used by some to describe people whose gender is not exclusively male or female, including those who identify as having no gender, a gender other than male or female, or more than one gender. In this report, “non-binary respondents” refers to respondents who said that the term “non-binary/genderqueer” best describes their current gender identity in response to Q. 2.3.

Crossdresser:

While definitions of “crossdresser” vary, many use this term to describe a person who dresses in a way that is typically associated with a gender different from the one they were thought to be at birth, but who may not identify with that gender or intend to live full time as that gender. In this report, the term “crossdressers” refers to respondents who said that the term “cross-dresser” best described their current gender identity in response to Q. 2.3.

Gender transition:

This is a process in which a person begins to live according to their gender identity, rather than the gender they were thought to be at birth. Not all transgender people have transitioned or intend to do so, but many do. Gender transition looks different for every person. Possible steps in a gender transition may or may not include changing one’s clothing, appearance, name

and identity documents (for example, a driver’s license), or undergoing medical procedures such as hormone therapy to change one’s physical characteristics. This report refers to gender transition in several places when discussing steps that may be included in one’s gender transition, such as updating the name and gender on identity documents. Additionally, the report includes a variety of terms to refer to therapy/counseling, hormone therapy, surgical treatments, and other health services transgender people may undergo as part of their transition, including “health care related to gender transition” or “transition-related care.” In this report, the term “respondents who have transitioned” refers to respondents who reported that they are living full time in response to Q. 1.12 (see below).

Living full time:

Respondents in the sample who were described in the report as “living full time” are those who reported that they lived full time in a gender different than the gender they were thought to be at birth in response to Q. 1.12. For many people, living full time may include changing one’s name, clothing, and/or appearance, or taking other actions related to their gender transition.

Gender identity or expression:

Several questions throughout the report asked whether respondents thought that an experience had occurred due to their “transgender status/ gender identity” and/or “gender expression/ appearance.” Both answer choices were included so that respondents could select what they felt best represented their experience. Since there was a substantial overlap of respondents who selected both reasons, and because these terms are commonly used interchangeably or with very similar meanings, responses of those who selected one or both of these reasons were collapsed for reporting in one “gender identity/

expression” category. Additionally, several phrases are used interchangeably to describe experiences that respondents had as a result of biases due to being known or perceived to be transgender. These include, for example: “because they were transgender,” “because of their transgender status,” or “because of their gender identity or expression.”

III. Additional Terms and Conventions Used in the Report

Sexual assault:

In this report, the term “sexual assault” refers to a variety of experiences of unwanted sexual contact. These may include, but are not limited to, oral, genital, or anal contact or penetration, forced fondling, and rape. Respondents were asked about their experiences with unwanted sexual contact or sexual assault in a number of different contexts. Definitions of these terms varied in some questions based on the context or, in some cases, on the national survey from which a question was adapted. Where applicable, the definition provided for “sexual assault” or “unwanted sexual contact” in each question is included in the report.

Underground economy:

This terminology refers to fields of work that, in general, are currently criminalized in the United States. In this report, this term includes income-based sex work (including forms of work in the sex trade that are not criminalized, such as pornography), drug sales, and other income-based work that is currently criminalized. See *Sex Work and Other Underground Economy Income* chapter.

Time period of reported experiences:

In the survey, respondents answered questions about experiences that occurred within a period of time prior to having taken the survey, such as in the past year or the past 30 days. The report refers to the time when these experiences occurred in comparison to the time when the respondent completed the survey. For example, respondents who had certain experiences within the 12 months prior to completing the survey were reported as having those experiences “in the past 12 months” or “in the past year.” If a respondent had an experience that occurred within the 30 days prior to completing the survey, the experience was referred to as occurring “in the past month,” “in the past 30 days,” or “currently.”

Write-in responses:

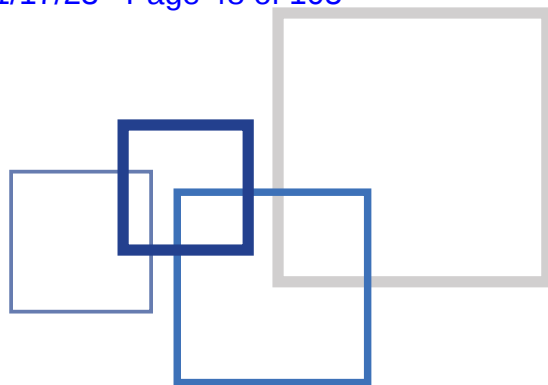
At several places in the survey, respondents were given an opportunity to write in a response to a question. These write-in responses were reviewed for recoding to categorize the responses into existing answer choice categories or new categories when feasible. When it was possible to recode write-in answers into a new category, those answers were often listed in the report and labeled as a “write-in response.” In many cases, it was not possible to recode the answers into existing or new categories, and these write-in-responses were included in categories such as “a reason not listed above.” For more information about how write-in answers were recoded, refer to *Appendix C: Detailed Methodology*.

U.S. population comparisons and other resources:

References to experiences of the U.S. population are included in the report for comparison and to provide context for findings where feasible. References to other research are also provided as resources in several places throughout the report. However, the list of references is not exhaustive, and should not be treated as a comprehensive list of sources on any particular subject presented in this report.

Stories included in the report:

Throughout the report, excerpts of stories are included in sections titled “In Our Own Voices.” These stories, which were submitted by respondents after they completed the survey, are provided to support the findings of the report and offer important anecdotal evidence and context for respondents’ reported experiences. These stories have been edited for length and clarity.



CHAPTER 4

Portrait of USTS Respondents

With 27,715 respondents, the U.S. Transgender Survey (USTS) is the largest survey ever conducted of transgender people in the United States, providing a rich understanding of numerous aspects of their lives and experiences. In this chapter, an overview of respondents' diverse gender identities and experiences with transitioning is presented. Additional characteristics of USTS respondents, such as race and ethnicity, age, educational attainment, and geographic location, are also presented. This information is discussed in the following sections:

- I. Gender Identity and Expression
- II. Experiences with Transitioning
- III. Being Perceived as a Transgender Person by Others
- IV. Outness
- V. Race and Ethnicity
- VI. Age
- VII. Location
- VIII. Primary Language Spoken in Home
- IX. Religious or Spiritual Identity
- X. Income and Employment Status
- XI. Educational Attainment
- XII. Disability
- XIII. Citizenship and Immigration Status
- XIV. Sexual Orientation
- XV. Relationship Status

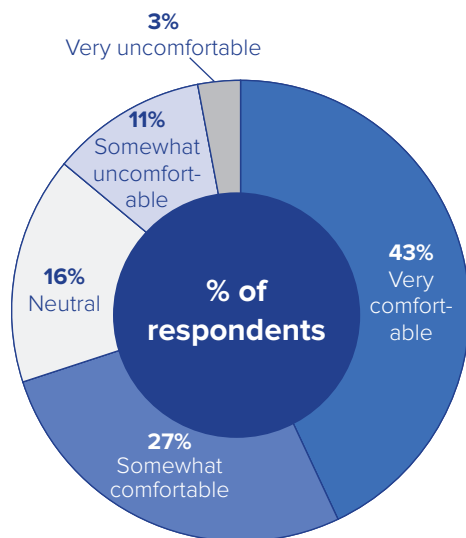
I. Gender Identity and Expression

a. Identity

The word *transgender* is often used as an “umbrella term” intended to encompass the spectrum of identities and capture the diversity of people whose gender differs from the one they were thought to be at birth. However, language describing identity continues to evolve, and it is difficult to describe all of those identities using just one term. Acknowledging this wide range of identities, the survey asked respondents if they thought of themselves as “transgender.” Eighty-eight percent (88%) of respondents reported that they thought of themselves as transgender, while the remaining 12% used other terms to describe their gender and related experiences.¹

Respondents were also asked how comfortable they were with the word “transgender” being used to describe them on a five-point scale from “very comfortable” to “very uncomfortable.” Eighty-six percent (86%) expressed that they were comfortable or neutral using this term, including 82% percent of non-binary respondents. Forty-three percent (43%) were “very comfortable,” and only 14% expressed discomfort with being described as transgender² (Figure 4.1).

Figure 4.1: Respondent’s level of comfort with the word “transgender” being used to describe them



Respondents were also offered a list of identity terms from which they could check all terms that described their gender identity, and they were also given an opportunity write in a gender that was not listed (Table 4.1). In addition to the listed terms, respondents wrote in more than 500 unique gender terms with which they identified.

Table 4.1: Gender identity terms

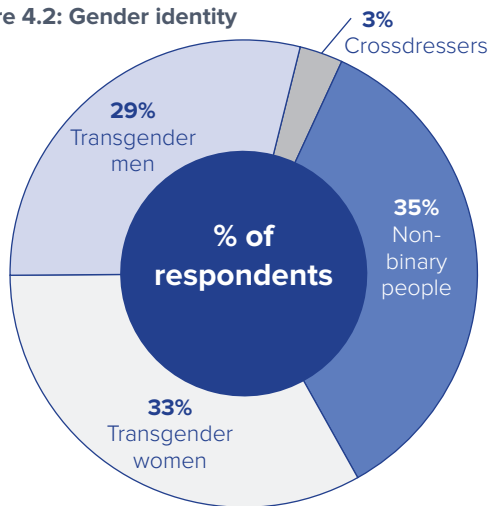
Gender identity terms	% of respondents
Transgender	65%
Trans	56%
Trans woman (MTF, male to female)	32%
Trans man (FTM, female to male)	31%
Non-binary	31%
Genderqueer	29%
Gender non-conforming or gender variant	27%
Gender fluid/fluid	20%
Androgynous	18%
Transsexual	18%
Agender	14%
Two-spirit	7%
Bi-gender	6%
Butch	5%
Crossdresser	5%
Multi-gender	4%
Third gender	4%
Intersex	3%
Drag performer (king/queen)	2%
A.G. or aggressive	1%
Stud	1%
Travesti	1%
Bulldagger	<1%
Fa'afafine	<1%
Mahu	<1%
A gender not listed above	12%

b. Gender Identity Categories Used for Analysis

Respondents were also asked to choose only one term that best described their current gender identity out of six possible terms (*woman*, *man*, *trans woman* (MTF), *trans man* (FTM), *non-binary/genderqueer*, or *crossdresser*) to determine the gender identity categories used for primary analysis.³ Respondents

were grouped into four gender identity categories based on their responses. These four categories are used throughout this report to discuss the experiences of those who completed the survey: *transgender women*, *transgender men*, *non-binary people*, and *crossdressers*.⁴ Those who said that *woman* or *transgender woman* best described their gender identity were included in the transgender women analytical category (33%), and those who said that *man* or *transgender man* best described their gender identity were included in the transgender men analytical category (29%). Overall, 62% of respondents were included in the transgender men and women categories. Three percent (3%) said that *crossdresser* best described their gender identity. More than one-third (35%) of respondents indicated that their gender identity was best described as *non-binary* or *genderqueer*, a term often used to describe people whose gender is not exclusively male or female, including those who identify with a gender other than male or female, as more than one gender, or as no gender⁵ (Figure 4.2). Throughout the report, these respondents are referred to as “non-binary.”

Figure 4.2: Gender identity



c. Gender Assignment at Birth

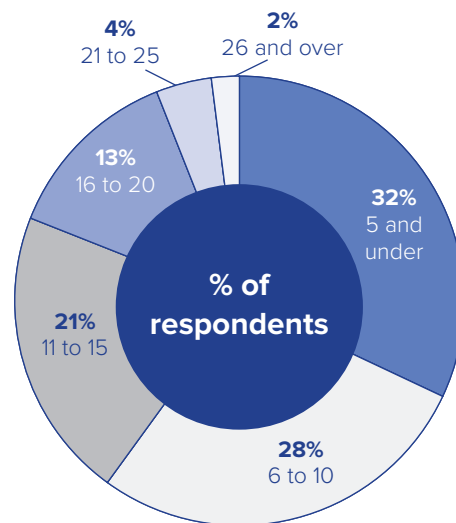
Respondents were asked about the sex they were “assigned at birth, on [their] original birth certificate.”⁶ In this report, the term “respondents with male on their original birth certificate” is used

to describe respondents who were thought to be male when they were born (such as transgender women), and “respondents with female on their original birth certificate” is used to describe respondents who were thought to be female when they were born (such as transgender men). More than half (57%) of respondents had female on their original birth certificate, and 43% had male on their original birth certificate. Of those who were non-binary, 80% had female on their original birth certificate, and 20% had male on their original birth certificate.

d. Development of Transgender Identity and Interactions with Other Transgender People

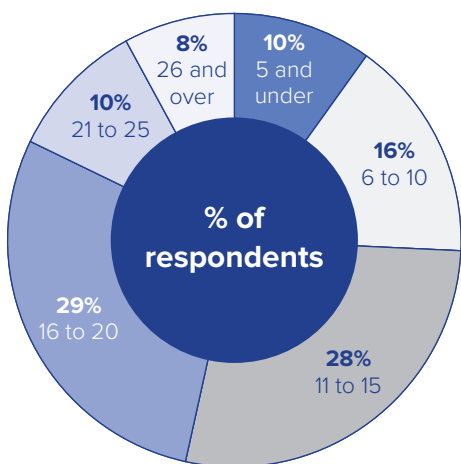
Respondents received questions related to the development of their transgender identity throughout their lives. A majority of respondents (60%) reported that they began to feel “different” from the sex on their original birth certificate at age 10 or younger, including 32% who began to feel different at age 5 or younger, and 28% who began to feel different between the ages of 6 and 10. Six percent (6%) reported that they began to feel different at age 21 or older (Figure 4.3).

Figure 4.3: Age they began to feel gender was different from the one on their original birth certificate



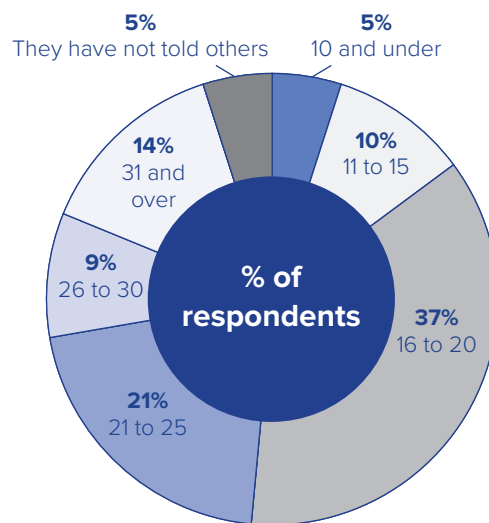
Respondents were also asked how old they were when they started to think of themselves as transgender, even if they did not know that word. One in ten (10%) reported that they began thinking of themselves as transgender at age 5 or younger. Sixteen percent (16%) began to think of themselves as transgender between the ages of 6 and 10, and 28% between the ages of 11 and 15. Eight percent (8%) reported beginning to think of themselves as transgender at age 26 or older (Figure 4.4).

Figure 4.4: Age they started to think they were transgender



Respondents were also asked at what age they began to tell others that they were transgender. One in ten (10%) respondents reported that they began to tell others that they were transgender between the ages of 11 and 15, and more than one-third (37%) did so between the ages of 16 and 20. Another 30% began telling people that they were transgender between the ages of 21 and 30, and 14% began telling people that they were transgender at age 31 or older. Additionally, 5% reported that they had not told anyone else that they were transgender (Figure 4.5).

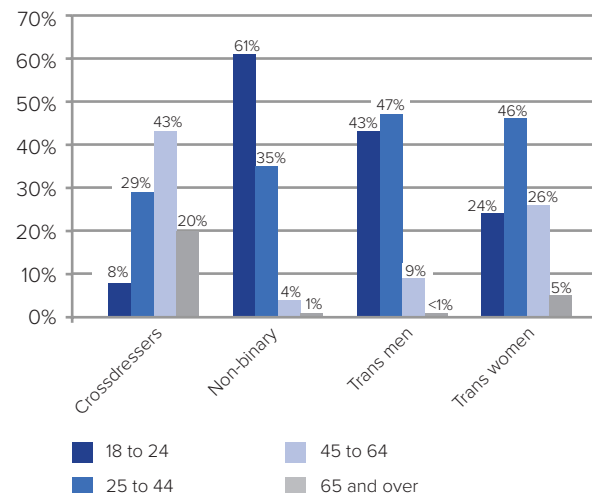
Figure 4.5: Age they started to tell others that they were transgender



e. Gender Identity and Current Age

The age profile of respondents⁷ differed widely by gender identity categories, with nearly half (47%) of transgender men and women being aged 25–44, compared to 35% of non-binary respondents, and 29% of crossdressers. Non-binary respondents were more likely to be younger, with nearly two-thirds (61%) being aged 18–24, in contrast to transgender men (43%), transgender women (24%), and crossdressers (8%). One in five (20%) crossdressers were aged 65 or older, compared to only 5% of transgender women, 1% of non-binary respondents, and less than 1% of transgender men (Figure 4.6).

Figure 4.6: Gender identity by current age



II. Experiences with Transitioning

Transitioning is a process by which a person begins to live in a gender that is different than the one on their original birth certificate. Not all transgender people have transitioned or intend to do so, but many do. Gender transition can involve many different aspects, including changing one’s clothing, appearance, name, and identity documents (such as driver’s licenses or passports) and asking people to use different pronouns (such as he, she, or they) than the ones associated with the gender on one’s original birth certificate. Transitioning may also include undergoing medical procedures, such as hormone therapy or surgeries, to change one’s physical characteristics. Some people make many of these changes while others do not, depending on their needs and resources. Additionally, some transgender people may desire and make some of these changes even if they do not intend to live full time in a gender that is different than the one on their original birth certificate. However, many people who want to take these steps are not able to do so because of financial constraints, safety concerns, fear of discrimination and rejection, and other barriers.

a. Full-Time Status and Transition

Nearly two-thirds (62%) of respondents were currently living full time in a gender that was different from the one on their original birth certificate. Throughout the report, the process of living full time in a gender that is different than that on one’s original birth certificate is described as “transitioning.” Twenty-two percent (22%) of respondents reported that they wanted to transition someday, 13% were unsure, and 3% did not want to transition (Figure 4.7). Three-quarters (75%) of transgender men and women had transitioned, and 43% of non-binary respondents had transitioned (Figure 4.8).⁸

Figure 4.7: Transition status of respondents

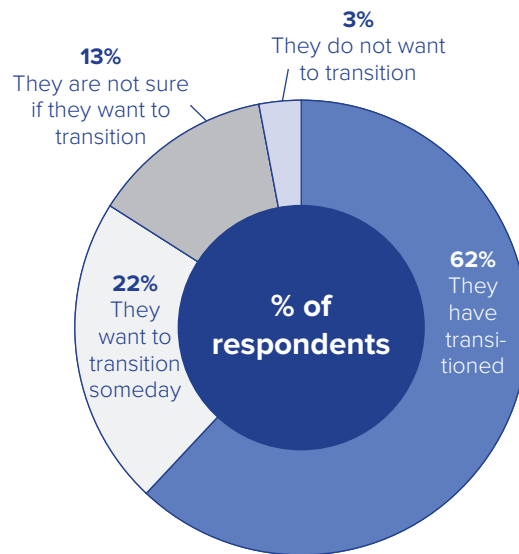
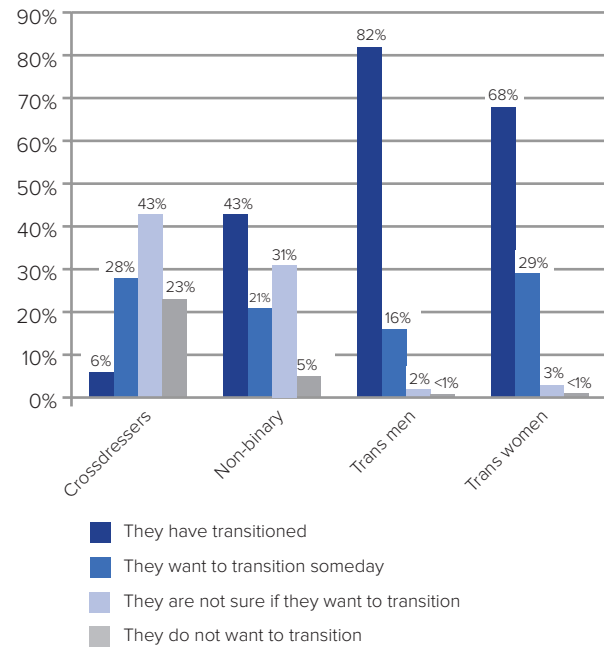


Figure 4.8: Transition status of respondents by gender identity (%)

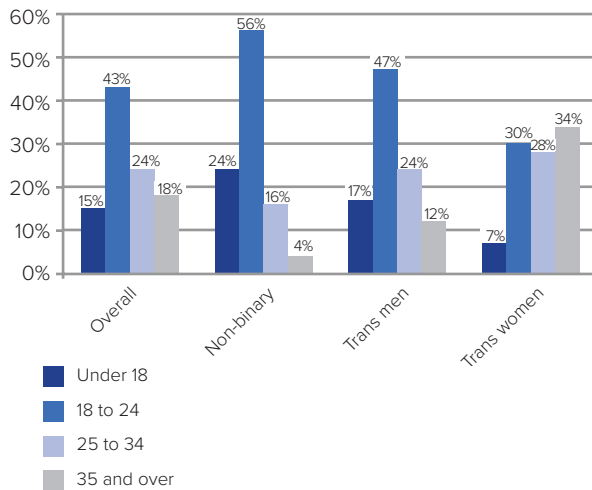


Respondents were also asked what gender they were living in on a day-to-day basis. Thirty-five percent (35%) of respondents reported that they currently lived as a man on a daily basis, 30% lived as a woman, 21% lived as neither a man nor a woman, and 15% lived part time in one gender and part time in another.

b. Age of Transition

Those who have transitioned reported the age at which they began transitioning, or living full-time in a gender other than that on their original birth certificate. Nearly half (43%) reported that they began transitioning between the ages of 18 and 24, and nearly one-quarter (24%) transitioned between ages 25 and 34. Fifteen percent (15%) transitioned under the age of 18, and 18% transitioned at age 35 or older. Non-binary respondents and transgender men were more likely to have transitioned at a younger age, with 24% of non-binary respondents and 17% of transgender men transitioning under the age of 18, compared to 7% of transgender women (Figure 4.9).⁹

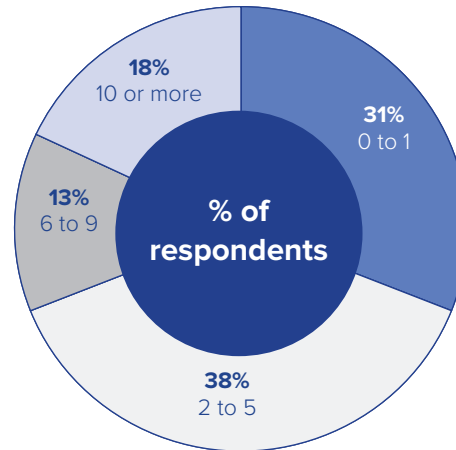
Figure 4.9: Age began transitioning GENDER IDENTITY (%)



c. Number of Years Since Transitioning

The number of years since a respondent had transitioned was determined in order to provide valuable information and context for some of the respondents' experiences.¹⁰ Nearly one-third (31%) of those who had transitioned had done so within one year of taking the survey, 38% had transitioned 2 to 5 years prior, 13% transitioned 6 to 9 years prior, and 18% had transitioned 10 or more years prior (Figure 4.10).

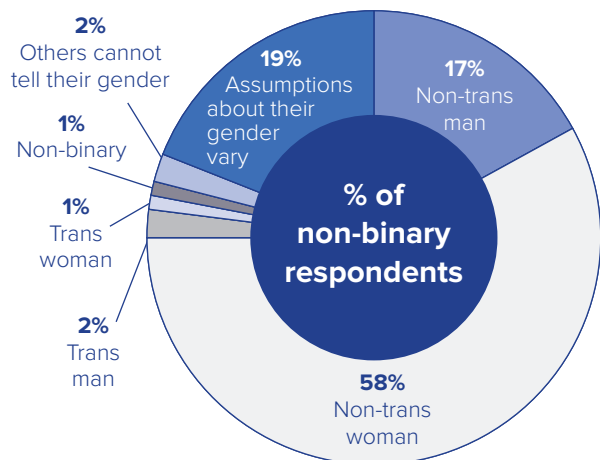
Figure 4.10: Number of years since transitioning



d. Additional Questions for Non-Binary Respondents

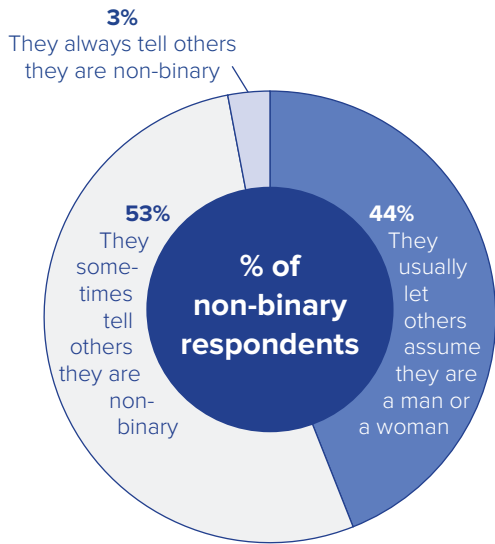
Non-binary respondents received questions about what they tell other people about their gender identity. They were asked about what gender they were perceived to be by people who did not know they were non-binary. A majority reported that people usually assumed they were non-transgender women (58%), including 72% of non-binary respondents with female on their original birth certificate, and 2% of non-binary respondents with male on their birth certificate. Seventeen percent (17%) reported that other people assumed they were non-transgender men, including 77% of non-binary respondents with male on their original birth certificate, and 3% of non-binary respondents with female on their birth certificate. Nearly one in five (19%) reported that assumptions about their gender varied (Figure 4.11).

Figure 4.11: Gender that people who do not know they are non-binary usually assume they are



Non-binary respondents were asked how they responded when people in their life assumed their gender was something other than non-binary. Almost half (44%) reported that they usually let others assume they were a man or woman, and 53% sometimes corrected others and told them about their non-binary identity. Only 3% always told others that they were non-binary (Figure 4.12).

Figure 4.12: Response when people assume that their gender is something other than non-binary



Non-binary respondents who reported that they usually let others assume they are a man or woman or only sometimes tell people they are non-binary were asked for the main reasons they do not tell others about their non-binary identity. Respondents could select multiple reasons for choosing not to tell people about their non-binary identity. A majority of non-binary respondents reported that people do not understand so they do not try to explain it (86%) or that it is easier not to say anything (82%). Approximately two-thirds reported that their non-binary identity is often dismissed as not being a real identity or just a phase (63%), and others feared they might face violence (43%) (Table 4.2).

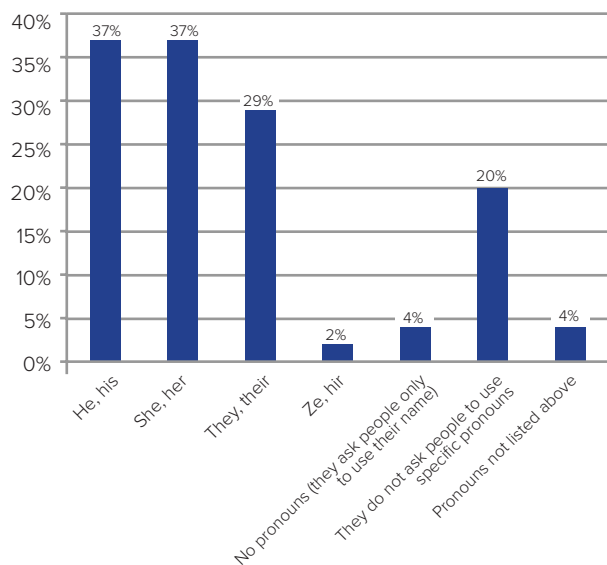
Table 4.2: Main reasons for not telling people they are non-binary

Main reasons for not telling others about non-binary identity	% of non-binary respondents
Most people do not understand so they do not try to explain it	86%
It is easier not to say anything	82%
Most people dismiss it as not being a real identity or a “phase”	63%
They might face violence	43%
They are not ready to tell people they identify as non-binary	35%
They might lose their job or not be able to get a job	35%
They might not get the medical care they need	24%
They might be hurt financially	23%
They might face mistreatment at school	18%
Their friends might reject them	18%
They might become homeless	12%
Their church or faith community might reject them	6%
A reason not listed above	18%

e. Pronouns

Eighty-four percent (84%) of respondents reported that the pronouns they used were different from those associated with the sex on their original birth certificate. Respondents reported a wide range of pronouns that they asked people to use when referring to them and could select more than one pronoun. The most widely used pronouns were “he/his” (37%), “she/her” (37%), and “they/their” (29%). One in five (20%) reported that they did not ask people to use specific pronouns when referring to them, and another 4% indicated that they used pronouns other than those provided in the answer choices. This included more than a dozen additional pronouns provided through write-in responses (Figure 4.13).

Figure 4.13: Pronouns respondents ask people to use



III. Being Perceived as a Transgender Person by Others

Some transgender people find that others can routinely tell that they are transgender without being told, while others are generally perceived as the gender they identify with, and still others are perceived as the gender they were thought to be at birth. Many interactions and experiences of transgender people may be influenced by others' perceptions of them as being a transgender person. Transgender people who are visually or otherwise perceived by others as transgender or gender non-conforming may be more vulnerable to negative interactions in public or other settings.

To assess whether respondents were perceived as transgender, they were asked whether others could tell that they were transgender even without being told on a five-point scale from "always" to "never." Nearly one in ten (9%) reported that others

could tell they were transgender without being told "most of the time," 32% said others could "sometimes" tell, and 24% said that others could never tell (Figure 4.14).¹¹ Respondents' experiences with others' perception of their transgender status varied by gender identity (Figure 4.15).

Figure 4.14: How often people could tell they were transgender without being told

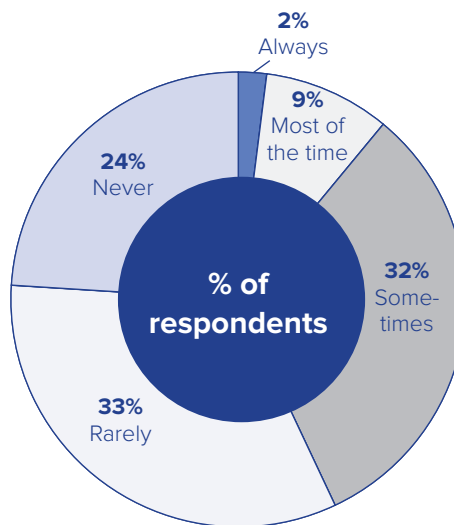
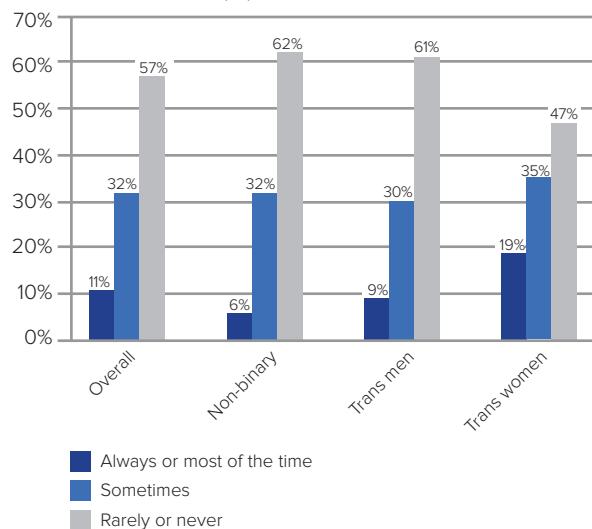


Figure 4.15: How often people could tell they were transgender without being told
GENDER IDENTITY (%)



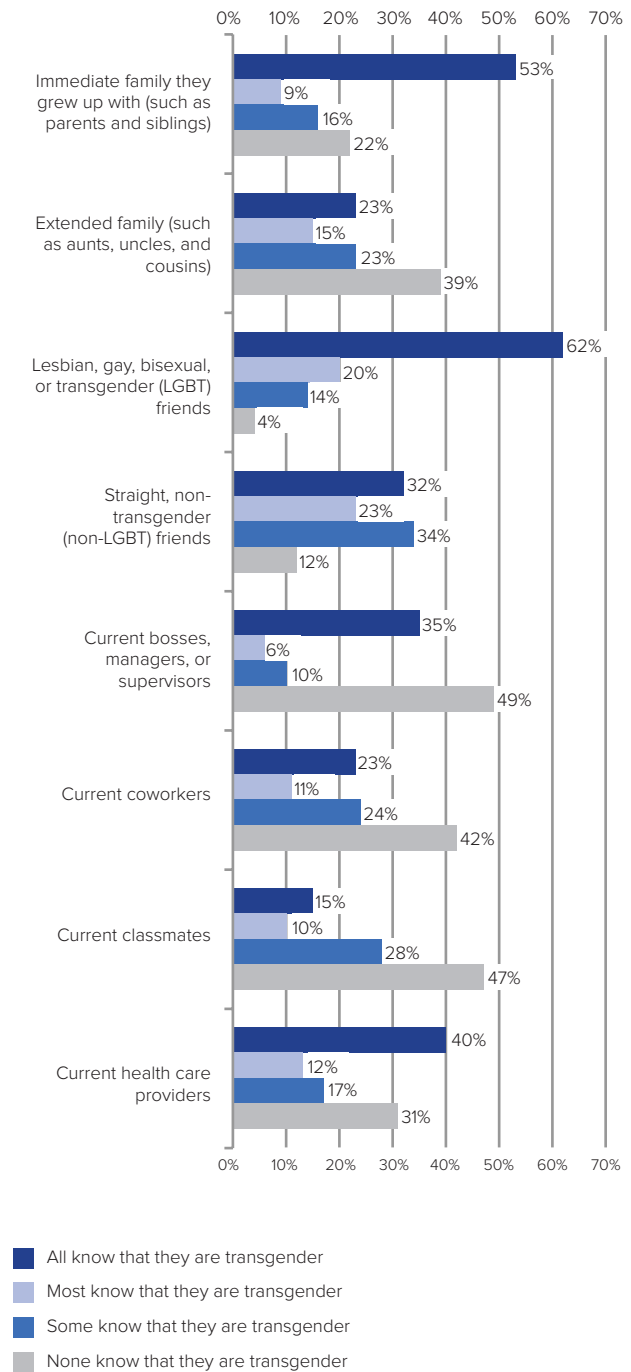
IV. Outness

Respondents were asked whether they thought different groups of people in their lives knew that they were transgender to determine if they were “out”¹² about their transgender identity to family members, friends, supervisors and colleagues at work, classmates, and health care providers. Respondents were asked whether all, most, some, or none of the people in their lives knew they were transgender in each of the groups of people in their lives. Results reflect only those respondents who had people from each group in their lives. Overall, 8% reported that they were out to all of the people in their lives, across all groups of people, 48% were out to most, 43% were out to some, and only 2% were out to none of the people in their lives.

Nearly two-thirds (62%) were out to all or most of the immediate family that they grew up with, and 38% were out to all or most of their extended family.¹³ Regarding workplace environments, nearly one-half reported that none of their current supervisors (49%) or coworkers (42%) knew that they were transgender.¹⁴ In terms of health care providers, although 40% reported that all of their health care providers knew that they were transgender, almost one-third (31%) indicated that none of their health care providers knew that they were transgender (Figure 4.16).

Of all groups of people the survey asked about, respondents were most likely to be out to all of their LGBT friends (62%). Respondents were also asked about the methods by which they socialize with other transgender people. Sixty-four percent (64%) reported that they socialized with other transgender people in person, and 79% socialized online. Nearly one-third (32%) said they interacted with transgender people in political activism, and 10% reported that they did not socialize with other transgender people.

Figure 4.16: Outness to people in respondents' lives



V. Race and Ethnicity

Respondents received a question on race and ethnicity and were asked to select only one of the following categories that most accurately described their racial or ethnic identity:

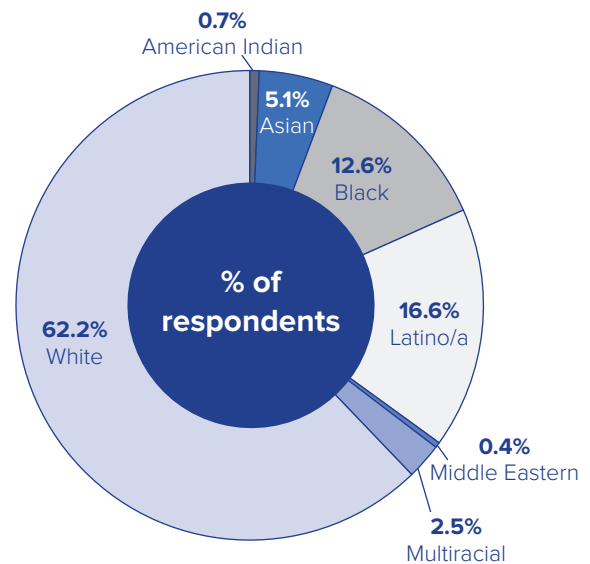
- Alaska Native (received a write-in option)¹⁵
- American Indian (received a write-in option)¹⁶
- Asian or Asian American
- Biracial or multiracial (received a follow-up question)¹⁷
- Black or African American
- Latino/a or Hispanic
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White or European American
- A racial or ethnic identity not listed above (received a follow-up question)¹⁸

Throughout the report, respondents who identified as biracial, multiracial, or more than one racial or ethnic category are included in the multiracial group. Additionally, due to small sample sizes and for purposes of analysis, certain racial and ethnic groups were combined into single categories. American Indian and Alaska Native respondents are combined in one category and reported as “American Indian.” Similarly, the Asian/Asian American and Native Hawaiian/Pacific Islander groups are also combined in one category and reported as “Asian.”¹⁹

The USTS sample had a percentage of white respondents that is notably higher than the U.S. general population, which is common among internet-based surveys.²⁰ Therefore, a race and ethnicity weight was developed to more closely represent what is estimated to be the actual racial and ethnic distribution for the transgender population in the U.S., based on the Census

Bureau’s 2014 American Community Survey (ACS).²¹ Racial and ethnic categories were weighted to reflect the ACS distribution for race and ethnicity as part of the standard survey weight that was applied to all results presented in the report (Figure 4.17).²²

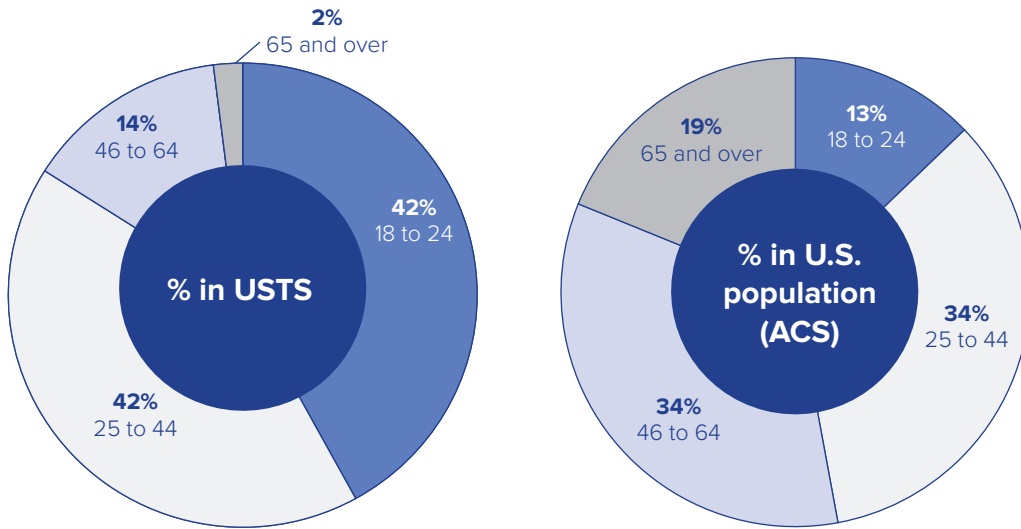
Figure 4.17: Race and ethnicity of respondents



VI. Age

The age of respondents in the sample ranged from 18 to 87. The overall age of respondents in the sample was generally younger than that in the U.S. population. In addition to having a younger age distribution, a disproportionately large number of respondents reported an age of 18 years old. Therefore a weight was created to balance the representation in the sample of those 18-year-old respondents in relation to the rest of the sample. This weight was part of the standard survey weight that was applied to all results presented in this report (Figure 4.18). Additionally, for certain findings in this report, a “supplemental weight” was applied to adjust the USTS sample to reflect the age distribution for the U.S. population based on the ACS.²³

Figure 4.18: Age of respondents

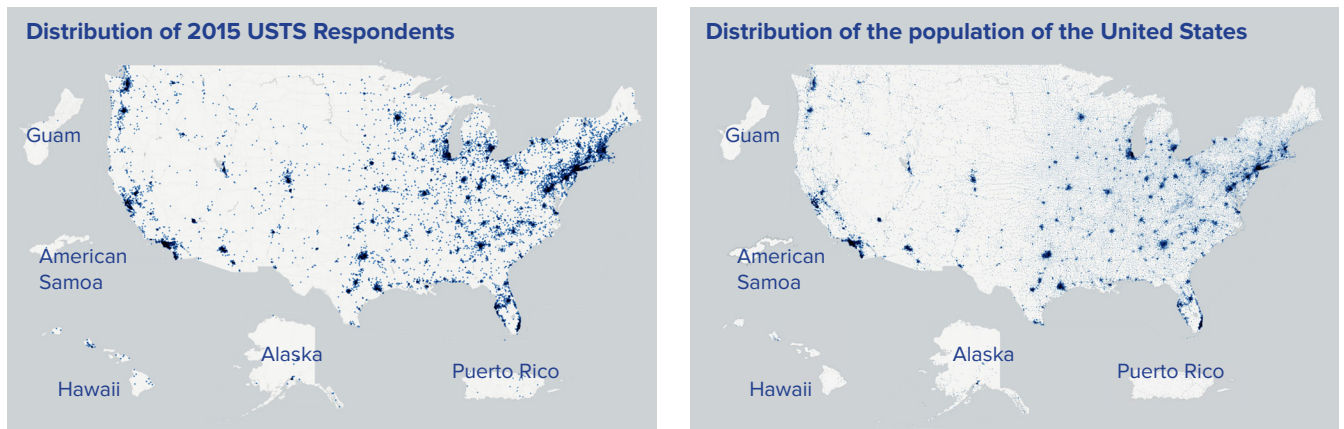


VII. Location

The sample included respondents from all 50 states, the District of Columbia, American Samoa, Guam, Puerto Rico, and several U.S. military bases overseas. The geographic distribution of the sample generally mirrors that of the U.S. general population (Figure 4.19).

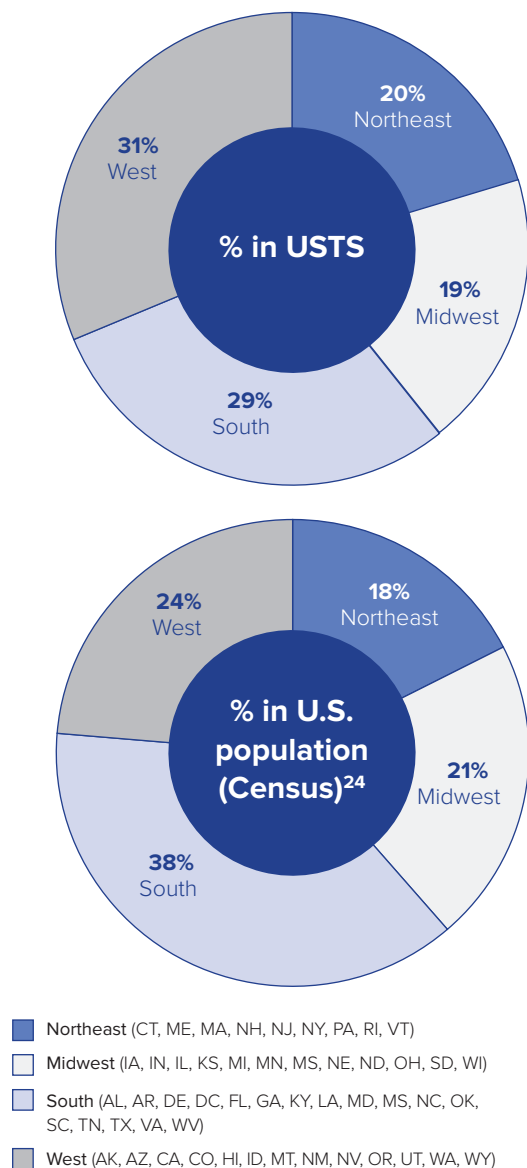
The sample was divided into regions based on the Census Bureau regions, which included the Northeast, Midwest, South, and West (Figure 4.20). These regional categories did not include U.S. territories or U.S. military bases overseas.

Figure 4.19



Each dot on the maps represents the number of people in a zip code. Every dot corresponds to at least one person, and the size of each dot increases in accordance with the number of people in each zip code.

Figure 4.20: Respondents' location by region



VIII. Primary Language Spoken in Home

Respondents were asked about the primary language spoken in their home. Eighty-four percent (84%) reported that English was the only language spoken in their home, compared to 79% in the U.S. general population, as reported in the

American Community Survey (ACS).²⁵ Fourteen percent (14%) reported that English and another language were mainly spoken in their home, and 2% reported that a language other than English was the primary language spoken in their home. In addition to spoken languages, 0.4% of respondents also reported that American Sign Language was either the main language or one of the main languages used in their home.

Spanish (including Spanish Creole) was reported as the most common language spoken in their home other than English, with 10% of respondents reporting Spanish was the main language spoken in their home, exclusively or along with English. This was slightly lower than the percentage of those who spoke Spanish in the home in the U.S. general population (13%).²⁶ Each of the other identified languages were spoken by less than 1% of respondents.

IX. Religious or Spiritual Identity

Respondents were asked about their current religious or spiritual identity and could select one or more identities from a provided list, or they could select a religious affiliation or spiritual identity not listed.^{27,28} Sixty-three percent (63%) of respondents reported that they had a spiritual or religious identity, and 37% of respondents reported that they did not have a spiritual or religious identity.²⁹ Respondents were most likely to identify as agnostic (23%), atheist (22%), or Christian (21%), followed by a smaller percentage who identified as Pagan (9%), Buddhist (6%), or Jewish (4%). One-quarter (25%) of respondents identified as spiritual, but with no religious affiliation. Thirteen percent (13%) had no religious or spiritual affiliation, and 7% identified with a religious affiliation or spiritual identity that was not listed (Table 4.3).

Table 4.3: Current religious or spiritual identity

Current religious or spiritual identity	% of respondents
Spiritual, but no religious affiliation	25%
Agnostic	23%
Atheist	22%
Christian	21%
Pagan	9%
Buddhist	6%
Jewish	4%
Secular Humanist	4%
Wiccan	4%
Druid	1%
Hindu	1%
Muslim	1%
Native American Traditional Practitioner or Ceremonial	1%
Polytheist (write-in response)	1%
Taoist	1%
Baha'i	<1%
Confucian	<1%
Jain	<1%
Jehovah's Witness	<1%
Rastafarian	<1%
Scientologist	<1%
Shinto	<1%
Sikh	<1%
Tenrikyo	<1%
A religious affiliation or spiritual identity not listed above	7%
No affiliation	13%

X. Income and Employment Status

Respondents were asked about various aspects of their income using a series of questions based on the Current Population Survey (CPS).³⁰ Results for income and employment status are presented

briefly in this section and discussed in greater detail in the *Income and Employment Status* chapter. In order to compare USTS respondents' income and employment data with data from the CPS and other national data sources, income and employment results are presented with the "supplement weight" applied.³¹

a. Sources of Income

Nearly half (45%) of respondents received income from multiple sources, such as employment, Social Security income, or a pension. Thirty-six percent (36%) received income solely from their own employment or a partner or spouse's employment (not including underground economy work, such as sex work, drug sales, or other work that is currently criminalized). Nearly one in ten (9%) received income from Social Security, including disability, and 3% received income solely from a pension. Three percent (3%) reported that they were currently working in the underground economy, including 1% whose income came solely from underground economy work (Table 4.4).

Table 4.4: Current sources of income by single and multiple sources

Sources of income	% of respondents (supplemental weight)
Employment only (from their own employer, partner/spouse's employer, or self-employment)	36%
Social Security income/disability only	9%
Pension/retirement only	3%
Other sources of income only	3%
No income	2%
Sex work and other underground economy work only	1%
Unemployment benefits/cash assistance only	1%
Multiple sources	45%

b. Individual and Household Income

Individual and household incomes for the USTS sample and the U.S. population were reported from 2014, the last full year prior to the survey for which annual income figures were available. Respondents reported lower incomes than the U.S. population (Figure 4.21 & Figure 4.22).³²

Figure 4.21: Individual income in 2014

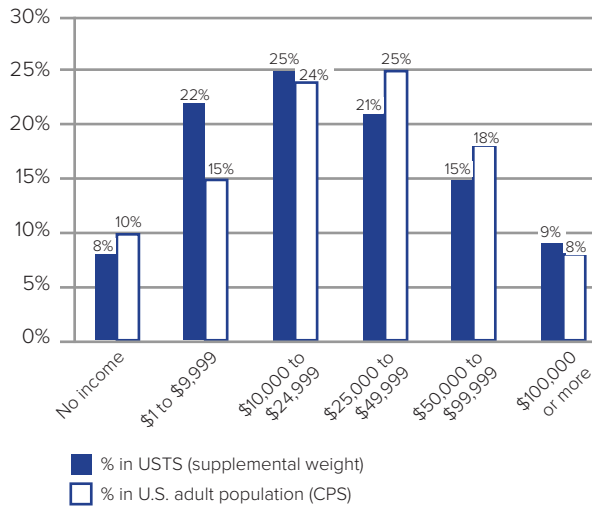
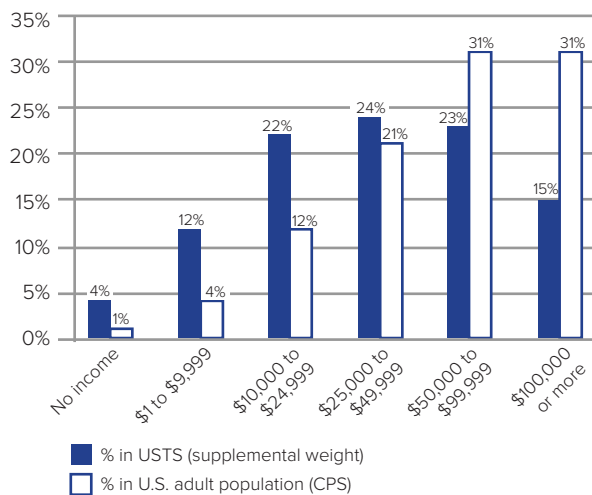


Figure 4.22: Household income in 2014



c. Poverty

Nearly one-third (29%) of respondents were living in poverty,³³ more than twice the poverty rate among the general U.S. adult population (12%).³⁴

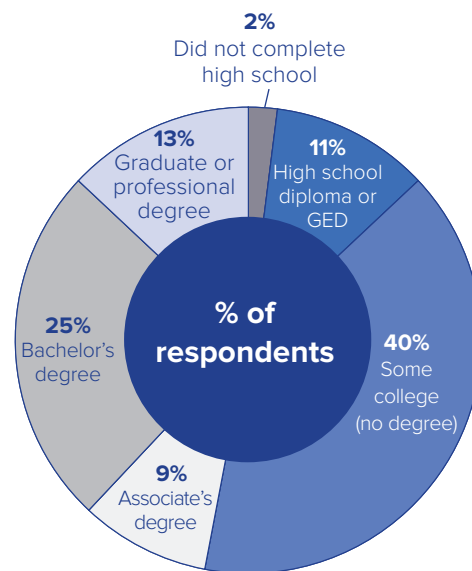
d. Employment Status

When asked about their current employment status, 35% of respondents reported that they currently had at least one full-time job, 15% had at least one part-time job, 15% were self-employed, and 11% were students. The unemployment rate for USTS respondents was 15%, three times the U.S. unemployment rate at the time of the survey (5%).³⁵

XI. Educational Attainment

Respondents were asked about the highest level of education or degree that they had completed. Thirteen percent (13%) of respondents had a high school diploma or GED, or did not complete high school. Forty percent (40%) had completed some college but had not obtained a degree, 9% had an associate's degree, and 38% had received a bachelor's degree or higher (Figure 4.23).

Figure 4.23: Educational attainment (categories used in report)



Throughout the report, educational attainment is reported according to the categories reflected in Figure 4.23. However, alternative categories are

also presented here for comparison to the U.S. population.³⁶ The USTS sample overall reflected higher educational attainment than the U.S. population, which is common among internet-based surveys.³⁷ To account for differences in educational attainment by age, USTS respondents are compared to the U.S. population for two age ranges: (1) ages 18 to 24 (Figure 4.24) and (2) ages 25 and older (Figure 4.25).³⁸

Figure 4.24: Educational attainment (ACS categories), ages 18 to 24

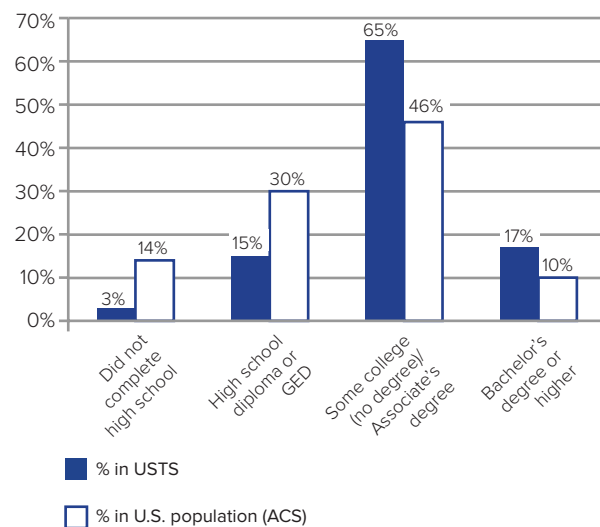
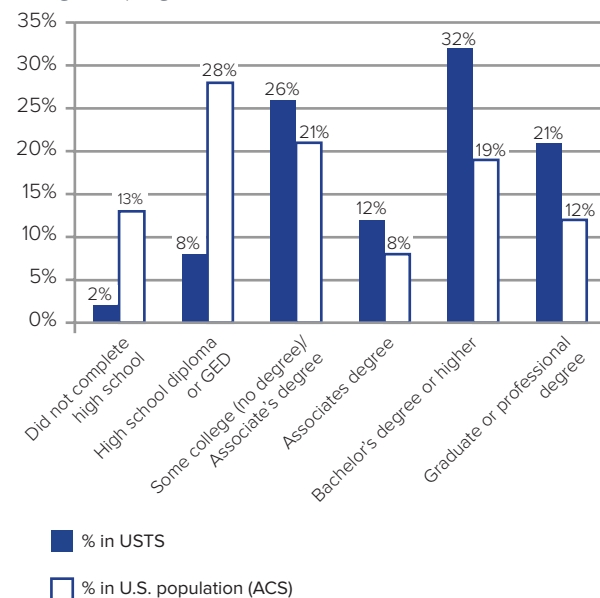


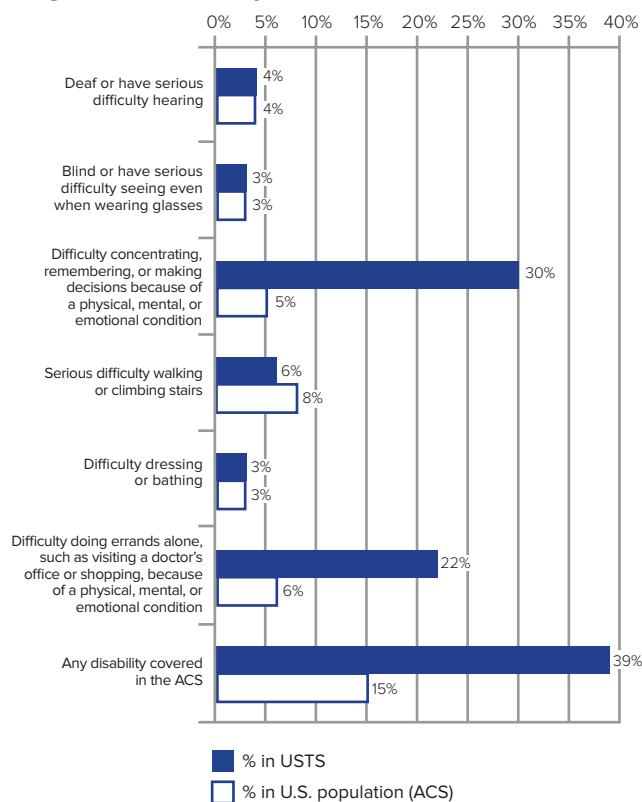
Figure 4.25: Educational attainment (ACS categories), age 25 and older



XII. Disability

Respondents received questions about their disability status based on questions from the American Community Survey (ACS) in order to compare those in the USTS sample to those with disabilities in the U.S. general population. Overall, 39% of respondents indicated that they had one or more disability as described in the ACS, compared to 15% of the general population.³⁹ Four percent (4%) of the sample reported that they were deaf or had serious difficulty hearing, similarly to the U.S. general population (4%).⁴⁰ Three percent (3%) reported that they were blind or had serious difficulty seeing even when wearing glasses, similarly to those in the U.S. population (3%).⁴¹ USTS respondents were six times as likely to report having serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition (30%), in contrast to those in the U.S. population (5%).⁴² Respondents were also almost four times as likely to report difficulty doing errands alone, such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition (22%), compared to the U.S. population (6%) (Figure 4.26).⁴³

Figure 4.26: Disability status



Respondents were also asked if they identified as a person with a disability to better capture disabilities that were not outlined in the ACS. Twenty-eight percent (28%) of the sample identified as a person with a disability.⁴⁴ Throughout the report, the experiences of “people with disabilities” reflect the experiences of these individuals.

XIII. Citizenship and Immigration Status

Respondents were asked about their citizenship or immigration status. In addition to those who were citizens in the sample (97%), respondents reported a range of immigration statuses, including being permanent residents (1%), visa holders (1%), refugees (<1%), or undocumented residents (<1%) (Table 4.5).

Table 4.5: Citizenship or immigration status

Citizenship or immigration status	% of respondents
U.S. citizen (by birth)	94%
U.S. citizen (naturalized)	3%
Permanent resident	1%
A visa holder (such as F-1, J-1, H1-B, or U)	1%
Undocumented resident	<1%
DACA (Deferred Action for Childhood Arrival)	<1%
Refugee status	<1%
Currently under a withholding of removal status	<1%
DAPA (Deferred Action for Parental Accountability)	<1%
Other documented status not listed	<1%

Six percent (6%) of respondents were not citizens by birth, compared to 16% in the U.S. population.⁴⁵ This included approximately 3% who were naturalized citizens, 2% who were documented residents (such as permanent residents and visa holders), and <1% who were undocumented residents⁴⁶ (Table 4.6).

Table 4.6: Citizenship or immigration status (collapsed)

Citizenship or immigration status	% in USTS	% in U.S. population (Census)
U.S. citizen (by birth)	94%	84%
U.S. citizen (naturalized)	3%	8%
Documented resident	2%	8%
Undocumented resident	<1%	

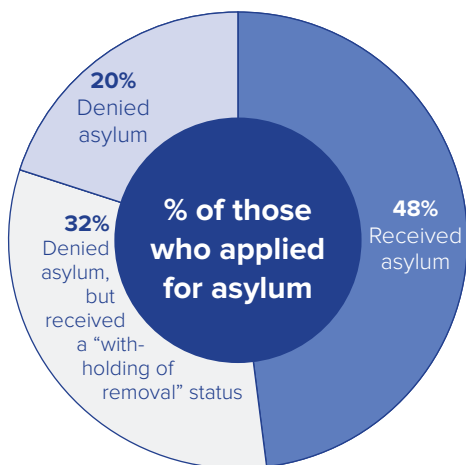
Respondents who were not U.S. citizens by birth were asked if they had ever applied for asylum in the United States. Seven percent (7%) applied for asylum, including 3% who applied on the basis of their gender identity or sexual orientation. Of those who did not apply for asylum, 51% reported that they did not need asylum in order to stay in the United States because they had access to other avenues for becoming citizens, permanent residents, or visa holders.⁴⁷ Other respondents indicated that they did not know how to apply (17%) or did not apply for other reasons (Table 4.7).

Table 4.7: Reasons for not applying for asylum

Reasons for not applying for asylum	% of those who did not apply for asylum
They had access to other legal statuses	51%
They did not know how to apply	17%
They did not want to apply	16%
They did not need to or were not eligible	12%
They were afraid to apply	3%
They believed they were past the one-year deadline	2%
A reason not listed above	30%

Nearly half (48%) of respondents who applied for asylum received it. Another 32% did not receive asylum but instead received a “withholding of removal” status, an alternative form of relief that allows someone to stay in the United States under certain conditions. One in five (20%) of these respondents were denied asylum (Figure 4.27). Of the respondents who were denied asylum (n=11, unweighted),⁴⁸ 31% reported that they were denied asylum because they were past the one-year deadline, 44% indicated that it was because the immigration official decided that they did not face danger in their country of origin, and 25% reported that it was because of a reason not listed.

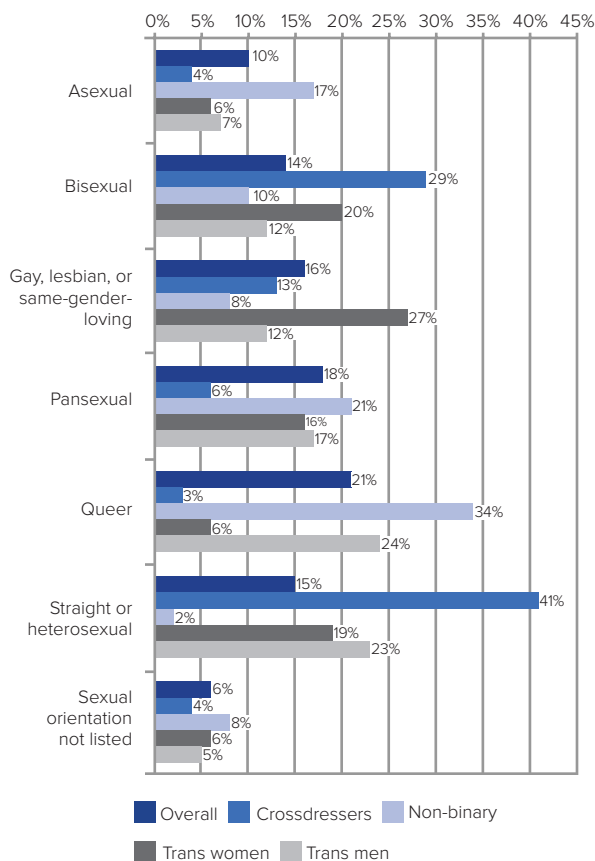
Figure 4.27: Outcome of asylum application



XIV. Sexual Orientation

Respondents were asked which terms best described their sexual orientation. Respondents were most likely to identify as queer (21%), and they also identified as pansexual (18%), gay, lesbian, or same-gender-loving (16%), straight (15%), bisexual (14%), and asexual (10%) (Figure 4.28).

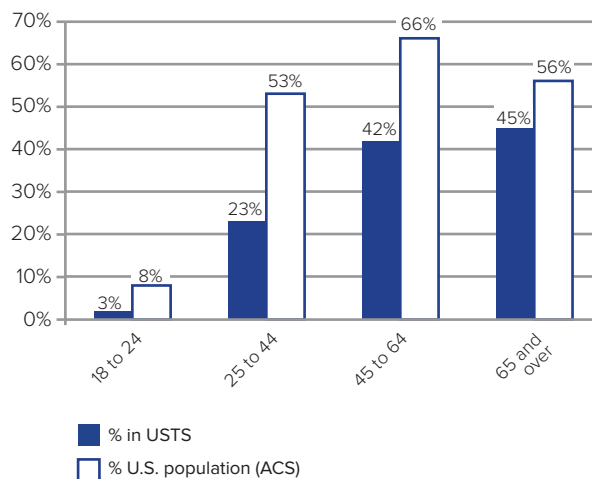
Figure 4.28: Sexual orientation



XV. Relationship Status

Respondents were asked about their relationship status. Thirty-one percent (31%) were partnered and living together, 17% were partnered and not living together, 49% were single, 2% were in a polyamorous relationship, and 1% had a relationship status that was not listed. Respondents were also asked about their current legal marital status for the purpose of comparison to the U.S. adult population through the ACS. Eighteen percent (18%) of USTS respondents were currently married, in contrast to 52% in the U.S. adult population (Figure 4.29).⁴⁹ Almost three-quarters (72%) of respondents have never been married, which is more than twice as many as the U.S. adult population (30%).

Figure 4.29: Currently married CURRENT AGE (%)



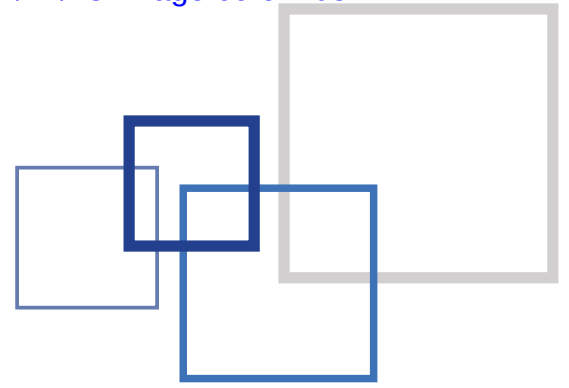
ENDNOTES | CHAPTER 4: PORTRAIT OF USTS RESPONDENTS

- 1 Respondents who were among the 12% who did not “think of [themselves] as transgender” in Q. 1.10 were eligible for the survey based on answers they provided to questions Q. 1.11–1.18. See *Appendix C (Detailed Methodology)* for a discussion of eligibility. Many of those individuals identified other terms that better described their gender and experiences.
- 2 Although only 12% of respondents reported that they did not think of themselves as transgender in response to Q. 1.10, a slightly larger number (14%) expressed discomfort with the word “transgender” being used to describe them in Q. 2.4. This may have been due to respondents’ differentiation between identity and the terminology used to describe their identity. For example, while a respondent may have identified with the word transgender, they may not have been comfortable using the term “transgender” and would have instead preferred another term to describe their identity.
- 3 See Q. 2.3.
- 4 While most respondents were categorized for analysis by gender identity based on their selection of the term that best described them in Q. 2.3 and their selection in Q. 2.1 (sex assigned at birth on their original birth certificate) alone, a small number of respondents (n=439) required further analysis of their survey responses to determine if they met the eligibility criteria for the survey and, if so, what the most appropriate gender identity categories were for analysis. This included, for example, respondents who indicated in Q. 2.1 that the gender on their original birth certificate was female and that they identified as a woman in Q. 2.3, or who indicated that the gender on their original birth certificate was male and that they identified as a man. This recoding process is described in further detail in *Appendix C (Detailed Methodology)*.
- 5 Respondents were also asked in an earlier question (Q. 1.11) if they identified “as more than one gender or as no gender (such as genderqueer or non-binary),” without asking them if that is the *best* term to describe their gender identity. Nearly half (47%) of respondents said that they identify as such. This means that some respondents who said that another term (such as transgender man, transgender woman, or crossdresser) best described their gender identity also identified as having more than one gender or as no gender.
- 6 Although the vast majority of people have either male or female on their original birth certificate, there are rare instances where the sex on a birth certificate is left blank or where a gender marker other than “male” or “female” is listed at the time of birth. It is possible that some respondents had an original birth certificate that did not list them as “male” or “female” at the time of their birth. These respondents may not have been able to accurately answer this question. Respondents were required to select one response to the question about the sex listed on their original birth certificate in Q. 2.1—either “female” or “male”—in order to proceed, since this answer was used to determine subsequent questions that they would receive later in the survey.
- 7 The age of respondents in the sample is discussed in further detail in section VI of this chapter.
- 8 Note that Q. 1.12 asked whether respondents were currently living full time in a gender different from the one assigned to them at birth. Some non-binary respondents may have been living as a non-binary person full time (including people for whom living part time in one gender and part time in another gender is most consistent with their non-binary identity), but did not select “yes” because they assumed the survey was asking only about people who were living exclusively in a binary gender (male or female) that is different than the gender on their original birth certificate.
- 9 Although 6% of crossdressers reported that they had transitioned based on Q. 1.12, the sample size of crossdressers who had transitioned was too low to report on their experiences by age.
- 10 The number of years since transitioning was calculated based on respondents’ current age as reported in Q. 2.13, and the age at which they began to transition, as reported in Q. 1.13.
- 11 Throughout this report, respondents’ experiences with being perceived as transgender by others are reported according to three categories: those who said that people could tell they were transgender “always” or “most of time” (11%), those who said that others could “sometimes” tell (32%), and those who said that others could “rarely” or “never” tell (57%).
- 12 The term “out” is used here to describe a person who openly self-identifies as transgender in their private, public, and/or professional lives.
- 13 See the *Family Life and Faith Communities* chapter for a more detailed discussion of respondents’ experiences with being out to the immediate family they grew up with and their extended family, as well as their experiences with being out to partners or spouses and children.
- 14 Respondents’ experiences with being out in the workplace are further discussed in the *Employment and the Workplace* chapter.

- 15 Respondents who reported that “Alaska Native” most accurately described their racial or ethnic identity were asked to enter their enrolled or principal corporation.
- 16 Respondents who reported that “American Indian” most accurately described their racial or ethnic identity were asked to enter their enrolled or principal tribe.
- 17 Those who reported that “biracial/multiracial” best described their racial or ethnic identity received a follow-up question in which they could select one or more of the racial or ethnic identities listed above that best described them.
- 18 Those who selected “a racial/ethnic identity not listed above” were asked to specify their identity and then received a follow-up question asking them to select the racial/ethnic identity or identities that best described them from the list above, with the exception of the “identity not listed above” category.
- 19 Racial and ethnic categories are combined in a manner similar to that in the U.S. Census, which is important for the purposes of making racial and ethnic comparisons to the U.S. population. A notable exception to U.S. Census categorization is that Middle Eastern and white respondents are reported separately throughout the report. The U.S. Census also offers Asians and Native Hawaiians/Other Pacific Islanders as two separate racial categories. Additionally, this report includes a Latino/a category, and other racial and ethnic categories should be considered to be of “non-Hispanic” origin, based on U.S. Census categories.
- 20 The difference in racial and ethnic population distribution in the USTS sample and the U.S. general population may be due to sampling bias that is common in internet-based surveys and convenience samples. See e.g., Dillman, D. A., Smyth, J. D., & Christian, L. M. (2014). *Internet, Phone, Mail, and Mixed-Mode Surveys: The Tailored Design Method (4th ed.)*. Hoboken, NJ: John Wiley & Sons. See also the *Methodology* chapter and *Appendix C (Detailed Methodology)* for more information about potential internet-based survey sampling bias. See *Appendix A (Characteristics of the Sample)* for unweighted frequencies and percentages for race and ethnicity in the USTS sample.
- 21 Prior research using representative samples of transgender adults have found that transgender adults differ from the general population in regard to race and ethnicity, with transgender people being more likely to be people of color. See e.g., Flores, A. R., Brown, T. N. T., & Herman, J. L. (2016). *Race and Ethnicity of Adults who Identify as Transgender in the United States*. Los Angeles, CA: Williams Institute; Conron, K. J., Scott, G., Stowell, G. S., & Landers, S. J. (2012). Transgender health in Massachusetts: Results from a household probability sample of adults. *American Journal of Public Health, 102*(1), 118–122. The USTS sample has a higher percentage of white respondents than the U.S. general population. To help correct for this sampling bias, weights for race and ethnicity were applied based on the racial and ethnic makeup of the U.S. population. While this may still over-
- represent white respondents relative to the makeup of the transgender adult population, this weighting procedure brings the sample closer to what is estimated to be the true population distribution for race and ethnicity for transgender people. See the *Methodology* chapter and *Appendix C (Detailed Methodology)* for more information on weighting procedures applied to the sample. See also *Appendix A (Characteristics of the Sample)* for unweighted frequencies and percentages for race and ethnicity in the USTS sample.
- 22 Although the ACS groups Middle Eastern and white people in one category, the experiences of Middle Eastern respondents are presented separately from white respondents throughout this report. Despite a low number of Middle Eastern respondents in the sample overall (<1%), it is important to report in a manner that best reflects the unique circumstances of transgender people who identify as Middle Eastern.
- 23 The weight for 18-year-old respondents was created with propensity scores developed using a regression discontinuity model. For more information on this process and other weighting procedures, such as the development and application of the “supplemental weight,” see *Appendix C (Detailed Methodology)*. See *Appendix A (Characteristics of the Sample)* for unweighted frequencies and percentages for age in the USTS sample.
- 24 U.S. Census Bureau. (2015). *Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2015*. Available at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=PEP_2015_PEPANNRES&src=pt.
- 25 U.S. Census Bureau. (2015). *2015 American Community Survey 1-Year estimates: Language spoken at home by ability to speak English for the population 5 years and over*. Available at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_B16001&prodType=table. The percentages of people who reported on the primary language spoken in their home in the American Community Survey (ACS) were calculated by the research team. ACS findings include those in the U.S. population who are 5 years of age and older, in contrast to the USTS sample, which includes respondents who are 18 and older. Therefore, the comparison to the USTS sample should be interpreted with caution.
- 26 U.S. Census Bureau. (2015). *2015 American Community Survey 1-Year estimates: Language spoken at home by ability to speak English for the population 5 years and over*. See note 25.
- 27 Q. 2.12 asked about religious or spiritual identity only, rather than current involvement in a faith community. More information about respondents’ experiences in faith communities (including religious and spiritual communities) can be found in the *Family and Faith Communities* chapter.

- 28 In addition to the main drop-down list of affiliations, those who identified as Christian, Jewish, or Muslim were able to provide additional specificity for their identity from a drop-down list of more specific religious affiliations in Q. 2.12. Although respondents were provided with numerous categories to specify for Christian, Jewish, and Muslim faiths, these lists were not exhaustive and likely did not capture all religious or spiritual identities represented in the sample. Furthermore, while those who identified as Christian were given an option to write in a Christian affiliation that was not listed, Jewish and Muslim respondents did not receive that option, which may have limited the manner in which they were able to identify their religious or spiritual identity.
- 29 Respondents who reported that they did not have a religious or spiritual identity included those who selected agnostic, atheist, or no affiliation without selecting another religious or spiritual identity.
- 30 The Current Population Survey is used by the Bureau of Labor Statistics to make determinations about the state of employment in the United States.
- 31 The “supplemental weight” includes the standard survey weight for 18-year-olds and race and ethnicity, as well as additional weights for age and educational attainment that were created based on the Census Bureau’s 2014 American Community Survey (ACS). This weight was applied when comparing the USTS sample to the U.S. population for items that were sensitive to age and educational attainment, such as employment status and individual and household income.
- 32 USTS respondents seem to have similar household sizes to the U.S. population. For instance, according to the CPS, 2015 Annual Social and Economic Supplement, 28% of U.S. households have a household size of one, whereas 29% of USTS respondents have a household size of one (supplemental weight applied). However, USTS respondents are less likely to be living with family members, rather than with unrelated members of the household. Sixty-four percent (64%, supplemental weight applied) of USTS respondents reported a family size of one compared to 24% in U.S. population as reported in the CPS. Available at: <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar15.pdf>. Calculations were completed by the research team.
- 33 “Living in poverty” means living at or near the poverty line. The research team calculated the USTS poverty measure using the official poverty measure, as defined by the U.S. Census Bureau, which can be found at: <https://www.census.gov/hhes/www/poverty/about/overview/measure.html>. The income ranges in the USTS allowed for designation of respondents as living in or near poverty if their total family income fell under 125% of the official poverty line.
- 34 Proctor, B. D., Semega, J. L., & Kollar, M. A. (2016). *Income and Poverty in the United States: 2015*. (p. 13). DC: U.S. Census Bureau. Available at: <https://www.census.gov/content/dam/Census/library/publications/2016/demo/p60-256.pdf>. Calculations were completed by the research team.
- 35 Bureau of Labor Statistics. (2015). *The Employment Situation—August 2015*. Available at: http://www.bls.gov/news.release/archives/empst_09042015.pdf; Bureau of Labor Statistics. (2015). *The Employment Situation—September 2015*. Available at: http://www.bls.gov/news.release/archives/empst_10022015.pdf.
- 36 The educational attainment results reported for USTS respondents likely overestimates the number of transgender people with a level of education beyond high school and/or some college. This may be due to the method by which the survey was administered (online only) and the sampling technique (convenience sampling). Population-based surveys in several states have found lower educational attainment or no difference in educational attainment among transgender people when compared to non-transgender people. Conron, et al. See note 21; Meyer, I .H., Brown, T. N. T., Herman, J. L., Reisner, S. L., & Bockting, W. O. (in press). Demographic characteristics and health outcomes among transgender adults in select U.S. regions in the Behavioral Risk Factor Surveillance System. *American Journal of Public Health*.
- 37 See the *Methodology* chapter and the detailed methodology explanation in *Appendix C (Detailed Methodology)* for more information about potential internet-based survey sampling bias. See also note 20.
- 38 U.S. Census Bureau. (2015). *2015 American Community Survey 1-Year estimates: Educational Attainment*. Available at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_S1501&prodType=table.
- 39 U.S. Census Bureau. (2015). *2015 American Survey 1-Year estimates: Disability characteristics*. Available at: http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_S1810&prodType=table. Calculations were completed by the research team.
- 40 U.S. Census Bureau. (2015). See note 39.
- 41 U.S. Census Bureau. (2015). See note 39.
- 42 U.S. Census Bureau. (2015). See note 39.
- 43 U.S. Census Bureau. (2015). See note 39.
- 44 The difference in the reported rate of those who had one or more listed ACS disabilities (39%) and those who identified as a person with a disability (28%) may be due to some individuals not being comfortable referring to themselves as a person with a disability. However, those who identified as people with a disability likely reflect a much wider range of disabilities.

- 45 U.S. Census Bureau. (2015). *2015 American Community Survey 1-Year estimates: Sex by age by nativity and citizenship status*. Available at; https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_B05003&prodType=table. Calculations were completed by the research team.
- 46 Documented and undocumented residents are often underrepresented in surveys for many reasons, including concerns about jeopardizing their residency by revealing information about their immigration status on a survey. When asking questions relating to citizenship and immigration status, the survey included statements reminding respondents that their answers were confidential and could not be used against them. However, it is likely that the number of documented and undocumented residents is underrepresented in this sample.
- 47 This percentage includes those who reported that they had access to other legal statuses and those who indicated that they were already citizens or permanent residents in Q. 9.8.
- 48 Due to the small sample size, the unweighted frequency is being presented alongside weighted percentages here to be clear that the percentages reflect the experiences of a small sample of respondents. While it is important to present these experiences in this report, the findings presented in this sentence should be interpreted with caution due to the small sample size.
- 49 U.S. Census Bureau. (2015). *2015 American Community Survey 1-Year Estimates: Sex by marital status by age for the population 15 years and over*. Available at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_B12002&prodType=table. These findings, as presented in the ACS, include adults who are currently married with both spouses who are present and not present based on the ACS definitions. Calculations were completed by the research team.



CHAPTER 5

Family Life and Faith Communities

Family life and the state of relationships with family members, including immediate and extended family, spouses and partners, and children, have been shown to impact life outcomes in many areas, such as physical and mental health, economic status, and housing stability.¹ Experiences of support and rejection within the family environment can have a profound effect on these outcomes for transgender people. The survey explored aspects of family relationships for transgender people, particularly the impact of family acceptance and rejection.

Since spiritual and religious communities (such as within a church, synagogue, mosque, or other faith community) can play a significant role within families and throughout an individual's life, the survey also examined respondents' experiences with faith communities.

Notable differences in respondents' experiences based on demographic and other characteristics are reported throughout the chapter.

KEY FINDINGS

- ▶ Sixty percent (60%) of respondents who were out to the immediate family they grew up with reported that they had supportive families, and 40% had families that were neutral or not supportive.
 - One in ten (10%) reported that an immediate family member had been violent towards them because they were transgender.
 - Fifteen percent (15%) ran away from home and/or were kicked out of the house because they were transgender.

- ▶ More than one-quarter (27%) of respondents who have been out to any of their past or current spouses or partners reported that a spouse or partner ended their relationship solely or partly because they were transgender, including 10% who had a relationship end solely because they were transgender.

- ▶ Eighteen percent (18%) of respondents were parents.

- ▶ Twenty-one percent (21%) of respondents who were out to their children had a child who stopped speaking to them or spending time with them after coming out as transgender.

- ▶ One-half (50%) of respondents who were out to their family experienced at least one form of rejection from the immediate family they grew up with, their spouse or partner, and/or their children because they were transgender.

- ▶ Family support was associated with positive outcomes while family rejection was associated with negative outcomes. Respondents who were rejected were:
 - Nearly twice as likely to have experienced homelessness (40%) as those who were not rejected (22%).
 - Almost twice as likely to have engaged in sex work (16%) as those who were not rejected (9%).
 - More likely to have attempted suicide (49%) than those who were not rejected (33%).

- ▶ Nearly one in five (19%) respondents who had ever been part of a spiritual or religious community left due to rejection. Forty-two percent (42%) of those who left found a welcoming spiritual or religious community.

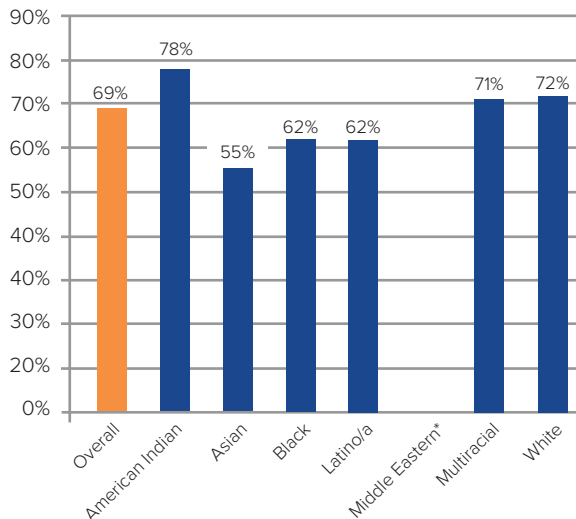
I. Outness to Family and Friends

Respondents received a series of questions to determine whether they were “out”² about their transgender identity to various family members and friends. Specifically, respondents were asked whether people in different groups knew they were transgender, including spouses and partners, children, immediate family they grew up with, extended family, LGBT³ friends, and straight and non-transgender (non-LGBT) friends. Respondents then received questions regarding the impact that anti-transgender bias had on the relationships with most of the people in those groups.

Eighty-six percent (86%) of respondents reported having a current or former spouse or partner. Fifty-eight percent (58%) of those were out to their current spouse or partner and 53% had been out to at least one of their former spouses or partners. Overall, 88% of these respondents were or have been out to a current or former spouse or partner.

Of the 18% of respondents who had children, 69% reported being out to at least one child. This varied by race and ethnicity, with American Indian respondents (78%) reporting the highest level of outness, and Black (62%), Latino/a (62%), and Asian (55%) individuals being out to their children less often (Figure 5.1).

Figure 5.1: Out to children
RACE/ETHNICITY (%)



*Sample size too low to report

Respondents were asked whether they were currently out to all, most, some, or none of the people in several groups, including the immediate family they grew up with, extended family,⁴ LGBT friends, and straight and non-transgender (non-LGBT) friends. Results for each group reflect only respondents who reported having people from that group in their lives.

More than half (53%) of respondents reported that they were out to all immediate family they grew up with. This number decreased to 49% when considering spouses or partners and children as part of the immediate family. Respondents were less likely to be out to extended family members, with 23% reporting that they were out to all extended family. Overall, less than one-quarter (22%) of respondents were out to all immediate family members—including spouses, partners and children—and extended family members.

Respondents were also asked whether their LGBT and non-LGBT friends knew that they were transgender. LGBT friends were the largest group of people among whom survey respondents were out, with 62% reporting that they were out to all of their LGBT friends. In contrast, less than one-third (32%) of respondents were out to all of their non-LGBT friends (Table 5.1).

Table 5.1: Outness to family and friend groups

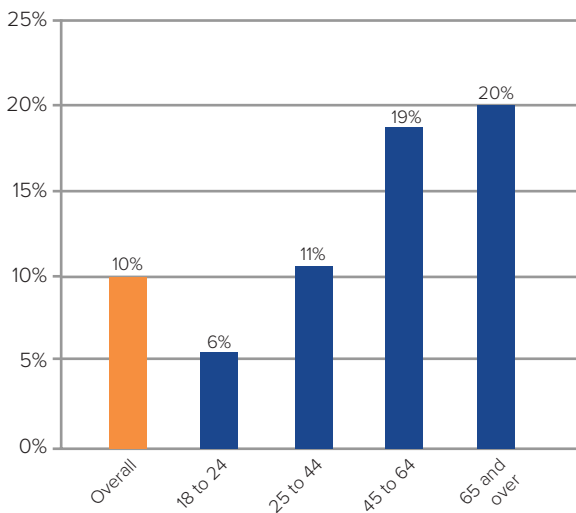
Family and friend groups	% of respondents who had people from the family or friend group in their lives		
	All	Most or some	None
Lesbian, gay, bisexual, or transgender (LGBT) friends	62%	34%	4%
Immediate family they grew up with (such as parents or siblings)	53%	25%	22%
Immediate family they grew up with, spouses/partners, children	49%	43%	8%
Straight, non-transgender (non-LGBT) friends	32%	56%	12%
Extended family (such as aunts, uncles, and cousins)	23%	38%	39%
Immediate family they grew up with, extended family, spouses/partners, and children	22%	70%	8%

II. Relationships with Spouses or Partners

Those who were out to a spouse or partner were asked whether a spouse or partner had ended their relationship because they were transgender. More than a quarter (27%) reported that a spouse or partner ended their relationship solely or partly because they were transgender, including 10% who had a relationship end solely because they were transgender.

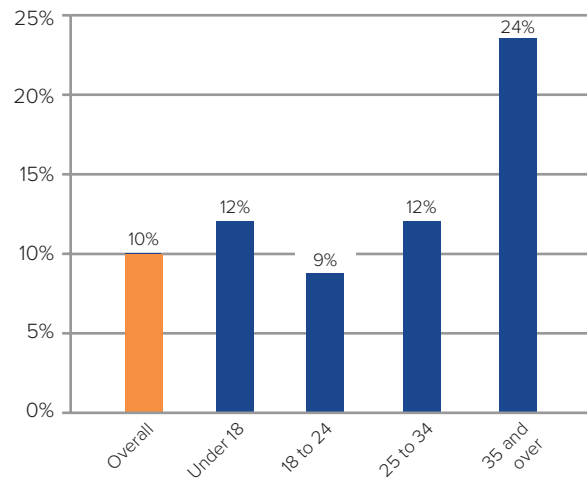
Whether a relationship ended solely due to being transgender differed based on a respondents' current age, with those aged 45 and older being twice as likely to have this experience (Figure 5.2).

Figure 5.2: Spouse/partner ended relationship solely because of transgender status
CURRENT AGE (%)



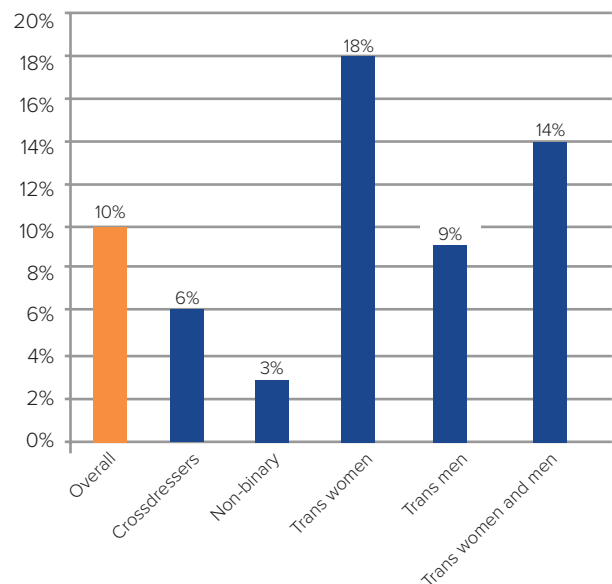
The age at which a respondent transitioned also affected the likelihood of a relationship ending. Respondents who transitioned at age 35 or older were more than twice as likely to have their relationship end solely due to being transgender (24%) (Figure 5.3).

Figure 5.3: Spouse/partner ended relationship solely because of transgender status
AGE OF TRANSITION (%)



The likelihood of a relationship ending also differed by gender identity, with transgender women (18%) being more likely to have a relationship with a spouse or partner end solely because of being transgender than transgender men (9%), crossdressers (6%), and non-binary people (3%) (Figure 5.4).

Figure 5.4: Spouse/partner ended relationship solely because of transgender status
GENDER IDENTITY (%)



More than one-quarter (27%) of respondents who were out to their spouse or partner reported that a spouse or partner ended their relationship solely or partly because they were transgender, including 10% who had a relationship end solely because they were transgender.

Respondents were also asked whether a current or former romantic or sexual partner had ever been violent toward them. More than half (54%) reported that they had experienced some form of intimate partner violence. Experiences with intimate partner violence are discussed further in the *Harassment and Violence* chapter.

III. Parental Status and Related Children in the Household

Eighteen percent (18%) of people in the sample were parents,⁵ and of those individuals, more than two-thirds (69%) reported that they were out as transgender to at least one of their children.

In comparison to the U.S. adult population, USTS respondents were substantially less likely to have related children living in their home. According to the Current Population Survey, 34% of adults in the U.S. population had at least one related child under the age of 18 living in their household in 2015,⁶ which was more than twice as many

In Our Own Voices

“When I finally had the courage to come out, my parents, who I knew would freak out, did the unthinkable. They assured me I had their complete support to be who I am. I was never prouder than in that moment.”

“My father physically assaulted me and kicked me out of the house. He screamed at me, calling me pathetic, a waste, worthless, and so on. I sat in silence.”

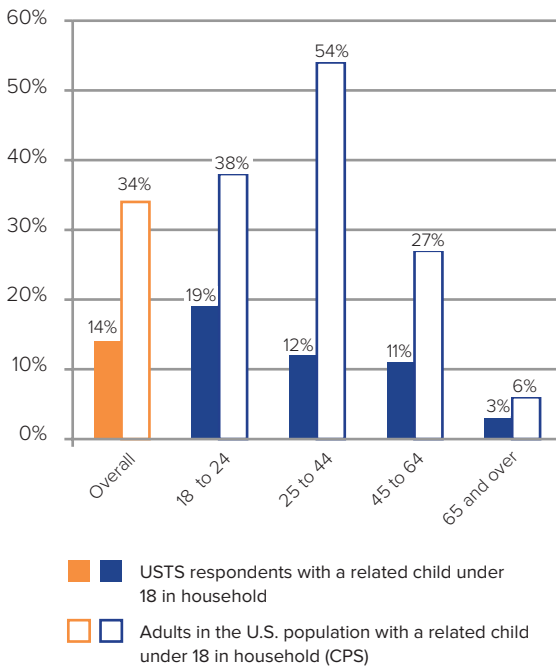
“When I was 20, I slipped up and accidentally outed myself to my parents. It was the worst mistake of my life. They spoke with a pastor who convinced them that I was possessed by demon. A couple of days later, they told me to leave and not come back. I spent the next six months homeless.”

“Within an hour of coming out to my parents, I was kicked out into the cold with very few items and my car taken away. I was soon informed by my college that my parents had withdrawn my tuition for the upcoming spring semester. I was devastated.”

“It took my family a while to come around. At first they didn’t accept me, but they eventually saw how much happier I am and are now my biggest supporters.”

as USTS respondents (14%).⁷ These differences persisted across all age groups, with USTS respondents aged 25 to 44 being more than four times less likely to have a related child under the age of 18 living in their household (12%) than the corresponding age group in the U.S. population (54%) (Figure 5.5).

Figure 5.5: Respondents with related children under 18 living in household AGE (%)



IV. Relationships with Children

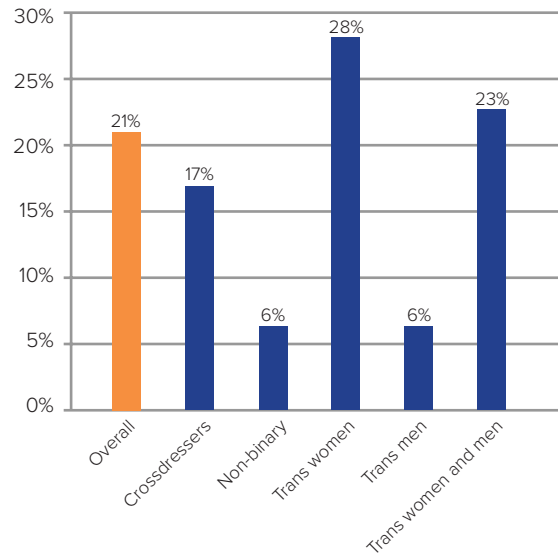
Respondents who reported that they were out to at least one of their children were asked a question to determine whether being transgender had ever negatively impacted a relationship with their child. Specifically, they were asked whether any of their children had ever stopped speaking to or spending time with them because they were transgender. More than one in five (21%) reported that at least one of their children stopped speaking

More than one in five (21%) of those who were out to their children reported that at least one of their children stopped speaking or spending time with them, temporarily or permanently.

or spending time with them, at least for a period of time.

The likelihood of this experience differed by gender identity, with transgender women (28%) being more than four times as likely to report that their child stopped speaking or spending time with them as transgender men (6%) and non-binary respondents (6%) (Figure 5.6).

Figure 5.6: Children stopped speaking or spending time with respondent because of transgender status GENDER IDENTITY (%)



Overall, of respondents who have had a spouse or partner and/or who have children, 28% have had a relationship with their spouse or partner or child end, at least temporarily.

V. Family Acceptance and Support

Respondents who reported that they were out to all, most, or some of the immediate family they grew up with were asked to assess how supportive their family was of them as a transgender person using a five-point scale from “very supportive” to “very unsupportive.” The categories were collapsed to create a new variable reflecting a supportive, neutral, or unsupportive family.⁸

More than half (60%) reported that their family was supportive, 18% had unsupportive families, and 22% had families that were neither supportive nor unsupportive (“neutral”).

Experiences varied widely between those with family support and those with unsupportive families, with family support being associated with a reduced likelihood of negative experiences.

Respondents with family support were:

- *More likely to be employed (65%) than those with unsupportive families (52%).*
- *Less likely to have ever done sex work (11%) than those with unsupportive families (16%).*
- *Less likely to have experienced homelessness (27%) than those with unsupportive families (45%).*
- *Less likely to report currently experiencing serious psychological distress⁹ (31%) in contrast to those with unsupportive families (50%).*
- *Less likely to have attempted suicide (37%) than those with unsupportive families (54%).*

More than half (60%) of those who were out to their immediate family reported that their family was supportive, while 18% said that their family was unsupportive.

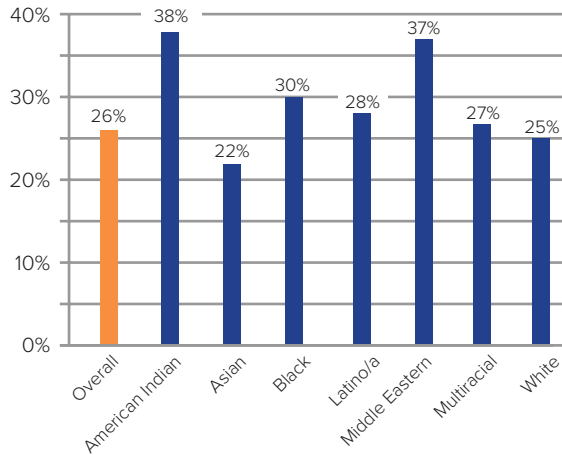
VI. Relationships with Immediate Family/ Family of Origin¹⁰

Nearly half (44%) of respondents who were out to all, most, or some of the immediate family they grew up with (such as parents and siblings) reported that they had experienced at least one form of family rejection outlined in the survey. This rejection included relationships ending, family violence, being kicked out of the house, not being allowed to wear clothes matching their gender identity, and being sent to a professional to stop them from being transgender.

A. Ended Relationships

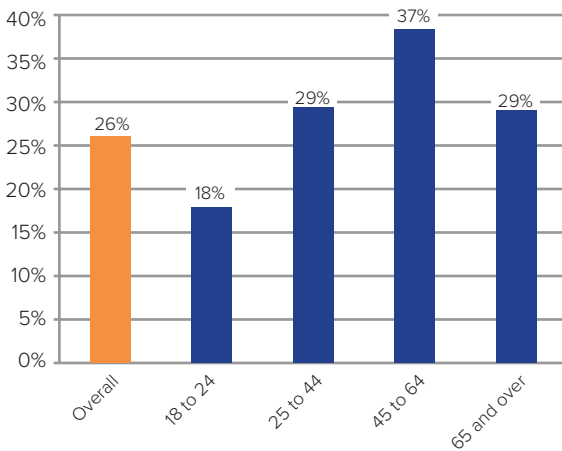
Among those who were out to their immediate family, more than one-quarter (26%) reported that an immediate family member stopped speaking to them for a long time or ended their relationship altogether because they were transgender. This was higher among American Indian (38%), Middle Eastern (37%), and Black (30%) respondents, and lower for Asian (22%) respondents (Figure 5.7). Undocumented residents (39%) were also more likely to face this form of family rejection than documented non-citizens (22%) and citizens (26%).

Figure 5.7: Immediate family member stopped speaking or ended relationship RACE/ETHNICITY (%)



Whether a family member stopped speaking to or ended a relationship with a respondent differed by age, with 18 to 24 year olds experiencing the least amount of family rejection of this nature (18%) compared to those in other age groups, such as 45 to 64 year olds (37%) (Figure 5.8).

Figure 5.8: Immediate family member stopped speaking or ended relationship CURRENT AGE (%)

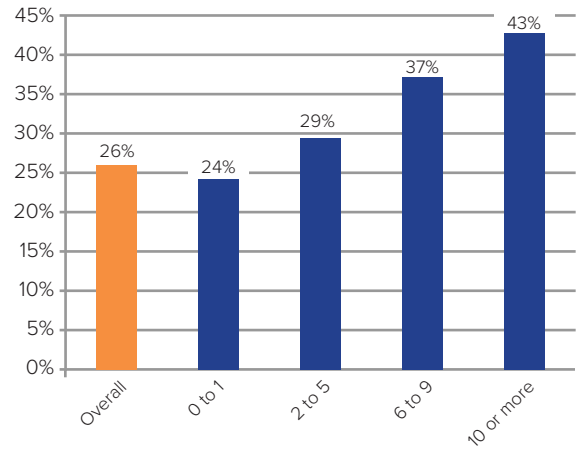


Those who transitioned in the last year (24%) were less likely to have a family member stop speaking to them or end a relationship than those who transitioned 2 to 5 years ago (29%), 6 to 9 years

More than one-quarter (26%) of respondents reported that an immediate family member stopped speaking to them for a long time or ended their relationship altogether because they were transgender.

ago (37%), and 10 or more years ago (43%) (Figure 5.9).

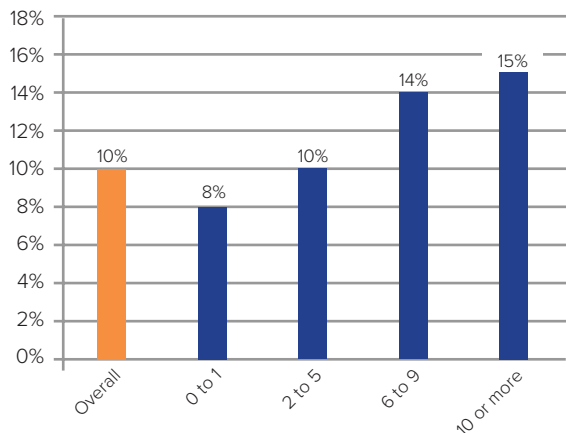
Figure 5.9: Immediate family member stopped speaking or ended relationship YEARS SINCE TRANSITIONING (%)



B. Family Violence

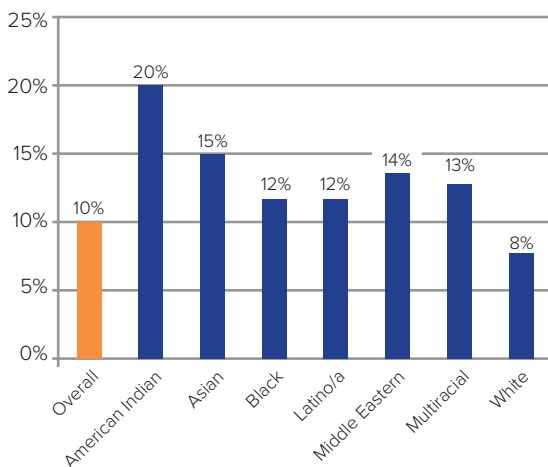
Among those who were out to their immediate family, one out of every ten (10%) respondents reported that a family member was violent towards them because they were transgender. Prevalence of family violence differed greatly depending on the time period during which a respondent transitioned, with those transitioning 10 or more years ago (15%) experiencing almost twice as much violence as those who transitioned in the past year (8%) (Figure 5.10).

Figure 5.10: Experienced violence by family member YEARS SINCE TRANSITIONING (%)



American Indian respondents (20%) were twice as likely to experience family violence, and other people of color, such as Asian (15%) and Middle Eastern (14%) respondents, also experienced higher rates of violence (Figure 5.11).

Figure 5.11: Experienced violence by family member RACE/ETHNICITY (%)



Undocumented residents were more than twice as likely to have experienced family violence (25%) as their documented non-citizen (13%) and citizen (9%) counterparts.

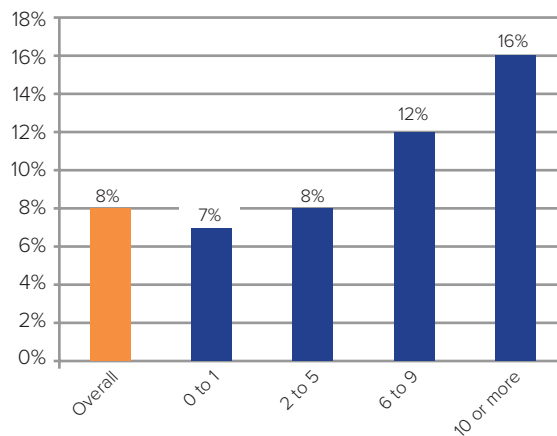
Family violence was associated with increased likelihood of negative experiences. Those who experienced family violence were:

- More than twice as likely to have experienced homelessness (59%) than those who did not experience family violence (29%).
- More likely to be currently experiencing serious psychological distress (53%) than those who did not experience family violence (35%).
- More likely to have attempted suicide in their lifetime (65%) than those who did not experience family violence (39%).

C. Kicked out of the House

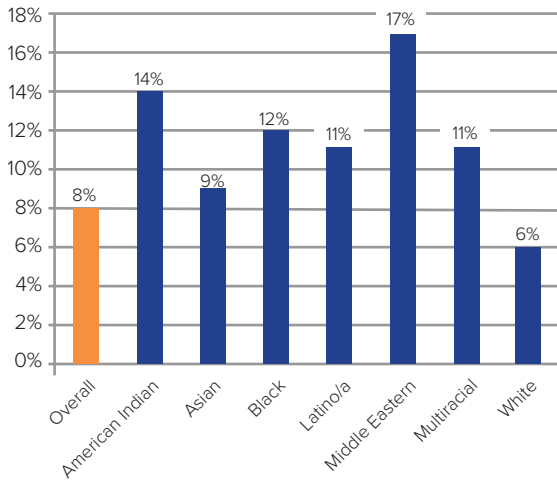
Eight percent (8%) of respondents who were out to the immediate family they grew up with were kicked out of the house, which represents 6% of the whole sample. Those who transitioned 10 or more years ago were twice as likely to have been kicked out of the house (16%) as those who transitioned within the last year (7%) (Figure 5.12).

Figure 5.12: Kicked out of the house by family YEARS SINCE TRANSITIONING (%)



People of color were kicked out of the house at higher rates, with Middle Eastern respondents (17%) being twice as likely, and American Indian (14%), Black (12%), Latino/a (11%), multiracial (11%), and Asian (9%) respondents experiencing this form of rejection more than white respondents (6%) (Figure 5.13).

Figure 5.13: Kicked out of the house by family RACE/ETHNICITY (%)



Being kicked out of the house was associated with an increased likelihood of a range of negative experiences related to economic stability, mental health, and physical health. Respondents who were kicked out of the house were:

- *More likely to be living in poverty (43%) than those who were not kicked out of the house (28%), and had lower incomes overall.*
- *Three times more likely to have ever done sex work (33%) than those who were not kicked out of the house (11%).*
- *Almost three times as likely to have experienced homelessness (74%) as those who were not kicked out of the house (28%).*
- *More than twice as likely to be living with HIV (3.5%) than those who were not kicked out of the house (1.5%).*
- *Substantially more likely to have attempted suicide (66%) than those who were not kicked out of the house (39%).*
- *More likely to be currently experiencing serious psychological distress (50%) than those who were not kicked out of the house (36%).*

Fourteen percent (14%) of respondents who were out to their immediate family reported that their family sent them to a professional—such as a therapist, counselor, or religious advisor—to stop them from being transgender.

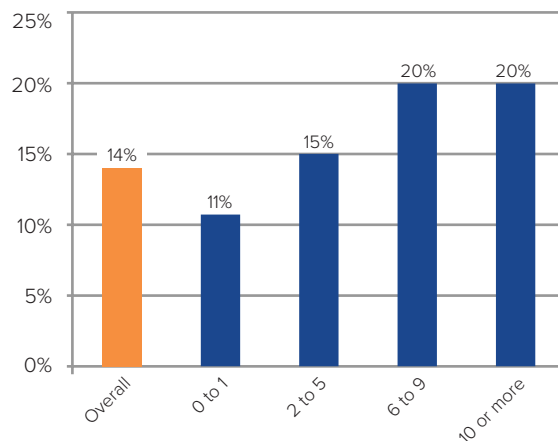
D. Not Allowed To Wear Clothes Matching One’s Gender Identity

More than one-quarter (27%) of respondents who were out to the immediate family they grew up with were not allowed to wear clothes that matched their gender.

E. Sent to a Professional to Stop Them from Being Transgender

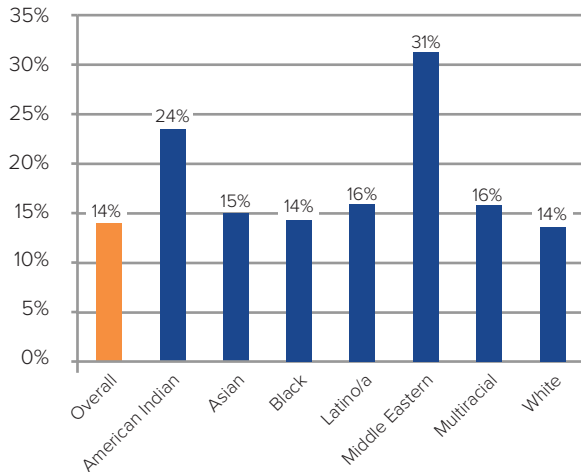
Fourteen percent (14%) of respondents who were out reported that their immediate family had sent them to a professional—such as a therapist, counselor, or religious advisor—to stop them from being transgender. This represents 11% of the whole sample. Those who transitioned 6 or more years ago (20%) were twice as likely to be sent to a professional as those who transitioned within the last year (11%) (Figure 5.14).

Figure 5.14: Sent to a professional to stop them from being transgender YEARS SINCE TRANSITIONING (%)



Rates differed by race and ethnicity, with nearly one-third of Middle Eastern respondents (31%) and nearly one-quarter of American Indian respondents (24%) being sent to a professional (Figure 5.15).

Figure 5.15: Sent to a professional to stop them from being transgender
RACE/ETHNICITY (%)



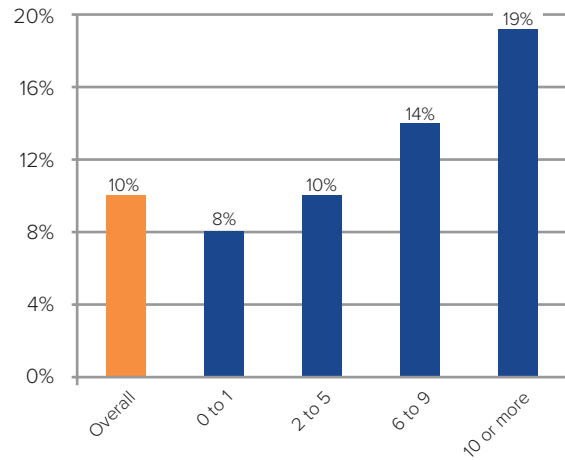
Additional details on respondents' experiences with professionals who attempted to change their gender identity are discussed further in the "Conversion Therapy and Other Pressures to De-Transition" section of the *Health* chapter.

VII. Ran Away From Home

One out of every ten (10%) respondents who were out to their immediate family ran away from home because they were transgender. Almost one-third (32%) of those individuals ran away at age 15 or younger.

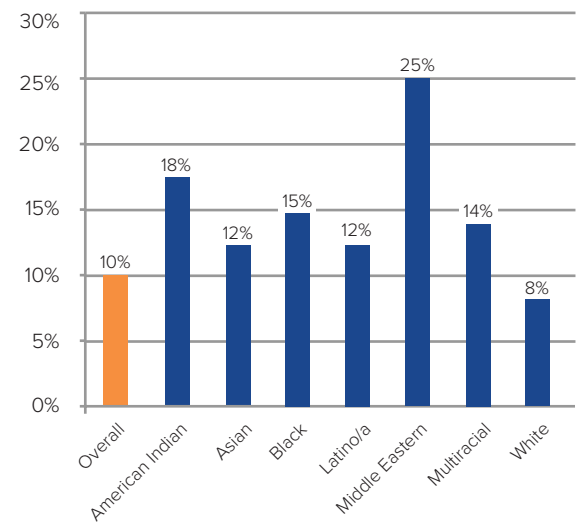
Respondents were more than twice as likely to have run away from home if they transitioned 10 or more years ago (19%) as compared to those who had transitioned within the past year (8%) (Figure 5.16).

Figure 5.16: Ran away from home
YEARS SINCE TRANSITIONING (%)



People of color were more likely to have run away from home, with Middle Eastern (25%), American Indian (18%), Black (15%), multiracial (14%), Asian (12%), and Latino/a (12%) respondents all reporting that they had run away at higher rates than white respondents (8%) (Figure 5.17).

Figure 5.17: Ran away from home
RACE/ETHNICITY (%)



Rates also differed according to citizenship status, with undocumented residents (36%) running away from home more than three times as often as citizens (10%) and more than documented non-citizen residents (14%).

Overall, 15% of those who were out to their immediate family, or 11% of the whole sample, ran away from home and/or were kicked out of the house.

VIII. Supportive Family Behaviors

Those who were out to their immediate family were asked whether any of the immediate family they grew up with demonstrated support of them as a transgender person through any specific acts listed in the question, such as using preferred names, using correct pronouns, and providing financial support for their transition. Eighty-two percent (82%) of respondents reported that at least one immediate family member supported them through at least one of these acts, while 18% did not experience any of the supportive acts (Table 5.2).

Table 5.2: Family support

Supportive family behaviors	% of respondents
Told respondent they respect and/or support them	65%
Used their preferred name	58%
Used the correct pronouns	55%
Stood up for them with family, friends, or others	36%
Did research to learn how to best support them	33%
Gave money to help with gender transition	18%
Supported them in another way	11%
Provided help with changing name and/or gender on an ID document	10%
One or more experiences listed	82%

IX. Family Rejection Overall

A variable was created to combine all forms of family rejection examined in the survey. This included whether the respondent had a spouse, partner, or child end a relationship, reported that their family was unsupportive, or had any of the five specific rejecting experiences outlined in section VI of this chapter. One half (50%) of respondents who were out to family members reported that they experienced some form of family rejection, which represents 46% of the overall sample.¹¹

Experience with family rejection differed by the age at which a respondent transitioned, with 68% of those who transitioned at age 35 or older experiencing rejection, compared to 56% of those who transitioned under the age of 18 (Figure 5.18). Among respondents who transitioned ten or more years ago, 68% reported family rejection compared to 48% of those who transitioned in the past year (Figure 5.19).

Figure 5.18: Any family rejection AGE OF TRANSITION (%)

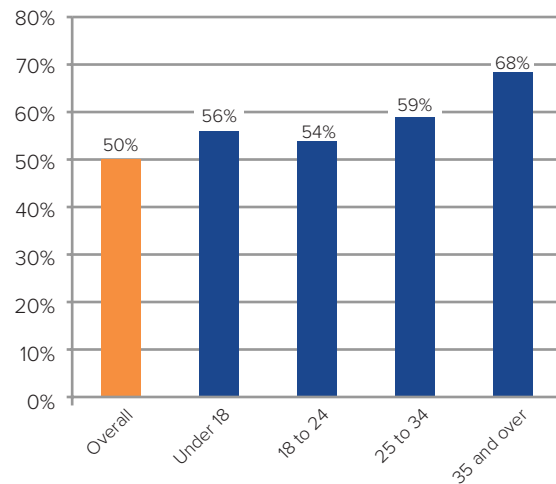
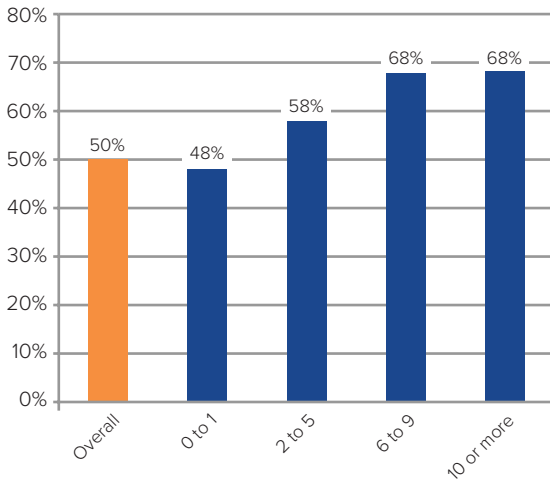
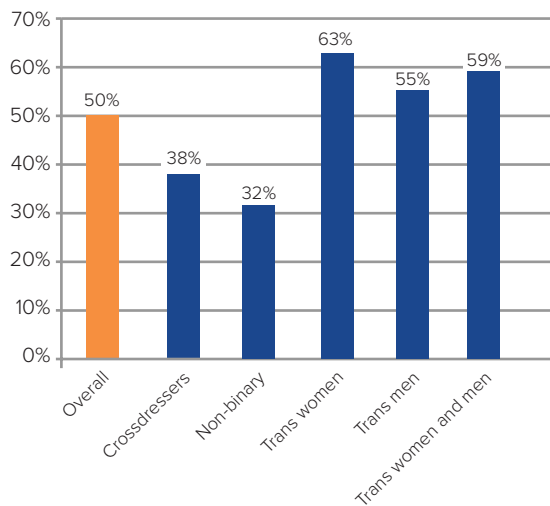


Figure 5.19: Any family rejection YEARS SINCE TRANSITIONING (%)



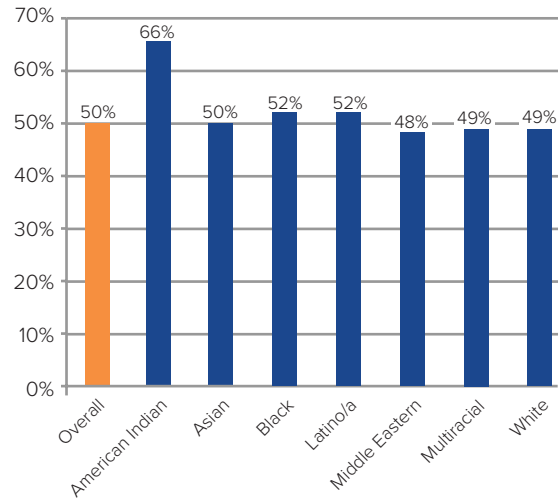
Family rejection also differed by gender identity, with transgender women (63%) experiencing rejection more than transgender men (55%), and transgender men and women (59%) experiencing nearly twice as much rejection as non-binary respondents (32%) (Figure 5.20).

Figure 5.20: Any family rejection GENDER IDENTITY (%)



Family rejection among respondents of different racial or ethnic identities varied little, although American Indian (66%) respondents experienced higher levels of rejection (Figure 5.21).

Figure 5.21: Any family rejection RACE/ETHNICITY (%)



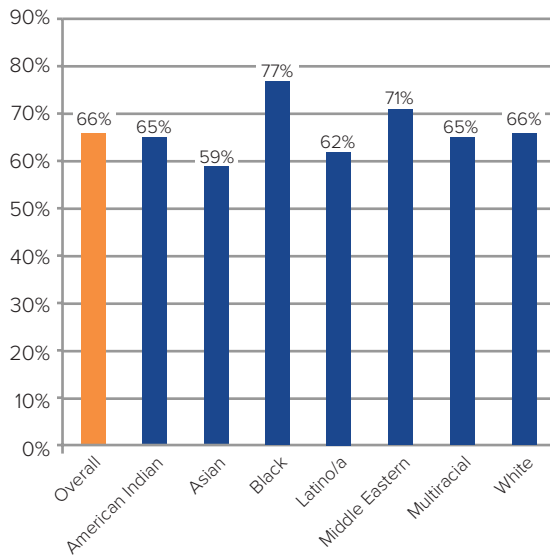
Respondents who experienced family rejection were:

- *Almost twice as likely to have experienced homelessness (40%) as those who were not rejected (22%).*
- *Nearly twice as likely to have done in sex work (16%) as those who were not rejected (9%).*
- *More likely to have attempted suicide (49%) than those who were not rejected (33%).*

X. Experiences with a Faith Community

The survey explored respondents' experiences with a spiritual or religious community ("faith community"), such as a church, synagogue, mosque, or other faith community. Two-thirds (66%) of the survey sample had been part of a faith community at some point in their life. Black (77%) and Middle Eastern (71%) respondents were more likely to have been part of a faith community than respondents of other races and ethnicities (Figure 5.22).

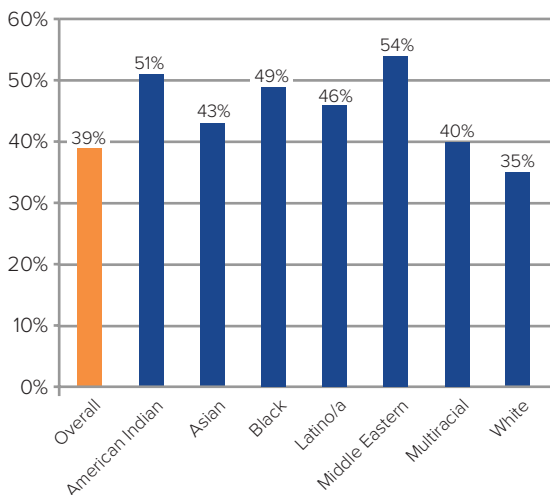
Figure 5.22: Ever been part of a faith community
RACE/ETHNICITY (%)



A. Leaving a Faith Community Due to Fear of Rejection

More than one-third (39%) of respondents who have been part of a faith community left due to fear of being rejected because they were transgender. People of color, including Middle Eastern (54%), American Indian (51%), Black (49%), Latino/a (46%), Asian (43%), and multiracial (40%) respondents, were more likely to leave because they were afraid of rejection (Figure 5.23).

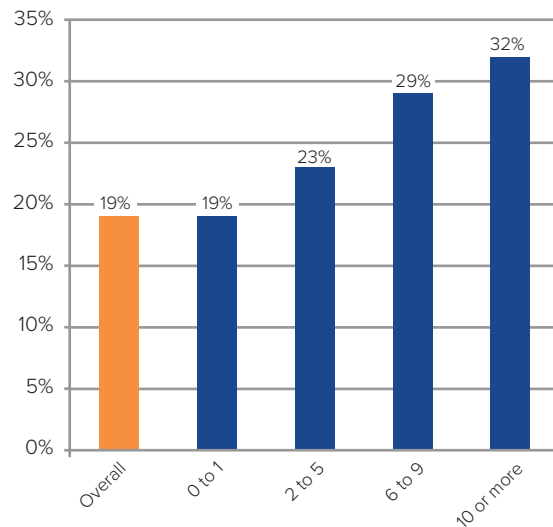
Figure 5.23: Ever left faith community due to fear of rejection
RACE/ETHNICITY (%)



B. Leaving a Faith Community Due to Rejection

Nearly one in five (19%) respondents who had been part of a faith community left because they were actually rejected (in contrast to feared rejection as reported in the last subsection), which represents 12% of all respondents. Experiences varied based on the amount of time since transition, with nearly one-third (32%) of those who transitioned 10 or more years ago leaving a faith community due to rejection (Figure 5.24).

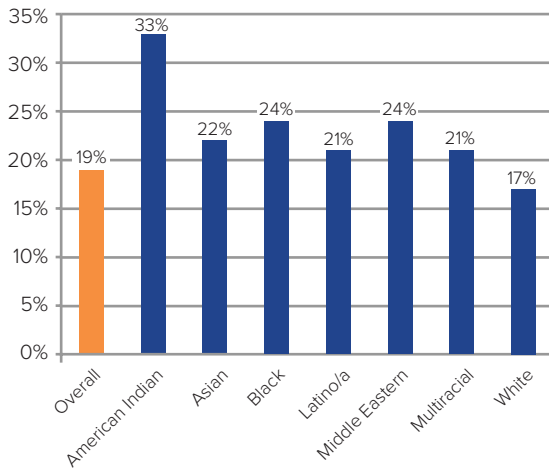
Figure 5.24: Ever left faith community due to rejection
YEARS SINCE TRANSITIONING (%)



People of color were rejected by their faith communities at higher rates, with one-third of American Indian respondents (33%) and almost one-quarter of Black (24%) and Middle Eastern (24%) individuals leaving for this reason (Figure 5.25).

More than one-third (39%) of respondents who have been part of a faith community left because they feared rejection as a transgender person.

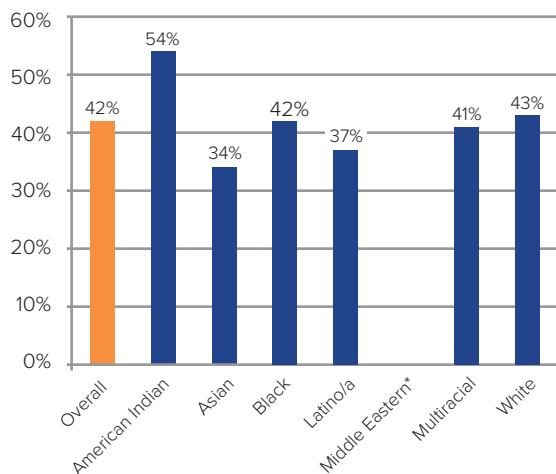
Figure 5.25: Ever left faith community due to rejection RACE/ETHNICITY (%)



C. Welcoming Communities and Experiences Within the Past Year

Of the people who had been rejected by a faith community, 42% found a new community that welcomed them as a transgender person. This differed by respondents' race or ethnicity, with American Indian respondents (54%) being more likely to find a welcoming community, and Latino/a (37%) and Asian (34%) respondents being least likely (Figure 5.26).

Figure 5.26: Found new welcoming faith community after rejection RACE/ETHNICITY (%)



*Sample size too low to report

Nearly one-third (30%) of those who had ever been part of a faith community reported that they had been part of such a community in the past year, which is 19% of the overall sample. Additionally, sixty percent (60%) of them were in a community where leaders or other members thought or knew they were transgender.

D. Acceptance Within Faith Communities in the Past Year

Respondents whose faith community leaders or members thought or knew they were transgender were asked about a series of behaviors that signaled acceptance within the community in the past year. Ninety-four percent (94%) reported that community leaders and/or members accepted them for who they are as a transgender person, and more than three-quarters (80%) were told their religion or faith accepts them. Ninety-six percent (96%) of respondents who were in a faith community in the past year experienced at least one of the accepting behaviors (Table 5.3).

Table 5.3: Acceptance within a faith community in the past year

Acceptance within faith community in past year	Acceptance within faith community in past year		
	Many times	A few times	Once or twice
Community leaders and members accepted them for who they are as a transgender person	75%	11%	8%
A leader or member of their faith community made them feel welcome as a transgender person	72%	12%	9%
They were told that their religion or faith accepts them as a transgender person	59%	12%	9%
One or more experiences listed¹²	96%		

E. Rejection Within Faith Communities in the Past Year

Those with faith community leaders or members who thought or knew they were transgender were also asked about behaviors that signaled rejection in the past year. Among them, 6% were asked to meet with faith leaders to stop them from being transgender, and 5% were asked to stop coming to services or faith community functions (Table 5.4).

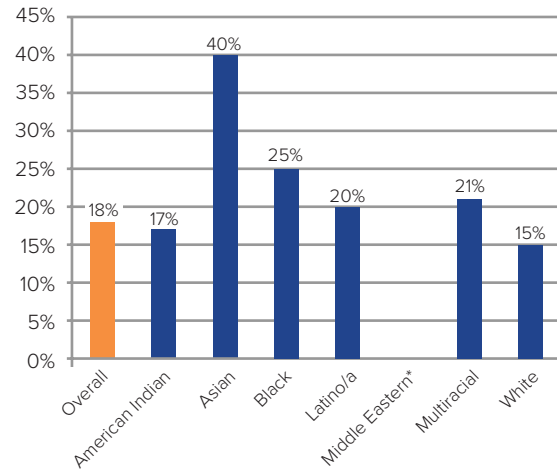
Table 5.4: Rejection within a faith community in the past year

Rejection within faith community in past year			
	Many times	A few times	Once or twice
They were told that being transgender is a sin or that their religion does not approve of them	5%	5%	7%
They were asked to meet with faith leaders to stop them from being transgender	1%	2%	3%
Community leaders or members asked them to seek medical or psychological help to stop them from being transgender	1%	2%	3%
They were asked to stop coming to services or faith community functions	1%	1%	3%
One or more experiences listed¹³	18%		

Nearly one in five (18%) respondents who were in a faith community in the past year reported that they experienced at least one of the rejecting behaviors. Rejection was more likely among Asian (40%) and Black (25%) respondents (Figure 5.27).

Nearly one in five (19%) respondents who had been part of a faith community left because they were rejected.

Figure 5.27: Any rejecting behavior by faith community in past year
RACE/ETHNICITY (%)



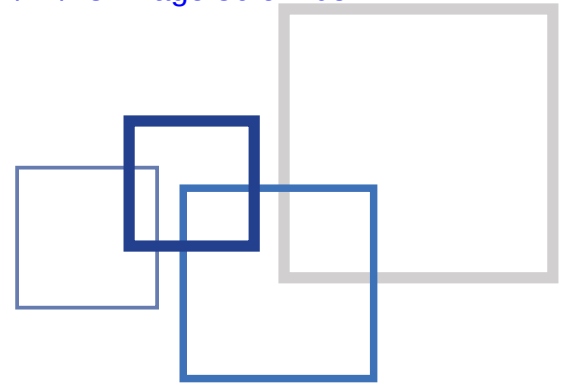
*Sample size too low to report

Conclusion

Results showed significant challenges in many areas of family life, including the retention of relationships with immediate and extended family, spouses and partners, and children. However, results also demonstrate that survey respondents were able to maintain relationships and successfully build family units despite those challenges. They further show the importance of family support in promoting positive experiences in many aspects of life. Results demonstrate that family rejection is strongly correlated with increased negative effects on a wide range of major life experiences, including income, homelessness, HIV infection, serious psychological distress, and suicidal behavior. Additionally, although many respondents experienced negative interactions within their faith communities, many others were able to find welcoming and supportive communities. While respondents' experiences varied overall, these findings reveal the substantial challenges facing many transgender people within their families and faith communities.

ENDNOTES | CHAPTER 5: FAMILY LIFE AND FAITH COMMUNITIES

- 1 Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. (pp. 88–105). DC: National Center for Transgender Equality & National Gay and Lesbian Task Force; Huebner, D., Diaz, R. M., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23(4), 205–213.
- 2 The term “out” is used here to describe a person who openly self-identifies as transgender in their private, public, and/or professional lives.
- 3 Lesbian, gay, bisexual, and transgender (LGBT).
- 4 See Q. 4.5 for descriptions of groups of family members.
- 5 A respondent’s status as a parent was determined based on Q. 4.3, which asked if a respondent was out to any of their children. Eighty-two percent (82%) reported that they “do not have any children,” and the remaining 18% answered “yes” or “no” to whether they were out to their children. This question established whether a respondent had at least one child, but did not determine the number of children, ages of children, or whether the children lived in the respondent’s household.
- 6 U.S. Census Bureau. (2015). *Current Population Survey, Annual Social and Economic Supplement*.
- 7 The percentage of USTS respondents with related children under the age of 18 in the household is based on Q. 7.6.
- 8 “Very supportive” and “supportive” categories were collapsed into a single “supportive” category. “Very unsupportive” and “unsupportive” categories were collapsed into a single “unsupportive” category. See Q. 4.6.
- 9 The “serious psychological distress” measure was developed from the Kessler 6 scale. See Q. 12.2. See also *Health* chapter.
- 10 Section 4 asked about experiences with “immediate family [respondent] grew up with,” and indicated that the definition included parents and siblings.
- 11 The figure of 50% of respondents experiencing family rejection is based on a variable created to reflect any family rejection among several questions, including: (1) Q. 4.2 (spouse/partner ended relationship), (2) Q. 4.4 (child stopped speaking or spending time with respondent), (3) Q. 4.6 (reported level of supportiveness of immediate family), and (4) acts listed in Q. 4.7.
- 12 The “any accepting behavior” variable was created based on respondents who had experienced an accepting behavior listed in Q. 5.7 once or twice, a few times, or many times.
- 13 The “any rejecting behavior” variable was created based on respondents who had experienced a rejecting behavior listed in Q. 5.7 once or twice, a few times, or many times.



CHAPTER 6

Identity Documents

Most non-transgender people take their identity documents (IDs) for granted, but for transgender people, updating and using IDs may present substantial challenges. Transgender people often need to update their IDs to reflect their gender and name. Changing the name listed on most state or federal IDs and records typically involves obtaining a legal name change from a court.¹ Changing the gender marker listed on most IDs and records generally requires documentation of gender transition from a health provider, though the requirements of this documentation may vary greatly for each type of ID and from jurisdiction to jurisdiction.² Previous researchers have documented barriers preventing transgender people from updating the name and gender on their IDs.³

This chapter explores respondents' experiences with their IDs and records, including updating their name and/or gender, and interactions with others related to updating and presenting their IDs and records. Notable differences in respondents' experiences based on demographic and other characteristics are reported throughout the chapter.

KEY FINDINGS

- ▶ Eleven percent (11%) of respondents had their preferred name and gender on all IDs and records, while 68% reported that none of their IDs had the name and gender they preferred.
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- ▶ Forty-nine percent (49%) did not have an ID or record with the name they preferred, and 67% did not have an ID or record with the gender they preferred.
.....
- ▶ Thirty percent (30%) of respondents completed a legal name change.
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- ▶ Thirty-four percent (34%) of people who were granted a legal name change reported that they had spent over \$250, and 11% spent over \$500.
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- ▶ Thirty-five percent (35%) of those who did not try to change their legal name did not try because they could not afford it.
.....
- ▶ Of those who wanted to update their driver's license or state ID, an estimated 44% were able to change their name on the license and an estimated 29% were able to change their gender.
.....
- ▶ Of those who wanted to change the gender on their birth certificate, only an estimated 9% were able to do so.
.....
- ▶ As a result of showing an ID with a name or gender that did not match their gender presentation, 25% of people were verbally harassed, 16% were denied services or benefits, 9% were asked to leave a location or establishment, and 2% were assaulted or attacked.

I. Access to Legal Name Changes

Changing a name is a step in the transition process for some, but not all, transgender people. A legal name change order is almost always required to update the name listed on many forms of official IDs and records, such as driver's licenses, passports, and Social Security cards.⁴ Legal name changes typically happen through a court order, and the process for obtaining a court order varies in each state and territory. Respondents were

asked a series of questions about factors in their decision to legally change their name and their access to a legal name change.

Approximately one-third (36%) of respondents have tried to obtain a legal name change, and 30% were able to do so. This rate varied greatly according to gender identity, where transgender men and women (51%) were almost five times as likely to have tried or completed the name change process as non-binary people (11%). A vast majority (96%) of respondents who underwent the process did so through a court order, less than 1%

Thirty percent (30%) of respondents completed the legal name change process.

did so through the immigration or naturalization process, and 4% did so by other methods, including marriage, an informal or assumed name, or a process in another country. Eighty-eight percent (88%) of those who attempted to legally change their name were granted a name change. Those who attempted but did not complete the process reported a variety of reasons, such as being denied, running out of money, or giving up (Table 6.1).

Table 6.1: Outcome of legal name change attempt

Outcome of legal name change attempt	% of those who attempted a legal name change
Court granted name change	88%
Court denied name change	1%
They are still in process of changing name	6%
They stopped trying because they ran out of money	2%
They gave up	2%
Court initially denied, then later granted name change	<1%
Not listed above	<1%

Forty-one percent (41%) of those who attempted a legal name change through a court did so at age 24 or younger, 45% between the ages of 25 and 44, 13% between the ages of 45 and 64, and less than 1% at age 65 or older.

Nearly two-thirds (64%) of respondents have never tried to change their legal name. These participants reported a variety of reasons for not engaging in the process, including 28% who felt that their name did not conflict with their gender identity (Table 6.2). This reason was more common among non-binary people (45%) and crossdressers (36%) than transgender men and women (10%).

Table 6.2: Reasons for not attempting to change legal name

Reasons for not attempting to change legal name	% of those who had not attempted name change
They are not ready	40%
They cannot afford it	35%
Their name does not conflict with gender identity or expression	28%
They do not know how	24%
They were worried that changing their name would out them	24%
They do not believe they are allowed	3%
A reason not listed	20%

a. Assistance with a Legal Name Change

The legal name change process can be complicated to navigate, and while many people undergo the process without help, some seek the assistance of others. Of people who tried or completed the name change process, 60% did so without help and 40% received help, including free help from a clinic or non-profit organization (17%), assistance from a friend (11%), or help from a paid attorney (9%) (Table 6.3).

Table 6.3: Assistance for people who tried or completed the legal name change process

Type of assistance	% of those who attempted name change
None	60%
Free help from a legal clinic or non-profit organization	17%
Help from a friend	11%
Legal help from a paid attorney	9%
Help from another source	7%

b. Interactions with Judges and Court Staff

Those who interacted with judges and court staff during the name change process reported widely varying experiences. Of the 84% who believed

More than one-third (35%) of respondents who did not try to legally change their name said that it was because they could not afford it.

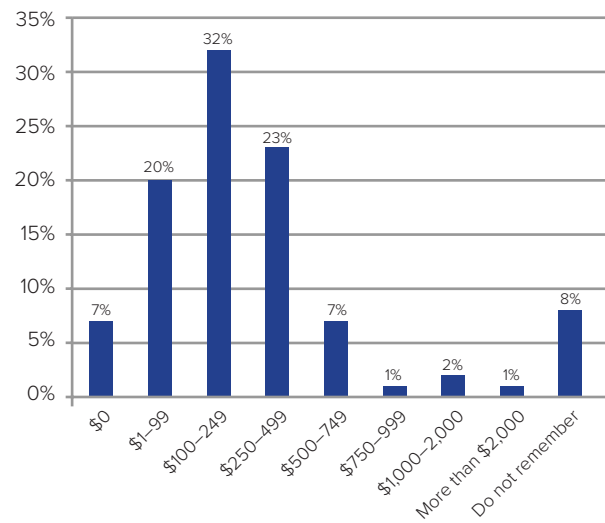
that the judges and/or court staff thought or knew they were transgender during their interaction, three-quarters (75%) felt they were always treated with respect, almost one-quarter (22%) felt they were only sometimes treated with respect, and 2% felt they were never treated with respect. Reports of only sometimes or never being treated with respect were higher for certain groups of people, including people who were currently working in the underground economy, such as sex work, drug sales, or other work that is currently criminalized (41%), and people who had not had any hormonal or surgical treatment (35%).

Respondents who interacted with judges or court staff who thought or knew they were transgender were asked about specific experiences during their interactions. Twenty-three percent (23%) were referred to by the wrong gender pronouns (such as he, she, or they) or title (such as Mr. or Ms.) during their interactions. Almost one in five (19%) people who interacted with judges or court staff were asked questions about their gender transition, such as whether they take hormones or have had any surgery. Nearly one in ten (9%) reported that they received unequal treatment or service, and 3% were verbally harassed. Overall, more than one-third (36%) of those who interacted with judges or court staff during the name change process reported having at least one of these experiences.

c. Cost Associated with a Legal Name Change

The process of obtaining a legal name change may include many different fees, such as the cost of legal help, court fees, and newspaper publication. The survey asked respondents to recall how much they spent on the name change process. Approximately one-quarter (27%) of those who were granted a legal name change reported that the process cost less than \$100, more than half (55%) reported it costing \$100–\$499, and 10% reported the process costing \$500–\$2,000 (Figure 6.1).

Figure 6.1: Reported cost of a legal name change



The cost of obtaining a legal name change may make the process inaccessible for some people. Thirty-five percent (35%) of people who had not tried to legally change their name reported that they did not try because they could not afford it. Additionally, of people who had attempted the legal name change process, 2% did not complete the process because they ran out of money.

II. Experiences with Updating Name and Gender on IDs

Transgender individuals may seek to update the name on their IDs and records, the gender marker (such as M or F), or both. Only 11% of respondents reported that *all* of their IDs and records listed both the name and gender they preferred, and rates were lower for certain populations, such as undocumented individuals (4%), people aged 18–24 (5%), and people with no income (6%). More than two-thirds (68%) reported that *none* of their IDs or records had both the name and gender they preferred. The following sections will first discuss respondents’ experiences with updating the name on their IDs or records, and then their experiences with updating the gender marker.

a. Updating Name on IDs and Records

In order to change the name on IDs and records, one often needs to first obtain a legal name change. Generally, a court order granting a name change must then be presented to update each ID or record separately. Respondents were asked whether all, some, or none of their IDs and records reflected the name they preferred. Thirty percent (30%) of respondents had the name they preferred on all IDs and records, and 22% had the name they preferred on some IDs and records. Nearly half (49%) of respondents did not have any ID or record with the name they preferred. Non-citizens, including undocumented residents (68%), were more likely to say that none of their IDs or records reflected the name they preferred. Respondents with lower incomes were also more likely to say that none of their IDs or records had the name they preferred.

In Our Own Voices

“I was intentionally misgendered and continually verbally harassed by DMV employees. Even after paying for proper identification to be issued, they refused to send the identification because my female photo didn’t match my ‘M’ gender marker.”

“As a non-binary person, not being able to change my gender on any of my identification documents is really disheartening, dysphoria inducing, and kind of dehumanizing. I’m not allowed to be me.”

“My legal name and gender are not yet changed on any documents due to the price. The process for that should be easier or cheaper because that is the main thing that stops me from doing things that require ID.”

“Because my state won’t update the gender markers on its birth certificates, the only way to update my driver’s license is by changing my information on a federal level with my passport. The problem is that now my documents don’t match.”

Respondents were also asked about their experiences with updating the name on specific kinds of IDs or records, like driver’s licenses and birth certificates. Among those respondents who had a driver’s license or state ID and wanted to update their name on it, less than half (44%) were estimated⁵ to have done so. An estimated 44% have changed their name on a work ID, and 43% have changed their name with the Social Security Administration. In contrast, less than one-third (31%) have changed their name on student records, 28% on their passport, and 18% on their birth certificate.

Respondents who transitioned were more likely to have changed the name on their IDs.⁶ For example, while 44% of the whole sample had updated their name on their driver’s license, 56% of those who had transitioned had updated their name on their driver’s license. Transgender men and women who had transitioned were more likely to have updated their name on various types of IDs than non-binary respondents who had transitioned. For example, (61%) of transgender men and women who had transitioned changed their name their driver’s license, in contrast to non-binary respondents who had transitioned (39%) (Figure 6.2).

More than two-thirds (68%) of respondents did not have any ID or record that reflected both the name and gender they preferred.

Those who indicated that some or all of their IDs listed the name they prefer were asked specific questions about their experiences updating the name on different kinds of IDs and records. For each type of ID or record, those respondents were asked if (1) they had been able to change the name on that ID, (2) they were in process of doing so, (3) they tried to change the name on the ID but were denied, or (4) they had not tried to change the name on that ID but wanted to do it someday.⁷ Respondents were most likely to have successfully changed the name on their driver’s license (87%), work ID (88%), and Social Security records (84%), and they were most likely to be denied a name change on their birth certificate (6%) (Figure 6.3).

Figure 6.2: Updated NAME on ID or record, by gender identity and transition status (estimated)

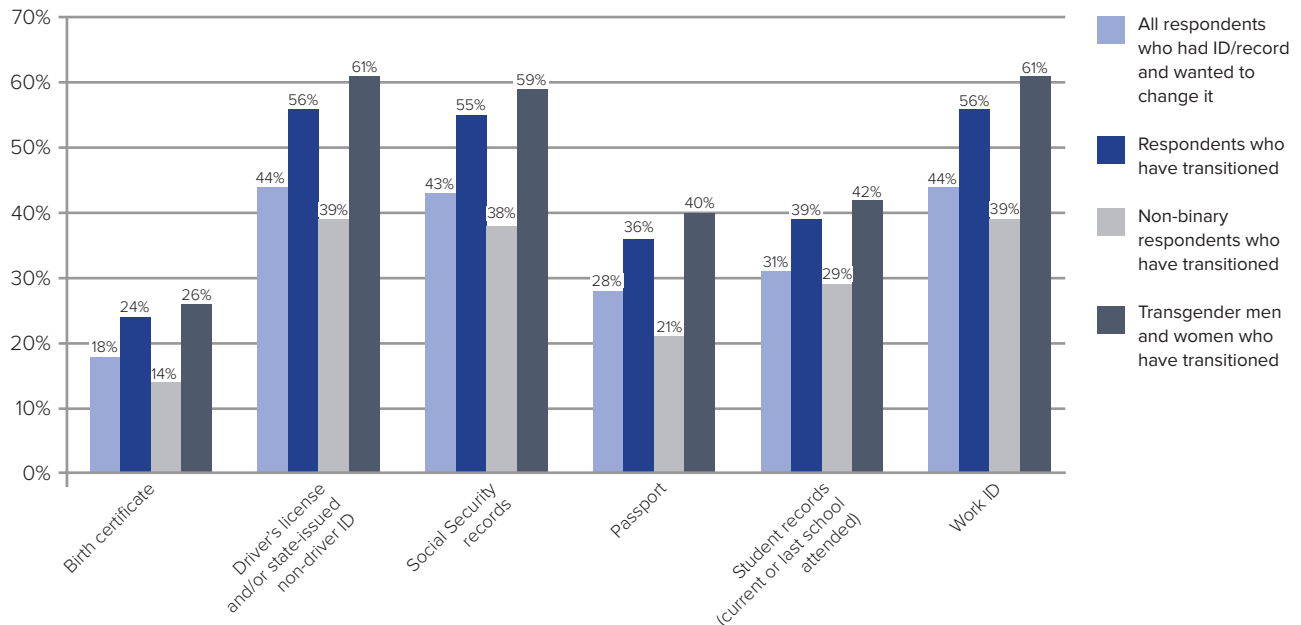
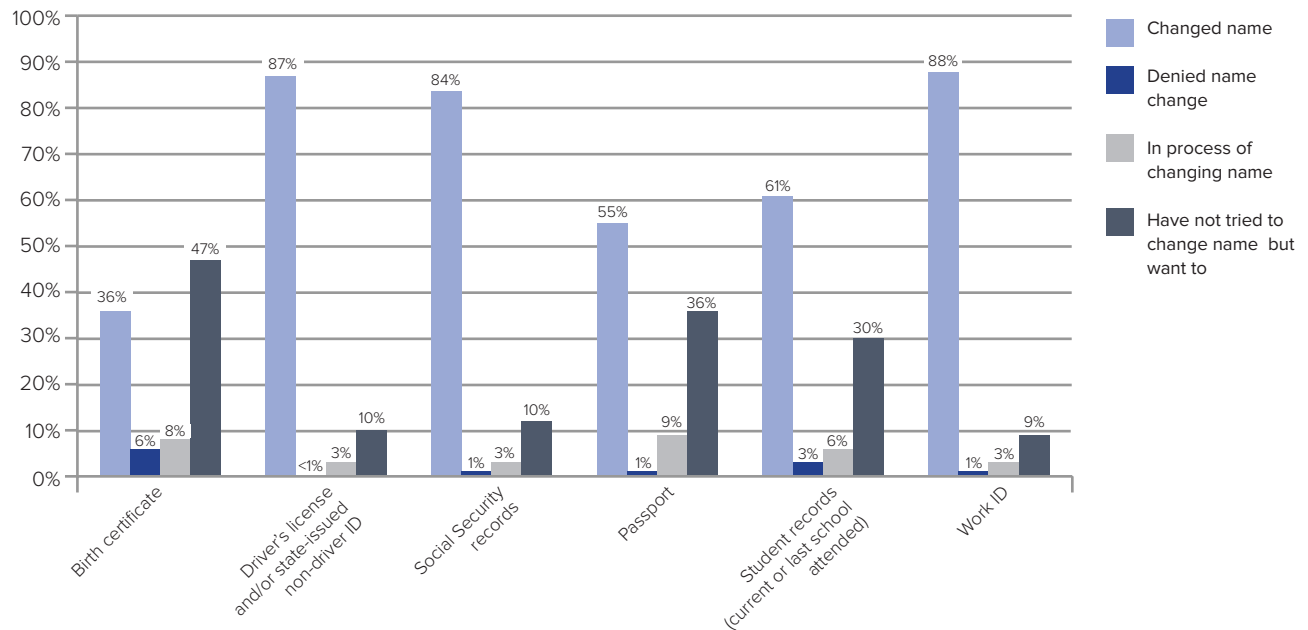


Figure 6.3: Experiences updating NAME on specific IDs (among those who updated some or all of their IDs/records)

The above chart reflects respondents who have been able to update some or all of their IDs only (omitting those who have not been able to update any IDs). It also does not include those who do not have the ID/record or do not want to update it. These numbers should not be reported without clearly stating that they represent only a subset of the respondents. For overall ability to change records, see Figure 6.2.

b. Updating Gender on IDs and Records

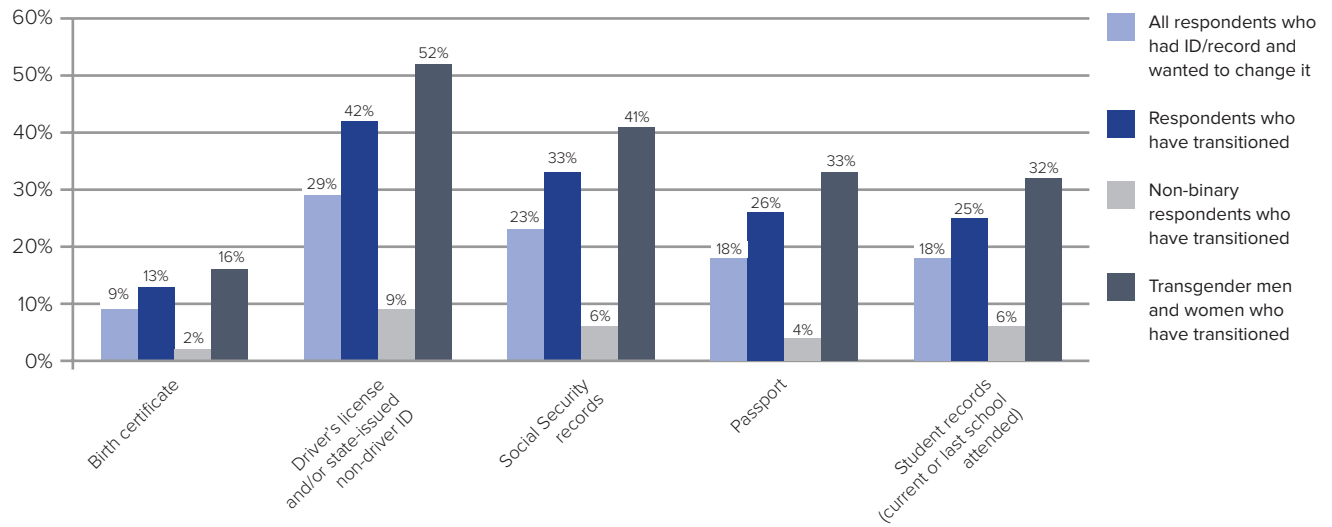
Updating the gender marker on any ID or record is typically a distinct process from updating the name, and may require documentation regarding gender transition from a healthcare provider, a court order of gender change, an updated birth certificate, or other documentation. Respondents were asked whether all, some, or none of their IDs and records listed the gender they preferred. More than two-thirds (67%) of respondents did not have any ID or record that listed the gender they preferred. Twelve percent (12%) of respondents had the gender they preferred on all IDs and records, and 21% of respondents had the gender they preferred on some IDs and records.

Respondents were also asked about their experiences with updating the gender on specific kinds of IDs or records, like driver's licenses and birth certificates. Among those respondents who had a driver's license or state ID and wanted

to update their gender on it, an estimated⁸ less than one-third (29%) had done so, and only 9% were able to change their gender on their birth certificate. Twenty-three percent (23%) of those with a Social Security card who wanted to update their gender on it were estimated to have done so, and only 18% had updated their gender on their passport.

Respondents who had transitioned were more likely to have changed their gender on their IDs. For example, 29% of the overall sample have updated the gender on their driver's license, while 42% of those who have transitioned updated the gender marker on their driver's license. Transgender men and women who had transitioned (52%) were much more likely to have updated the gender on their driver's license, in contrast to non-binary respondents who had transitioned (9%) (Figure 6.4).

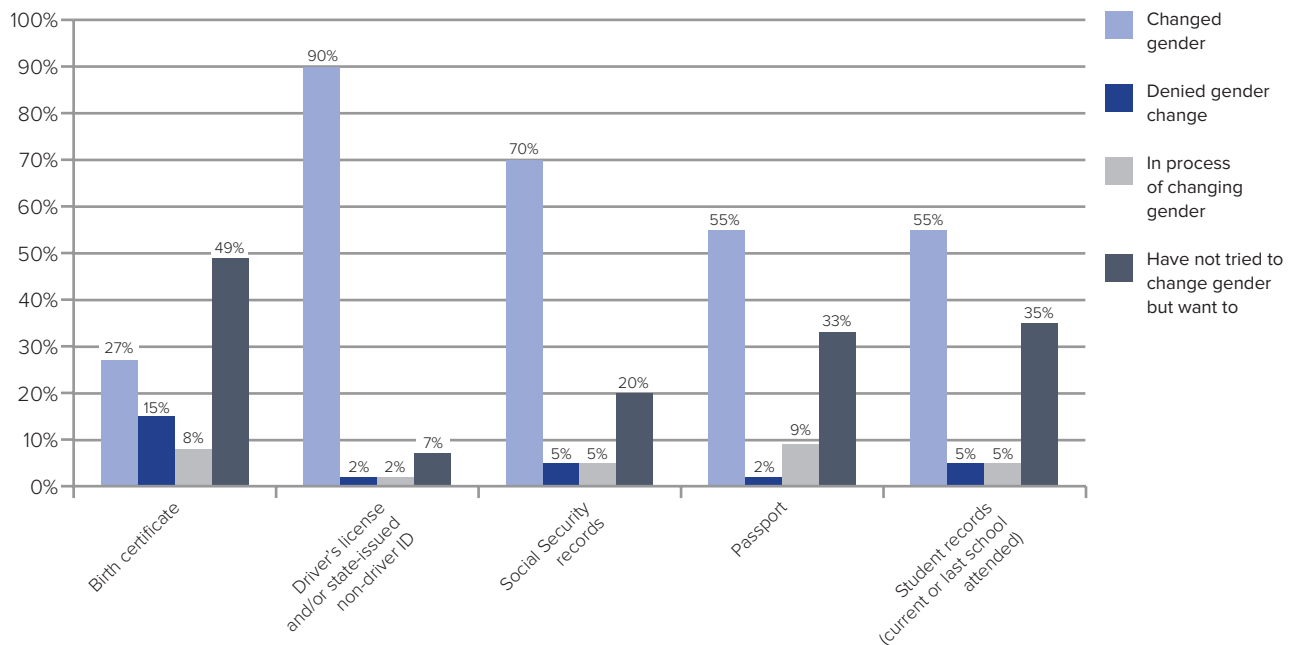
Figure 6.4: Updated GENDER on ID or record, by gender identity and transition status (estimated)



Those who indicated that some or all of their IDs listed the gender they preferred were asked specific questions about their experiences updating the gender on different kinds of IDs and records. For each type of ID or record, those respondents were asked if (1) they had been able to change the gender on that ID, (2) they were in process of doing so, (3) they tried to change

the gender on the ID but were denied, or (4) they had not tried to change the gender on that ID but wanted to do it someday.⁹ Respondents were most likely to change the gender on their driver's license (90%) and Social Security records (70%), and they were most likely to be denied a gender marker change on their birth certificate (15%) (Figure 6.5).

Figure 6.5: Experiences updating GENDER on specific IDs (among those who updated some or all of their IDs/Records)



The above chart reflects respondents who have been able to update some or all of their IDs only (omitting those who have not been able to update any IDs). It also does not include those who do not have the ID/record or do not want to update it. These numbers should not be reported without clearly stating that they represent only a subset of the respondents. For overall ability to change records, see Figure 6.4.

Nearly one-third (32%) of respondents who did not have their preferred gender on any of their IDs or records reported that they could not afford to change them.

Those who said that none of the IDs reflected the preferred gender were asked why that was the case. Twenty-five percent (25%) of these respondents believed they were not allowed to change the gender on their IDs or records, for reasons such as not having undergone medical treatment needed to change their gender on an ID or not having a doctor's letter. Nearly one-third (32%) of respondents indicated that none of their IDs or records had the gender they preferred because they could not afford it. Eighty-eight percent (88%) of non-binary individuals who indicated that none of their IDs or records had the gender they preferred reported that it was because the available gender options (male or female) did not fit their gender identity, in contrast to 4% of transgender men and women (Table 6.4).

Table 6.4: Reasons for not changing gender on IDs or records

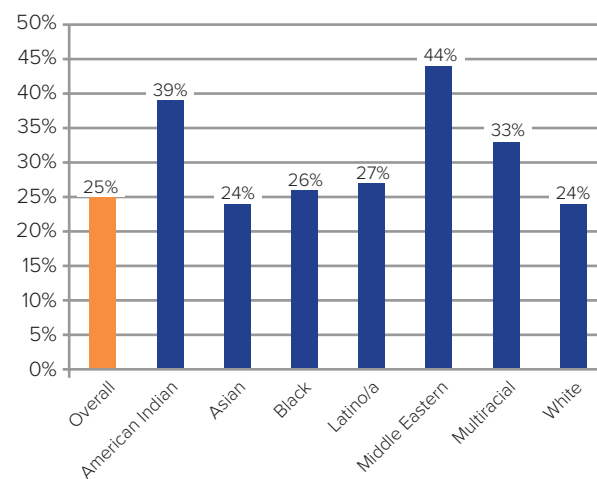
Reasons for not changing gender	% of those who reported having no IDs/records with the gender they preferred
They have not tried yet	44%
The available gender options (male or female) do not fit their gender identity	41%
They could not afford it	32%
They were not ready	30%
They did not know how	26%
They believed they were not allowed	25%
They worried that they might lose benefits or services	25%
They worried that changing gender would out them	25%
Their request was denied	1%
A reason not listed	10%

III. Experiences When Presenting Incongruent Identity Documents

Respondents were asked about their experiences when they have shown an ID with a name or gender that did not match the gender in which they present. Overall, nearly one-third (32%) of individuals who have shown IDs with a name or gender that did not match their presentation reported negative experiences, such as being harassed, denied services, and/or attacked.

One-quarter (25%) of these respondents reported being verbally harassed. Middle Eastern (44%) and American Indian (39%) respondents reported experiencing this more often than other racial or ethnic groups (Figure 6.6).

Figure 6.6: Verbally harassed when using an ID with a name or gender that did not match their presentation RACE/ETHNICITY (%)



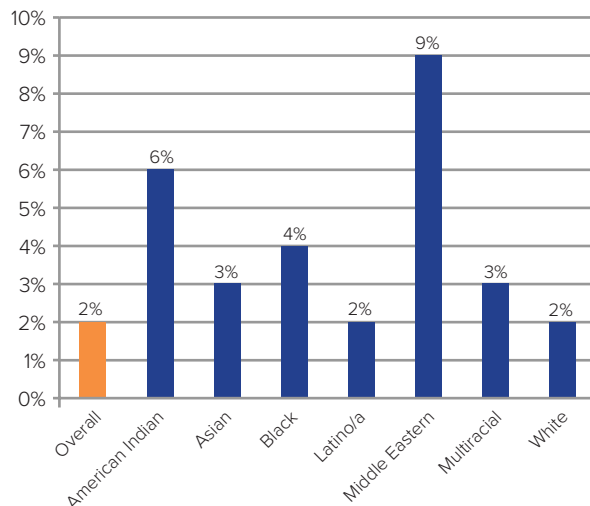
Sixteen percent (16%) of people who showed IDs with a name or gender that did not match the gender they present in were denied services or benefits. Transgender men and women were more likely to have been denied services or benefits (20%) compared to non-binary respondents (10%).

Nearly one-third (32%) of individuals who have shown IDs that did not match their presentation reported negative experiences, such as being harassed, denied services, and/or attacked.

Nine percent (9%) of people who showed an incongruent ID were asked to leave. Transgender women were more likely to have been asked to leave after presenting incongruent IDs (13%), compared to transgender men (9%) and non-binary people (6%).

Two percent (2%) of people who showed IDs with a name and gender that did not match the gender they present in were assaulted or attacked. These experiences differed by race and ethnicity. Middle Eastern respondents were almost five times as likely (9%) to report experiencing this, American Indians were three times as likely (6%), and Black respondents were twice as likely (4%) (Figure 6.7). Undocumented residents were also substantially more likely to report being assaulted or attacked (15%), in contrast to documented residents (3%) and citizens (2%).

Figure 6.7: Assaulted or attacked when using an ID with a name or gender that did not match their presentation
RACE/ETHNICITY (%)

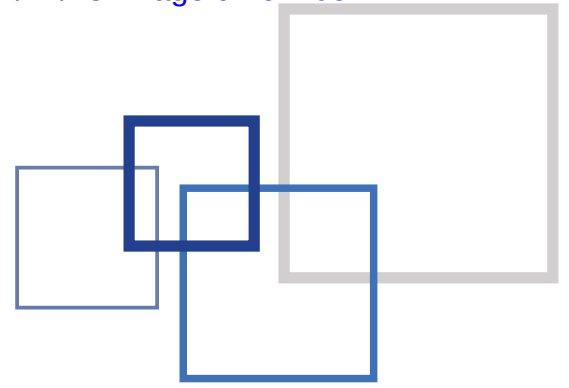


Conclusion

Findings indicate that respondents encountered substantial issues related to obtaining IDs and records that reflect their gender identity, including financial, procedural, and eligibility barriers. The data suggests that the cost of a legal name change presents a considerable challenge to getting a preferred name on identity documents. Results also indicate that the cost of updating gender markers and procedural requirements (such as providing documentation of certain medical procedures) are among the main barriers preventing respondents from updating the gender on their IDs and records. Further, results suggest that respondents who presented IDs that did not correspond with the gender they presented in were put at risk of harassment, assault, and other forms of negative treatment. Overall, these findings illustrate a variety of difficulties that arise during the name and gender change process and emphasize the importance of access to accurate identity documentation for the safety and well-being of transgender people.

ENDNOTES | CHAPTER 6: IDENTITY DOCUMENTS

- 1 Forty-nine states and all five U.S. territories have a court order process for changing a legal name. Hawai'i is currently the only state with an administrative name change process. Additionally, a legal name change may be obtained through other processes, such as through naturalization or a common law name change. See NCTE's Identity Document Center for more information, available at: www.transequality.org/documents.
- 2 For more information on gender marker change requirements for state and federal IDs, see NCTE's Identity Document Center, available at www.transequality.org/documents.
- 3 Brown, T. N. T. & Herman, J. L. (2016). *Voter ID Laws and Their Added Costs for Transgender Voters*. Los Angeles, CA: Williams Institute. Available at: <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Voter-ID-Laws-and-Their-Added-Costs-for-Transgender-Voters-March-2016.pdf>; Hussey, H. (2015). *Expanding ID Card Access for LGBT Homeless Youth*. DC: Center for American Progress. Available at: <https://cdn.americanprogress.org/wp-content/uploads/2015/10/01071118/IDhomelessLGBT.pdf>; Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. (pp. 138–156). DC: National Center for Transgender Equality & National Gay and Lesbian Task Force.
- 4 See NCTE's Identity Document Center, available at: www.transequality.org/documents.
- 5 Due to an error in skip logic in this section of the survey, a portion of the respondents who should have seen questions about updating identity documents—specifically, respondents who said that none of their documents had the name or gender they preferred—did not receive them. To create a denominator that included those individuals, the research team used question answers from the respondents who *did* see the questions to estimate the number of respondents from the full sample who did have the ID in question and wanted to update it. This estimated denominator was used to calculate the percentages of those who updated these IDs out of respondents in the full sample who had the ID and wanted to update it.
- 6 For the purposes of this report, “transitioned” is defined as living full-time in a gender different than the one on a person’s original birth certificate, as indicated by the answer to Q. 1.12.
- 7 Respondents could also select from the following additional answer choices about changing their name: (1) “I do not have this ID/record” and (2) “I do not want to change this ID/record.” If a respondent selected one of those answers, they were removed from the calculation. Therefore, results only reflect the answers of those who had a particular ID/record and wanted to change the record. See Q. 10.14.
- 8 See note 5 regarding the estimated calculations in this section.
- 9 Respondents could also select from the following additional answer choices about changing their gender: (1) “I do not have this ID/record” and (2) “I do not want to change this ID/record.” If a respondent selected one of those answers, they were removed from the calculation. Therefore, results only reflect the answers of those who had a particular ID/record and wanted to change the record. See Q. 10.16.



CHAPTER 7

Health

Disparities in health and health care among transgender people have been documented in prior research.¹ The survey explored several areas related to health care, including respondents' overall physical and mental health, and their experiences accessing health care services, both related to gender transition and routine health care.

Results related to health and health care are presented in six sections:

- A. Routine and Transition-Related Health Care and Coverage
- B. Overall Health and Psychological Distress
- C. Conversion Therapy and Other Pressures to De-Transition
- D. Suicidal Thoughts and Behaviors
- E. Substance Use
- F. HIV Testing and Care

Notable differences in respondents' experiences based on demographic and other characteristics are reported throughout the chapter.

A. ROUTINE AND TRANSITION-RELATED HEALTH CARE AND COVERAGE

Previous studies indicate that transgender people face barriers to accessing quality, affordable health care. These barriers include lack of adequate insurance coverage, mistreatment by health providers, and health providers' discomfort or inexperience with treating transgender people.² Such barriers make it harder for transgender people to seek both routine health care that is unrelated to their transgender status, and health care related to gender transition ("transition-related care"). Transition-related care can include a variety of treatments, such as counseling, hormone therapy, and surgical procedures. While not every transgender person may need or want medical care related to gender transition, many do, and the specific treatments that they may undergo vary based on their individualized needs.

Respondents were asked about their experiences with health insurance coverage, including coverage for transition-related care. They were also asked about their experiences receiving general health care from doctors and other health providers, including how providers treated them as transgender people. Finally, respondents were asked about transition-related care they have had or wanted to have.

KEY FINDINGS

- ▶ One in four (25%) respondents experienced a problem with their insurance in the past year related to being transgender, such as being denied coverage for care related to gender transition.
 - One-quarter (25%) of those who sought coverage for hormones in the past year were denied, and 55% of those who sought coverage for transition-related surgery in the past year were denied.

- ▶ One-third (33%) of respondents who had seen a health care provider in the past year reported having at least one negative experience related to being transgender, such as verbal harassment, refusal of treatment, or having to teach the health care provider about transgender people to receive appropriate care.

- ▶ In the past year, 23% of respondents did not see a doctor when they needed to because of fear of being mistreated as a transgender person, and 33% did not see a doctor because of cost.

- ▶ While more than three-quarters (78%) of respondents wanted hormone therapy related to gender transition, only 49% had ever received it.

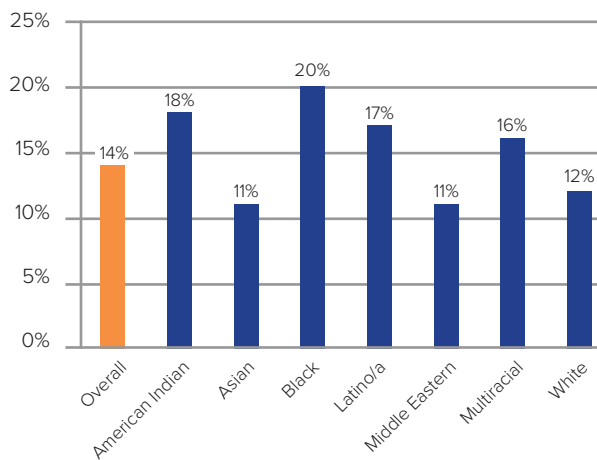
- ▶ One-quarter (25%) of respondents have undergone some form of transition-related surgery.

I. Health Insurance

a. Insurance Coverage and Source of Coverage

Respondents were asked a series of questions about health insurance coverage. Eighty-six percent (86%) reported that they were covered by a health insurance or health coverage plan, and 14% reported that they were uninsured. This compares to 89% of adults in the U.S. general population who were covered by a health insurance or health coverage plan in 2015, as reported in the American Community Survey (ACS).³ Insurance coverage differed by region, with those in the South (20%) being more likely to be uninsured than those in the overall sample, compared to those in the Midwest (13%), West (11%), and Northeast (9%). Among people of color, Black (20%), American Indian (18%), and Latino/a (17%) respondents were more likely to be uninsured (Figure 7.1). Respondents who were not U.S. citizens were more likely to be uninsured, including nearly one-quarter (24%) of documented non-citizens and a majority (58%) of undocumented residents.

Figure 7.1: Uninsured RACE/ETHNICITY (%)



Fourteen percent (14%) of respondents were uninsured, compared to 11% of adults in the U.S. population.

The most common source of health insurance reported by respondents was an employer-sponsored insurance plan (either through the respondent’s employer or someone else’s employer) (53%). Fourteen percent (14%) of respondents had individual insurance plans that they or someone else purchased directly from an insurance company, through healthcare.gov, or from a health insurance marketplace, and 13% were insured through Medicaid (Table 7.1).

Table 7.1: Type of health insurance or health coverage plan

Health insurance source	% in USTS	% in U.S. general population (ACS) ⁴
Insurance through current or former employer or union (belonging to respondent or a family member)	53%	56%
Insurance they or someone else purchased directly from an insurance company or through a health insurance marketplace (such as healthcare.gov)	14%	16%
Medicaid	13%	15%
Medicare	5%	22%
TRICARE or other military health care	2%	3%
VA	2%	3%
Indian Health Service	<1%	1% ⁵
Another type of insurance	6%	N/A

More than one-quarter (26%) of respondents sought options for health insurance from a state or federal health insurance marketplace, such as through healthcare.gov, in the past year.⁶ Of those who sought insurance through a marketplace, 42% purchased a plan. When acquiring health insurance through healthcare.gov or state marketplaces, most enrolled in a Medicaid plan (58%), 27% received a subsidy to buy a private plan, and 12% purchased a private plan without a subsidy.

b. Negative Experiences with Insurance Coverage

One in four (25%) respondents reported having problems with their insurance in the past year related to being transgender, such as being denied coverage for care related to gender transition. Among those who were insured and made the relevant requests of their insurer,⁷ several problems were reported. Seventeen percent (17%) of respondents had an insurer refuse to change their name and/or gender in their insurance record when requested. Thirteen percent (13%) reported that they were denied coverage for services often considered to be gender-specific, including routine sexual or reproductive health screenings (such as Pap smears, prostate exams, and mammograms). Seven percent (7%) reported that they were denied coverage for other routine health care. More than half (55%) of respondents who sought transition-related surgery coverage were denied, and one-quarter (25%) of those who sought coverage for hormones were denied (Table 7.2).

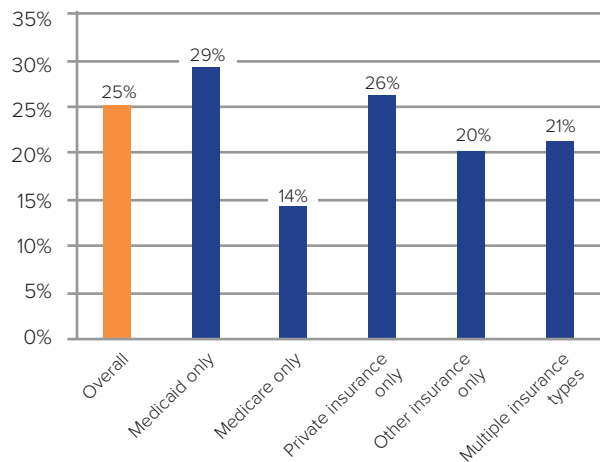
Table 7.2: Negative action or policy by health insurer

Negative action or policy	% of respondents who made such a request of their insurer
Denied coverage for transition-related surgery	55%
Covered only some of the surgical care needed for transition (respondent could not get coverage for treatment they needed)	42%
Denied coverage for transition-related hormone therapy	25%
Covered surgery for transition, but had no surgery providers in their network	21%
Refused to change records to list current name or gender	17%
Denied coverage for care often considered gender-specific because of transgender status	13%
Denied other routine health care because of transgender status	7%

Denials for hormone coverage differed by gender, with transgender men (32%) and non-binary people who had female on their original birth certificate (36%) more likely to report being denied hormone

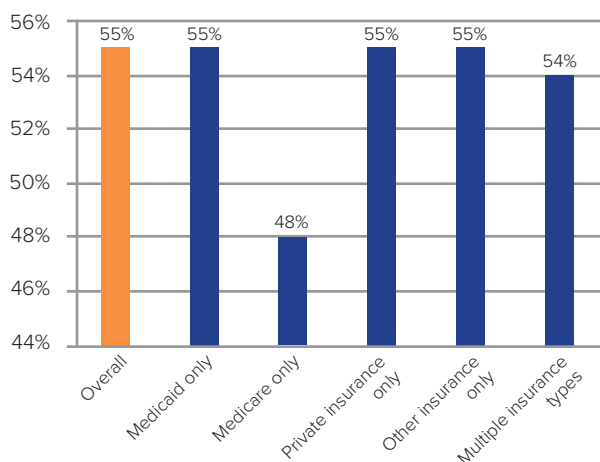
coverage than transgender women (18%) and non-binary people who had male on their original birth certificate (16%). Respondents who were insured solely through Medicare were least likely to be denied coverage for hormones (14%) (Figure 7.2).⁸

Figure 7.2: Denied coverage for hormone therapy in the past year
INSURANCE TYPE (%)



Transgender men (57%) were more likely to be denied surgery coverage than transgender women (54%) and non-binary people, including non-binary people with female on their original birth certificate (49%) and non-binary people with male on their original birth certificate (35%). With the exception of those who were solely covered by Medicare (48%), the rate of denials for surgery was similar among the different types of insurance providers (Figure 7.3).

Figure 7.3: Denied coverage for surgery in the past year
INSURANCE TYPE (%)



II. Experiences with Health Care Providers

a. Outness to Health Care Providers

Respondents were asked whether their current health care providers knew they were transgender. Of respondents who currently had health care providers, 40% reported that all of their current health care providers knew they were transgender, 13% reported that most knew, and 17% reported that some knew that they were transgender. Nearly one-third (31%) of respondents reported that none of their health care providers knew they were transgender.

b. Treatment by Health Care Providers as a Transgender Person

Eighty-seven percent (87%) of respondents had seen a health care provider in the year prior to taking the survey. Those respondents received questions about how their health care provider interacted with them as a transgender person. Of those who had seen a provider in the past year, 62% said that at least one provider they saw knew they were transgender and treated them with respect. However, one-third (33%) of respondents who had seen a provider in the past year reported having at least one negative experience with a doctor or other health care provider related to being transgender. This included having to teach the provider about transgender people in order to receive appropriate care (24%), being asked invasive or unnecessary questions about being transgender not related to the reason for the visit (15%), or being refused transition-related health care (8%) (Table 7.3).

In Our Own Voices

“My state Medicaid does not cover hormones or surgeries. With my very limited income, it is difficult to afford the treatment I need and I will most likely never be able to have surgeries.”

“I was consistently misnamed and misgendered throughout my hospital stay. I passed a kidney stone during that visit. On the standard 1–10 pain scale, that’s somewhere around a 9. But not having my identity respected, that hurt far more.”

“Multiple medical professionals have misgendered me, denied to me that I was transgender or tried to persuade me that my trans identity was just a misdiagnosis of something else, have made jokes at my expense in front of me and behind my back, and have made me feel physically unsafe. I often do not seek medical attention when it is needed, because I’m afraid of what harassment or discrimination I may experience in a hospital or clinic.”

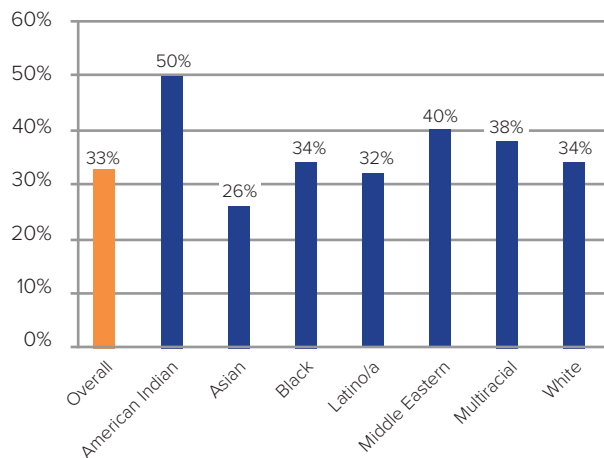
“When I was in college, I had my health insurance list me as male, and then they denied coverage for my routine pap smear and a gynecological prescription due to my gender.”

Table 7.3: Negative experiences when seeing a health care provider in the past year

Negative experience	% of those who had seen a provider in the past year
They had to teach their health care provider about transgender people to get appropriate care	24%
A health care provider asked them unnecessary or invasive questions about their transgender status that were not related to the reason for their visit	15%
A health care provider refused to give them transition-related care	8%
They were verbally harassed in a health care setting (such as a hospital, office, or clinic)	6%
A health care provider used harsh or abusive language when treating them	5%
A health care provider refused to give them care not related to gender transition (such as physicals or care for the flu or diabetes)	3%
A health care provider was physically rough or abusive when treating them	2%
They were physically attacked by someone during their visit in a health care setting (such as a hospital, office, or clinic)	1%
They were sexually assaulted ⁹ in a health care setting (such as a hospital, office, or clinic)	1%
One or more experiences listed	33%

Negative experiences with doctors and other health care providers varied by race and ethnicity. American Indian respondents (50%) reported the highest level of negative experiences, and rates among Middle Eastern (40%) and multiracial (38%) respondents were also higher (Figure 7.4).

Figure 7.4: One or more negative experiences with health provider in the past year RACE/ETHNICITY (%)



Negative experiences with health care providers also varied by gender identity. Transgender men (42%) were more likely to report negative experiences than transgender women (36%) and non-binary respondents (24%). People with disabilities¹⁰ (42%) were also more likely to have at least one negative experience in the past year, compared with respondents who did not identify as having a disability (30%).

c. Providers’ Knowledge About Transgender People

Respondents were asked about the health providers they saw for transgender-related care and for routine health care needs and the providers’ level of knowledge about transgender health care. More than half (56%) of respondents currently had a provider specifically for transition-related care, such as hormone therapy. Of those, 65% reported that this provider knew “almost everything” or “most things” about providing health care for transgender people. Seventeen percent (17%) of respondents reported that their provider for transition-related care knew only “some” things about the subject, 8% said this provider knew “almost nothing,” and 10% said they were not sure.

Fifty-one percent (51%) of respondents reported that they saw the same provider for transition-related care and other routine health care. One-third (33%) indicated that they have a separate provider for routine care who is different from the provider they see for transition-related care. Fifteen percent (15%) of respondents reported that they have no transition-related or routine health care provider.

Respondents with a separate provider for routine care were asked about that provider’s level of knowledge about caring for transgender people. More than of half (54%) of these respondents were unsure how much their provider knew about health care for transgender people, while others

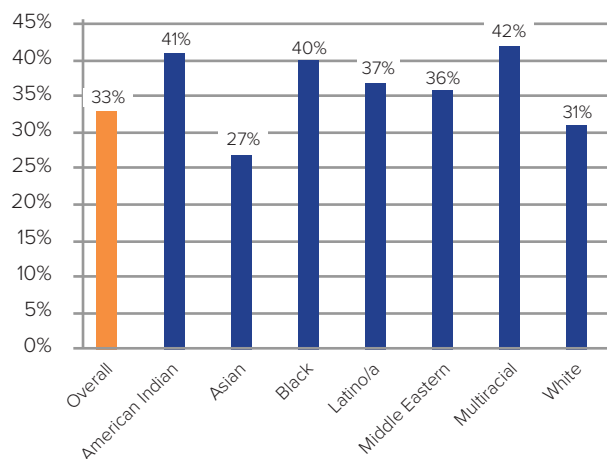
indicated that their routine health care provider knew “some things” (16%) or “almost nothing” (24%). Only 6% of respondents reported that their routine care provider knew “almost everything” or “most things” about caring for transgender people.

d. Barriers to Accessing Care

Respondents were asked about barriers to accessing health care, including cost of care, fear of being mistreated as a transgender person, and distance required to travel to see health providers for transition-related care.

Cost was a major factor in accessing health care, with one-third (33%) of respondents reporting that there was at least one time in the past year when they needed to see a doctor or other health care provider but did not because of cost. People of color, including multiracial (42%), American Indian (41%), Black (40%), and Latino/a (37%) respondents, were more likely to not have seen a doctor or other health care provider due to cost in the past year (Figure 7.5). People with disabilities (42%) were also more likely to not have seen a health provider when they needed to because of cost.

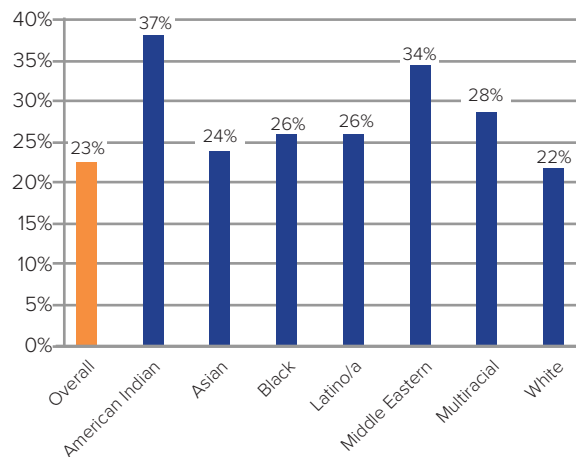
Figure 7.5: Did not see health provider due to cost in the past year
RACE/ETHNICITY (%)



Nearly one-quarter (23%) of respondents reported that they avoided seeking health care they needed in the past year due to fear of being mistreated as a transgender person.

Additionally, nearly one-quarter (23%) of respondents reported that at some point in the past year they needed health care but did not seek it due to fear of being disrespected or mistreated as a transgender person. American Indian (37%) and Middle Eastern (34%) respondents were more likely to not have gone to a doctor or other health care provider due to fear of being disrespected or mistreated as a transgender person (Figure 7.6).

Figure 7.6: Did not see health provider due to fear of mistreatment in the past year
RACE/ETHNICITY (%)

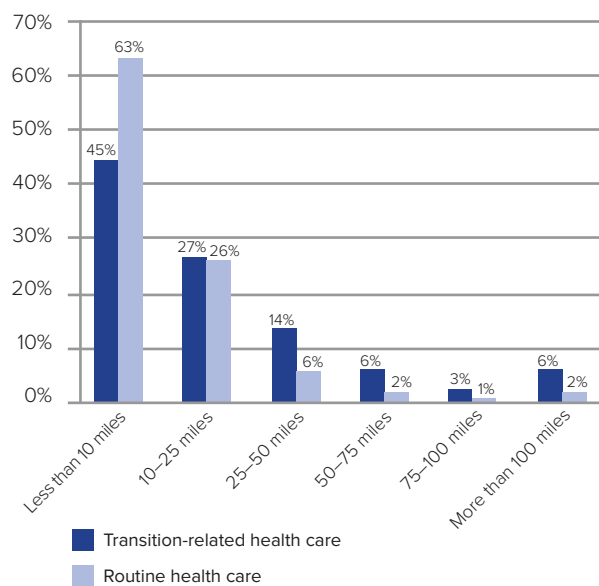


Fear of being disrespected or mistreated by a health care provider also differed by gender identity, with transgender men (31%) being more likely to avoid care out of fear of discrimination than transgender women (22%) and non-binary respondents (20%).

To examine the accessibility of respondents’ health care providers, respondents were asked how far they had to travel to receive routine care and care

related to gender transition (transition-related care). Respondents reported having to travel further for transition-related care than routine care. While 63% indicated that they received routine care from providers within 10 miles of their home, less than half (45%) reported that they received transition-related health care within 10 miles of their home. Respondents were three times more likely to have to travel more than 50 miles for transgender-related care than for routine care (Figure 7.7).

Figure 7.7: Distance to health care provider



III. Transition-Related Health Care

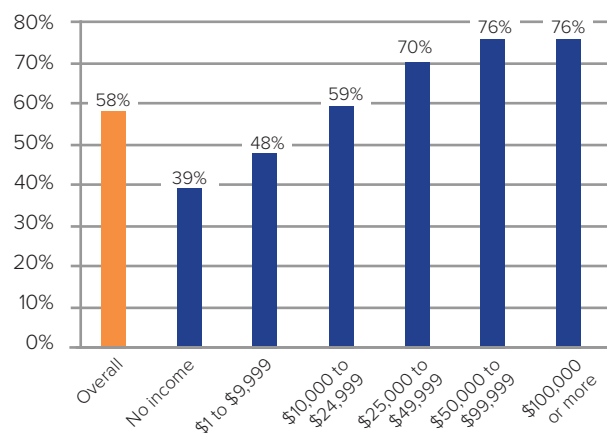
Respondents received questions about whether they had ever had, or wanted to have, a range of potential health care services related to gender transition.

a. Counseling

More than three-quarters (77%) of respondents said they wanted counseling or therapy for their gender identity or gender transition at some point in their life, but only 58% of respondents have ever received counseling or therapy. While

transgender men and women (81%) were only slightly more likely to have ever wanted gender-related counseling than non-binary respondents (70%), transgender men and women were more than twice as likely to have actually had counseling (73%) as compared to non-binary respondents (31%). Access to counseling varied greatly by income, with those who reported having no individual income (39%) and those who earned an income of \$1 to \$9,999 (48%) being much less likely to have received counseling than those who earned \$50,000 or more (76%) (Figure 7.8).

Figure 7.8: Counseling/therapy for gender identity or transition
INDIVIDUAL INCOME (%)



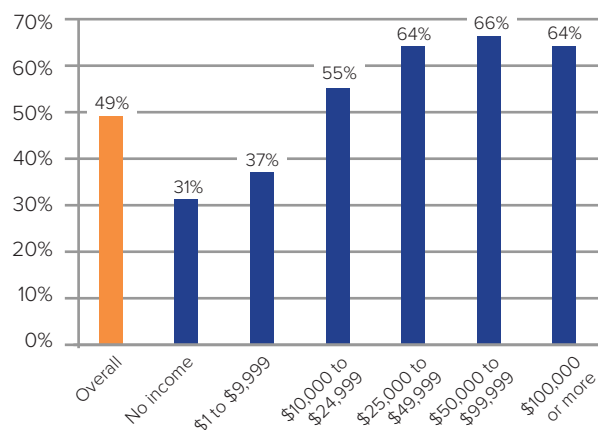
b. Hormone Therapy

Seventy-eight percent (78%) of respondents wanted to receive hormone therapy at some point in their life, but only 49% of respondents have ever received it. Ninety-two percent (92%) of those who have ever received hormone therapy were currently still receiving it, representing 44% of all respondents. A large majority of transgender men and women (95%) have wanted hormone therapy, compared to 49% of non-binary respondents. Transgender men and women were about five times more likely to have ever had hormone therapy (71%) than non-binary respondents (13%).

Seventy-eight percent (78%) of respondents wanted to receive hormone therapy at some point in their life, but only 49% of respondents have ever received it.

There were also substantial differences in access to hormone therapy by income. Respondents who reported having no individual income (31%) or earning an income of \$1 to \$9,999 (37%) were about half as likely to have received hormone therapy as those who earned \$25,000 or more (Figure 7.9).

Figure 7.9: Hormone therapy for gender transition
INDIVIDUAL INCOME (%)



Of respondents who have ever had hormone therapy, 4% started hormone therapy before the age of 18, 41% began between the ages of 18 and 24, 43% began between the ages of 25 and 44, and 13% began after age 45.

While the majority (91%) of respondents received their hormone medications only from licensed professionals, 6% received them from both licensed professionals and friends, and 2% reported receiving them only from friends, online

sources, or other non-licensed sources.¹¹ Those who were uninsured were five times more likely to receive their hormones only from unlicensed sources (10%). Respondents who were currently working in the underground economy (such as sex work, drug sales, or other work that is currently criminalized) (8%), who have ever done sex work in their lifetime (5%), or who were living in poverty (4%), were more likely to receive their hormones only from unlicensed sources, as were transgender women (4%).

c. Puberty-Blocking Hormones

Fifteen percent (15%) of respondents reported that at some point in their lives, they wanted puberty-blocking medications, which are hormone suppressors that are used to delay physical changes associated with puberty and were described as those usually being used by youth between the ages of 9 and 16. However, less than 1% of respondents reported ever having them.¹²

d. Surgeries and Other Procedures

One in four (25%) reported having had some form of transition-related surgery.¹³ Transgender men (42%) were more likely to have had any kind of surgery than transgender women (28%) or non-binary respondents (9%). Respondents who were living in poverty¹⁴ (17%) were less likely to have had any surgery, as were those who had low incomes (Figure 7.10). Respondents who were uninsured (18%) were also less likely to have any surgery, while those who were insured through Medicare only were most likely (44%) (Figure 7.11).¹⁵

One in four (25%) respondents reported having had some form of transition-related surgery.

EXHIBIT 8

Figure 7.10: Any surgery for gender transition INDIVIDUAL INCOME (%)

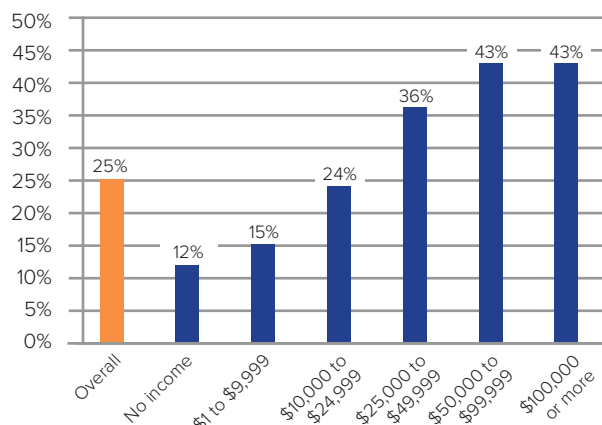
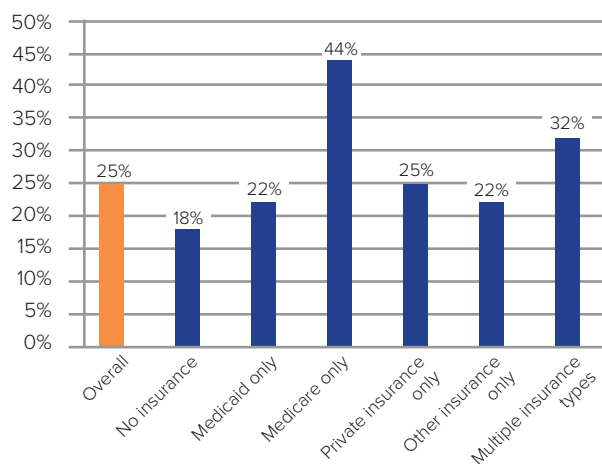


Figure 7.11: Any surgery for gender transition INSURANCE TYPE (%)



Respondents were asked a series of questions about whether they had received or wanted to have specific surgical and other procedures. Respondents received different questions based on the sex that they reported was listed on their original birth certificate.¹⁶

i. Experiences of Respondents With Female on Their Original Birth Certificate

Of respondents who had female on their original birth certificates, 21% had a chest reduction or reconstruction¹⁷ and 8% had a hysterectomy.¹⁸ Only 2% reported having any genital surgery, such as metoidioplasty¹⁹ (1%) or phalloplasty²⁰ (1%) (Table 7.4). These experiences differed greatly by gender identity, with transgender men (Figure 7.12) being

more likely to have had any of the procedures than non-binary respondents who had female on their original birth certificate (Figure 7.13).

Table 7.4: Procedures among respondents with female on their original birth certificate

Type of procedure	Have had it	Want it some day	Not sure if they want this	Do not want this
Chest surgery reduction or reconstruction	21%	52%	17%	10%
Hysterectomy	8%	44%	28%	19%
Metoidioplasty	1%	15%	37%	47%
Phalloplasty	1%	11%	31%	56%
Other procedure not listed	3%	7%	13%	77%

Figure 7.12: Procedures among transgender men

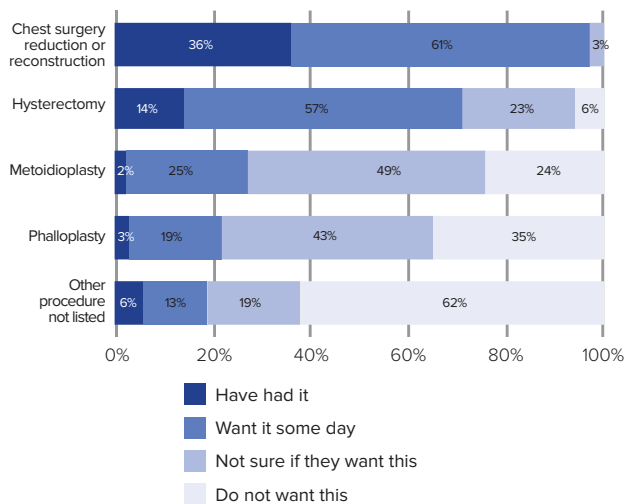
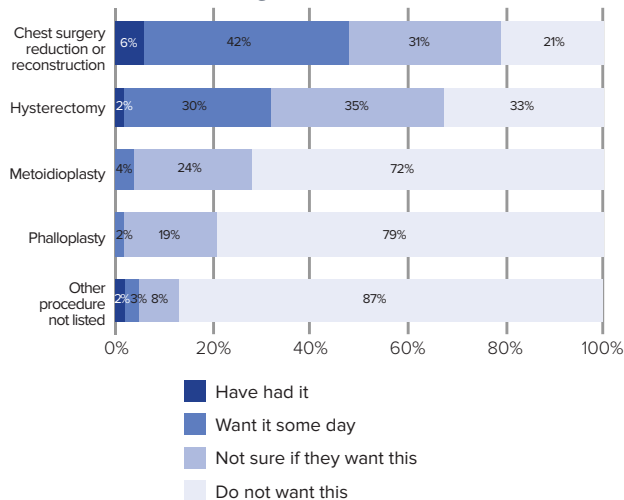


Figure 7.13: Procedures among non-binary respondents with female on their original birth certificate



Among those who had female on their original birth certificate respondents and who had undergone any of these surgical procedures, 3% had their first procedure before the age of 18. More than one-third (35%) had their first procedure between the ages of 18 and 24, 40% between the ages of 25 and 34, and 22% after the age of 34.

In addition to transition-related care, respondents who had female on their original birth certificate were also asked whether they had received a Pap smear in the past year. Only 27% reported that they had a Pap smear in the past year, compared to 43% in the U.S. adult population.^{21,22}

ii. Experiences of Respondents With Male on Their Original Birth Certificate

Among respondents who had male on their original birth certificate, hair removal or electrolysis was both the most commonly reported and the most commonly desired procedure. Forty-one percent (41%) have had hair removal or electrolysis, and 11% had received voice therapy, the second most commonly reported procedure. Regarding surgical procedures, 10% of respondents had undergone vaginoplasty and/or labiaplasty,²³ 9% had an orchiectomy,²⁴ 6% had undergone facial feminization surgery,²⁵ 8% had augmentation mammoplasty (top surgery),²⁶ 4% had a tracheal shave,²⁷ and 1% had undergone voice surgery (Table 7.5). These experiences varied by gender identity, with transgender women (Figure 7.14) being more likely to have had the procedures than non-binary respondents who had male on their original birth certificate (Figure 7.15).

Table 7.5: Procedures among respondents with male on their original birth certificate

Type of procedure	Have had it	Want it some day	Not sure if they want this	Do not want this
Hair removal or electrolysis	41%	49%	5%	5%
Voice therapy (non-surgical)	11%	46%	19%	24%
Vaginoplasty or labiaplasty	10%	45%	23%	22%
Augmentation mammoplasty	8%	36%	31%	24%
Orchiectomy	9%	40%	24%	27%
Facial feminization surgery	6%	39%	30%	25%
Tracheal shave	4%	29%	29%	38%
Silicone injections ²⁸	2%	9%	27%	61%
Voice surgery	1%	16%	32%	51%
Other procedure not listed	5%	13%	15%	67%

Figure 7.14: Procedures among transgender women

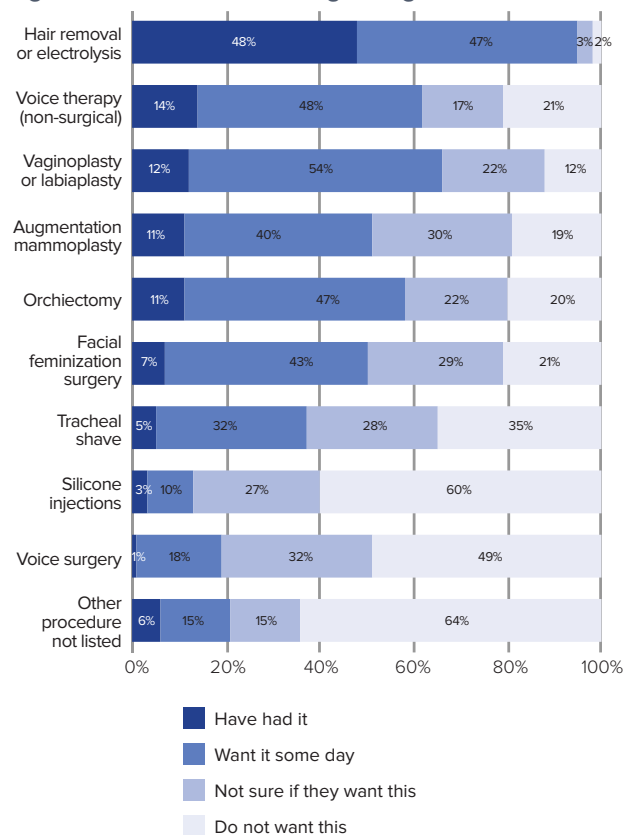
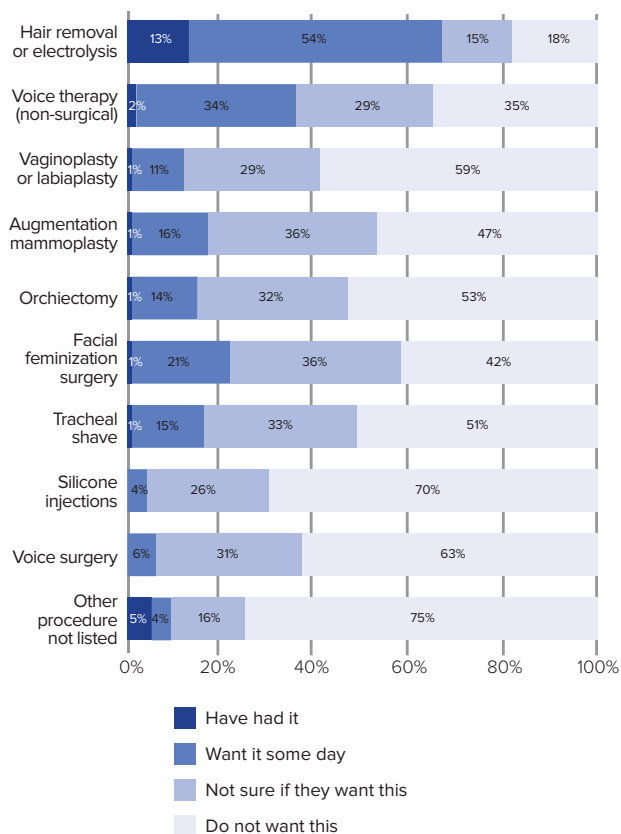


Figure 7.15: Procedures among non-binary respondents with male on their original birth certificate



Two percent (2%) of respondents with male on their original birth certificate had their first transition-related procedure (not including hormone therapy) before the age of 18. Nearly one-quarter (23%) had their first procedure between the ages of 18 and 24, 32% had their first procedure between the ages 25 and 34, and 43% after the age of 34.

e. Summary of Transition-Related Health Care

When examining the responses of all respondents, 91% reported that they had wanted counseling, hormones, and/or puberty blockers for their gender identity or gender transition at some point, but only 65% reported ever having any of them. Overall, 58% of respondents had received counseling. Approximately half (54%) had received hormone therapy and/or some form of surgery, including 49% who had hormone therapy and 25% who had undergone some form of transition-related surgery.

B. OVERALL HEALTH AND PSYCHOLOGICAL DISTRESS

There is a well-documented link between experiences of discrimination and marginalization and poor physical and mental health outcomes. Populations that face widespread stigma and discrimination are more likely to report poor overall health and are more vulnerable to a variety of physical and mental health conditions.²⁹ Previous research has described substantial health disparities affecting transgender people and the impact that experiences of discrimination, rejection, and violence have on these disparities.³⁰

KEY FINDINGS

- ▶ Twenty-two percent (22%) of respondents rated their health as “fair” or “poor,” compared with 18% of the U.S. population.
- ▶ Thirty-nine percent (39%) of respondents were currently experiencing serious psychological distress, nearly eight times the rate in the U.S. population (5%).

I. Current Health

Respondents were asked to rate their current overall health on a scale from “excellent” to “poor.” Nearly half (45%) of respondents said their health was “excellent” or “very good” and one-third (33%) said it was “good.” Twenty-two percent (22%) said it was “fair” or “poor” (Figure 7.16), compared with 18% of the U.S. general population (Figure 7.17).³¹

Figure 7.16: General health rating

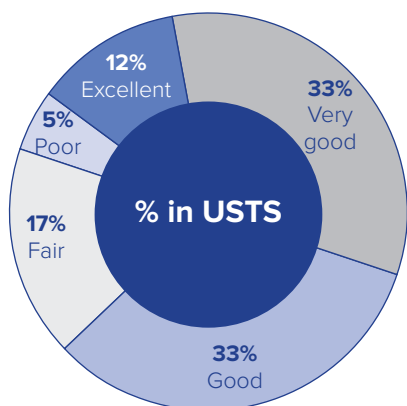
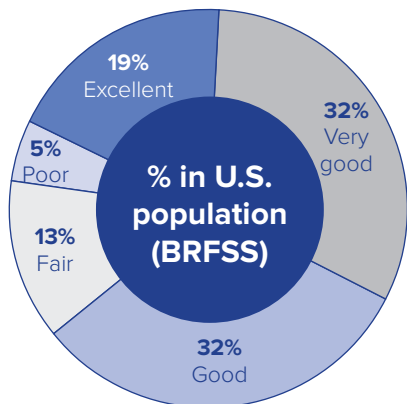


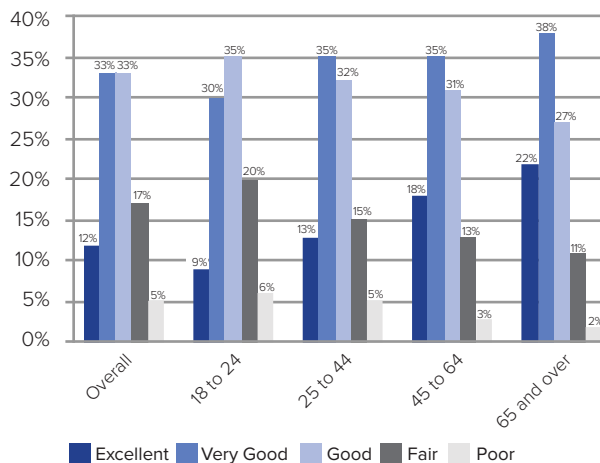
Figure 7.17: General health rating



Respondents’ self-reported health varied by gender identity, with non-binary respondents with female on their original birth certificate (35%) being less likely to report excellent or very good health compared to transgender men (47%), non-binary people with male on their original birth certificate (48%), transgender women (50%),

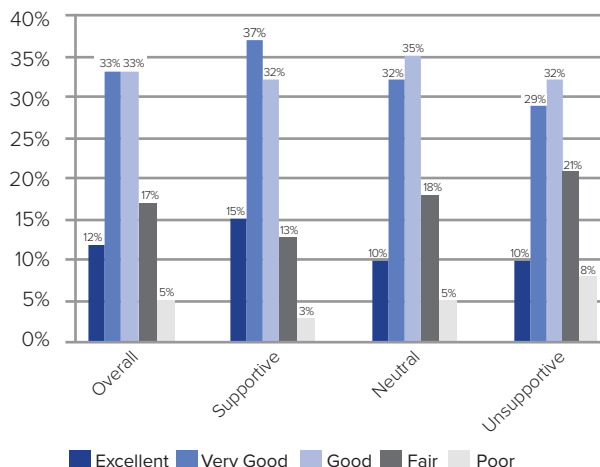
and crossdressers (57%). Reporting also differed by age, with older respondents more likely to report excellent or very good health than younger respondents, such as those aged 65 and older (60%) and 45–64 (53%), compared with those aged 25–44 (48%) and 18–24 (39%) (Figure 7.18).

Figure 7.18: Reported overall health CURRENT AGE (%)



Family support was associated with an increased likelihood of reporting excellent or very good health. Respondents who were out to their immediate family and described their family as supportive were more likely to report excellent or very good health (52%) than those whose families were neutral (42%) or unsupportive (38%) (Figure 7.19).

Figure 7.19: Reported overall health LEVEL OF FAMILY SUPPORT (%)



Thirty-nine percent (39%) of respondents reported currently experiencing serious psychological distress, a rate nearly eight times higher than in the U.S. population (5%).

II. Serious Psychological Distress

Respondents were asked questions to assess their level of psychological distress in the past 30 days, based on the Kessler Psychological Distress Scale (K6), a scale that is widely used when assessing mental health outcomes and is included in the National Health Interview Survey (NHIS).³² The K6 includes mental health screening questions and is designed to identify people who are experiencing serious psychological distress. The K6 questions asked respondents to rate how often they experienced several feelings related to psychological distress—such as hopelessness or worthlessness—during the past month on a scale that included “none of the time,” “a little of the time,” “some of the time,” “most of the time,” and “all of the time.”³³

Respondents who reported experiencing feelings related to psychological distress at least “a little of the time” for one or more of the K6 questions were asked how much the feelings interfered with their life or activities. Among them, 27% reported that the psychological distress interfered with their life or activities a lot during the past 30 days, and 58% said it interfered some or a little. Only 10% of respondents reported that it did not interfere with their life or activities during the past 30 days (Figure 7.20), in contrast to the 35% in the U.S. general population who reported no interference with their lives (Figure 7.21).³⁴

Figure 7:20: Interference of psychological distress with life or activities among those who reported feelings of distress in the past 30 days

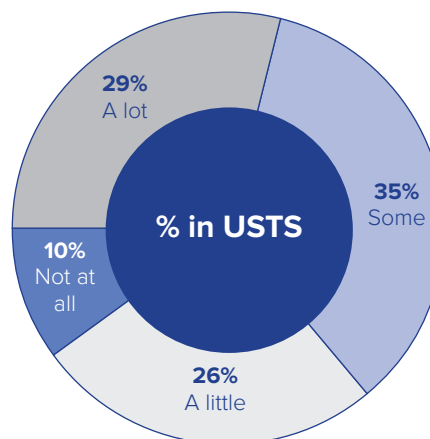
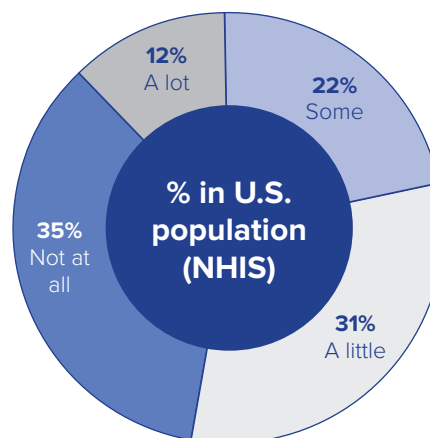


Figure 7:21: Interference of psychological distress with life or activities among those who reported feelings of distress in the past 30 days

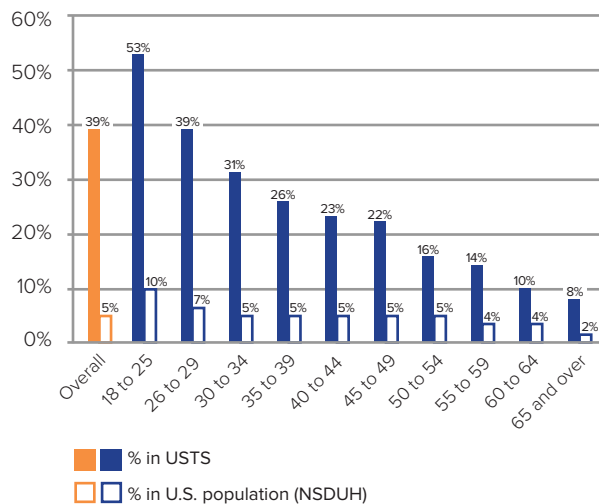


A variable was developed from the K6 questions to reflect respondents’ current serious psychological distress (serious psychological distress experienced in the 30 days prior to participating in the survey).³⁵ Thirty-nine percent (39%) of respondents reported currently experiencing serious psychological distress, which is nearly eight times the rate reported in the U.S. population (5%).³⁶ Current serious psychological distress varied by gender identity. Non-binary respondents (49%) were more likely to report serious psychological distress than transgender men and women (35%) and crossdressers (18%).

In Our Own Voices

While all age groups of USTS respondents reported substantially more distress than their counterparts in the U.S. population, younger survey respondents were more likely to report current serious psychological distress. Fifty-three percent (53%) of USTS respondents aged 18 to 25 reported experiencing current serious psychological distress, which was more than six times as high as the rate among respondents who were 65 and older (8%) (Figure 7.22).³⁷ A similar pattern emerged in reporting of current serious psychological distress in the U.S. population, with those aged 18 to 25 (10%) being five times as likely to report experiencing serious psychological distress as those aged 65 and older (2%).³⁸

Figure 7.22: Currently experiencing serious psychological distress
CURRENT AGE (%)



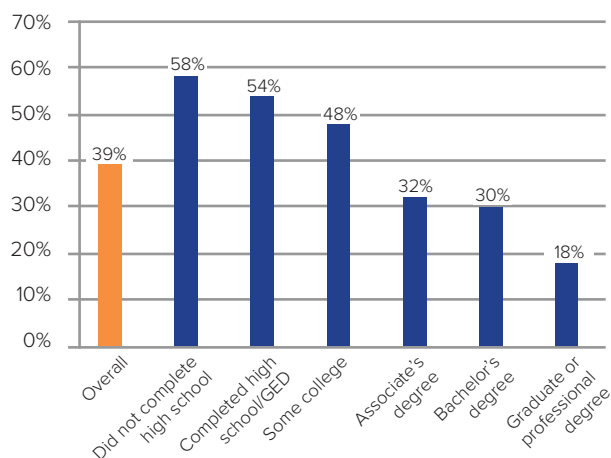
Experiences with current psychological distress differed according to educational attainment. Respondents who had not completed high school (58%), those who had completed high school or a GED only (54%), and those with some college education (48%) were more likely to report currently experiencing serious psychological distress than respondents who had completed an associate’s degree (32%) or higher (Figure 7.23).

“I spent decades torturing myself into depression because I was certain that coming out would destroy my life. I did everything I could to get my transness to go away but it left me physically and psychologically weak, and on the verge of suicide.”

“I had suffered from anxiety and depression as a direct result of gender dysphoria. This caused me to become more and more unable to function in society as time went on. Only when my state expanded Medicaid was I finally able to start dealing with all of these issues so I could become a productive member of society.”

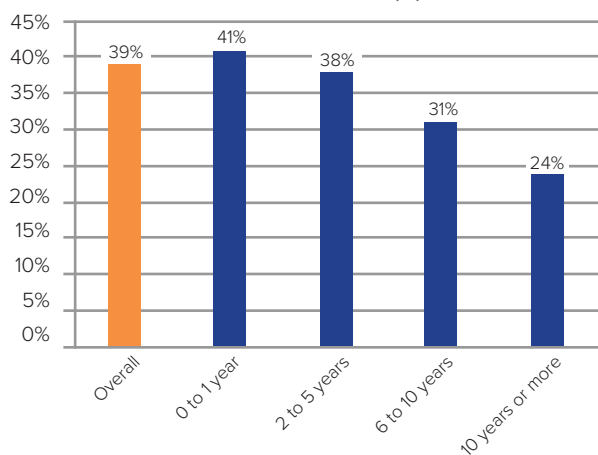
“I have struggled with depression and anxiety ever since puberty. I’ve failed classes, isolated myself, and considered suicide because of this. A year ago, I felt hopeless and had daily suicidal thoughts, and today I’ve got a plan for the future and haven’t had a serious suicidal thought in months. I firmly believe this is because of my transition. I feel so much more comfortable and happy than I’ve ever been.”

Figure 7.23: Currently experiencing serious psychological distress
EDUCATIONAL ATTAINMENT (%)



Respondents who had transitioned ten or more years prior to participating in the survey (24%) were substantially less likely to be currently experiencing serious psychological distress, in contrast to those who had transitioned within the past year (41%) (Figure 7.24). While psychological distress was higher among those early in their transition, it was higher yet among those who have not transitioned but wanted to. Nearly half (49%) of those who have not transitioned but wanted to were currently experiencing serious psychological distress, compared with 36% of those who had transitioned at any time prior to taking the survey.

Figure 7.24: Currently experiencing serious psychological distress
YEARS SINCE BEGAN TRANSITIONING (%)



Respondents who were living in poverty were more likely to currently be experiencing serious psychological distress (52%). People with disabilities (59%) were nearly twice as likely to currently experience psychological distress compared to those who did not identify as having a disability (31%).

Psychological distress was associated with a variety of experiences of rejection, discrimination, and violence:

- Respondents who were out to their immediate families and described them as supportive (31%) were less likely to report serious psychological distress than those whose families were neutral (42%) or unsupportive (50%).
- Respondents who were fired or forced to resign, denied a promotion, or not hired in the past year because they were transgender (51%) were more likely to report current serious psychological distress than those who did not have those experiences in the past year (36%).
- Respondents who were physically attacked in the past year (59%) were more likely to be currently experiencing serious psychological distress than those who were not physically attacked in the past year (36%).
- Respondents who were sexually assaulted in the past year³⁹ (60%) were more likely to be currently experiencing serious psychological distress than those who were not sexually assaulted in the past year (37%).

C. CONVERSION THERAPY AND OTHER PRESSURES TO DE-TRANSITION

Many transgender people discuss their gender identity with professionals, such as health care providers or religious advisors. However, despite the medical consensus that efforts to change someone’s gender identity or stop them from being transgender (“conversion therapy”) are ineffective, harmful, and even abusive,⁴⁰ some professionals still attempt to do so. Additionally, some transgender people feel pressure to hide their gender identity or to go back to living according to the gender they were thought to be at birth (“de-transition”) for a variety of other reasons. For example, some transgender people are pressured to avoid or put off their transition, or to de-transition after they have started their transition, by family members or employers, as well as religious advisors or health professionals. Others face significant discrimination when they begin transitioning, like losing their jobs or home or being rejected by their family or friends, and may decide to temporarily delay or even reverse their transition as a result.

The survey explored respondents’ experiences discussing their gender identity with professionals, such as psychologists, counselors, and religious advisors, including pressure from those professionals to de-transition or stop being transgender. Experiences with de-transitioning were also examined. Respondents overall demonstrated high levels of resistance to such pressure and other forms of discrimination. Few respondents de-transitioned, and many of those who did de-transition did so only temporarily and were living according to their gender identity at the time of the survey.

KEY FINDINGS

- ▶ Thirteen percent (13%) of respondents reported that one or more professionals, such as a psychologist, counselor, or religious advisor, tried to stop them from being transgender.

- ▶ Eight percent (8%) of respondents had de-transitioned temporarily or permanently at some point, meaning that they went back to living as the gender they were thought to be at birth for a period of time.

- ▶ The majority of respondents who de-transitioned did so only temporarily, and 62% were currently living full time in a gender different than the one they were thought to be at birth.

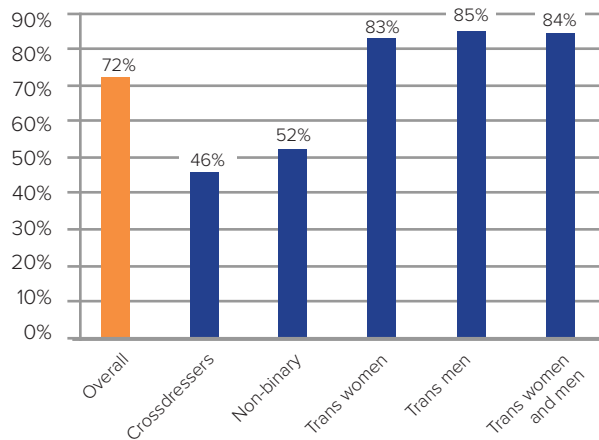
- ▶ Respondents who de-transitioned cited a number of reasons for doing so, including facing too much harassment or discrimination after they began transitioning (31%), having trouble getting a job (29%), or pressure from a parent (36%), spouse (18%), or other family members (26%).

I. Discussing Gender Identity with Professionals and Conversion Therapy

The survey examined a variety of experiences with professionals—such as psychologists, counselors, and religious advisors—with whom respondents had discussed their gender identity. Almost three-quarters of respondents (72%) reported that they had discussed their gender identity with such a professional.

Whether an individual discussed their gender identity with a professional differed by gender, with transgender men and women (84%) being more likely to do so than non-binary respondents (52%) and crossdressers (46%) (Figure 7.25).

Figure 7.25: Ever discussed gender identity with a professional
GENDER IDENTITY (%)



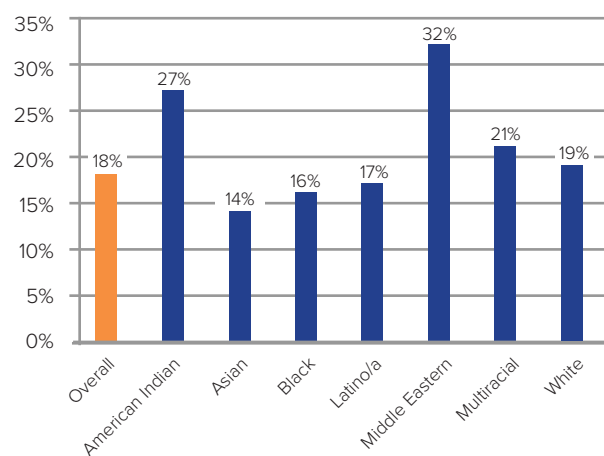
Of all respondents who discussed their gender identity with a professional, nearly one in five (18%) reported that the professional tried to stop them from being transgender, representing 13% of all respondents in the sample.⁴¹ Four percent (4%) of all respondents saw a religious/spiritual counselor or advisor who tried to stop them

Nearly one in five (18%) of those who discussed their gender identity with a professional—or 13% of all respondents—reported that the professional tried to stop them from being transgender.

from being transgender, and nearly one in ten (9%) respondents saw a non-religious/spiritual professional (such as a therapist or a counselor) who tried to stop them from being transgender.

The likelihood that a professional tried to stop a respondent from being transgender differed by race and ethnicity. While Middle Eastern (32%) and American Indian (27%) respondents were most likely to have this experience, rates were lower for Black (16%) and Asian (14%) respondents (Figure 7.26).

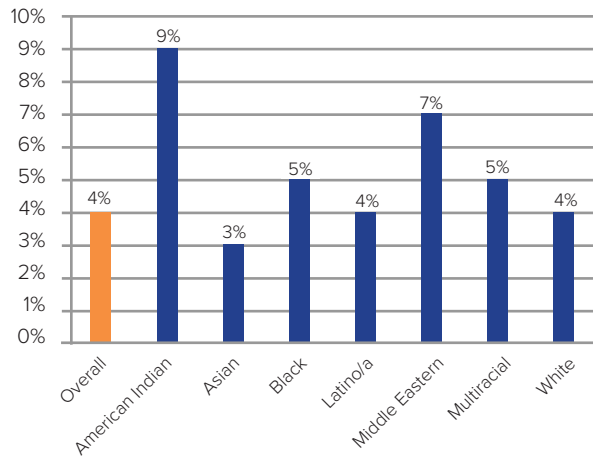
Figure 7.26: Professional tried to stop them from being transgender
RACE/ETHNICITY (%)



More than three-quarters (78%) of respondents were under the age of 25 when they had this experience, 51% were 18 or younger, and 28% were 15 or younger.

Of the 4% who reported that a religious or spiritual counselor or advisor tried to stop them from being transgender, American Indian (9%) and Middle Eastern (7%) respondents were more likely to have such an experience with a religious or spiritual counselor or advisor (Figure 7.27).

Figure 7.27: Religious counselor tried to stop them from being transgender
RACE/ETHNICITY (%)



Participants who had a professional try to stop them from being transgender were:

- *Far more likely to currently be experiencing serious psychological distress (47%) than those who did not have the experience (34%).*
- *More likely to have attempted suicide (58%) than those who did not have the experience (39%).*
- *Nearly three times as likely to have run away from home (22%) than those who did not have the experience (8%).*
- *More likely to have ever experienced homelessness (46%) than those who did not have the experience (29%).*
- *More likely to have ever done sex work (18%) than those who did not have the experience (11%).*

In Our Own Voices

“The doctor figured out I was trans and practiced conversion therapy without telling anyone, including my parents. I tried to tell my family that the doctor was not working, but nobody listened. I was sent there for over three years. I became so badly suicidal that I didn’t go a minute without thinking of death.”

“When I was 18, I had to leave where I grew up after threats of physical violence and conversion therapy from my family. My parents were abusive before they knew I was trans, but when they found out, they used that to hurt and control me more.”

“[An] OB/GYN forced me onto birth control pills to ‘fix’ me into thinking I was a woman again. I ended up in the psychiatric ward of my local hospital on suicide watch after three days on birth control.”

“I was kicked out of my parents’ home. I ran out of what little money I had, and I had nowhere to go. My family offered to let me return to their home on the condition that I de-transition and live as a man. I accepted because I had no choice.”

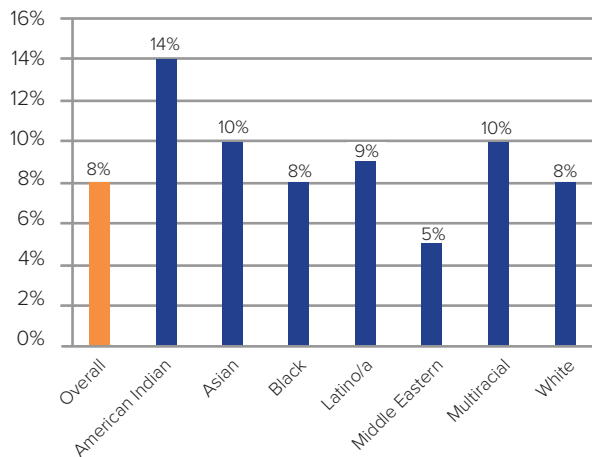
Sixty-nine percent (69%) of respondents discussed their sexual orientation with a professional. Of those, 14% reported that a professional tried to change their sexual orientation, representing 10% of the overall sample.

II. De-Transitioning

Respondents were asked whether they had ever “de-transitioned,” which was defined as having “gone back to living as [their] sex assigned at birth, at least for a while.” Eight percent (8%) of respondents reported having de-transitioned at some point. Most of those who de-transitioned did so only temporarily: 62% of those who had de-transitioned reported that they were currently living full time in a gender different than the gender they were thought to be at birth.

Transgender women were more likely to report having de-transitioned (11%), in contrast to transgender men (4%). Rates of de-transitioning also differed by race and ethnicity, with American Indian (14%), Asian (10%), and multiracial (10%) respondents reporting the highest levels of de-transitioning (Figure 7.28).

Figure 7.28: Ever de-transitioned RACE/ETHNICITY (%)



Respondents who had de-transitioned cited a range of reasons, though only 5% of those who had de-transitioned reported that they had done so because they realized that gender transition was not for them, representing 0.4% of the overall sample.⁴² The most common reason cited for de-transitioning was pressure from a parent (36%). Twenty-six percent (26%) reported that they de-transitioned due to pressure from other family members, and 18% reported that they de-transitioned because of pressure from their spouse or partner. Other common reasons included facing too much harassment or discrimination after they began transitioning (31%), and having trouble getting a job (29%) (Table 7.6).

Table 7.6: Reasons why respondents de-transitioned, at least for a little while

Reasons for de-transitioning	% of those who had ever de-transitioned
Pressure from a parent	36%
Transitioning was too hard for them	33%
They faced too much harassment or discrimination as a transgender person	31%
They had trouble getting a job	29%
Pressure from other family members	26%
Pressure from a spouse or partner	18%
Pressure from an employer	17%
Pressure from friends	13%
Pressure from a mental health professional	5%
Pressure from a religious counselor	5%
They realized that gender transition was not for them	5%
Initial transition did not reflect the complexity of their gender identity (write-in response)	4%
Financial reasons (write-in response)	3%
Medical reasons (write-in response)	2%
A reason not listed above	35%

D. SUICIDAL THOUGHTS AND BEHAVIORS

The prevalence of suicide attempts among transgender people is reported in the literature as being substantially higher than that in the U.S. general population. Previous studies identify a variety of risk and protective factors that affect the rates of suicidal thoughts and behaviors among transgender people, including family support, experiences of anti-transgender discrimination and violence, and access to health care, employment, and housing.⁴³

The survey explored suicidal thoughts and behaviors among respondents both over the course of their lifetime and in the year prior to completing the survey. Respondents were asked whether they had seriously thought about, made a plan, or tried to kill themselves at any time in their lives or in the past twelve months to assess a range of suicidal thoughts and behaviors. Questions were patterned on the National Survey on Drug Use and Health⁴⁴ and National Comorbidity Survey Replication⁴⁵ to allow for comparison to the U.S. population.

KEY FINDINGS

- ▶ Forty percent (40%) of respondents have attempted suicide at some point in their life, compared to 4.6% in the U.S. population.

- ▶ Forty-eight percent (48%) of respondents have seriously thought about killing themselves in the past year, compared to 4% of the U.S. population, and 82% have had serious thoughts about killing themselves at some point in their life.

- ▶ Nearly one-quarter (24%) of respondents made plans to kill themselves in the past year, compared to 1.1% of the U.S. population.

- ▶ Seven percent (7%) of respondents attempted suicide in the past year, compared to 0.6% in the U.S. population.

- ▶ More than two-thirds (71%) of respondents who have attempted suicide have done so more than once in their lifetime, with 46% of those who have attempted suicide reporting three or more attempts.

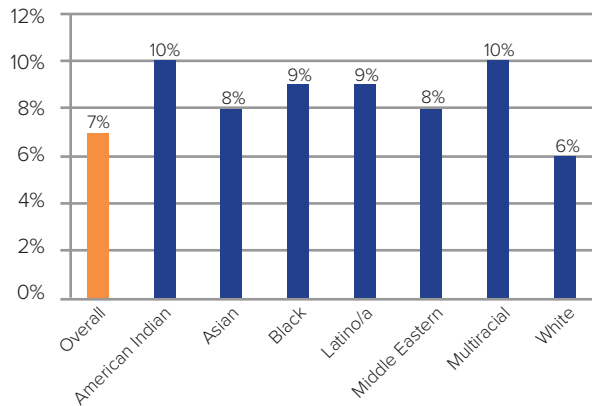
I. Suicidal Thoughts and Behaviors in the Past Year

Nearly half (48%) of all respondents reported that they had seriously thought about killing themselves in the past twelve months, compared to 4% of the U.S. general population.⁴⁶ Nearly one-quarter (24%) of respondents reported making plans to kill themselves in the past year, compared

to 1.1% in the U.S. population.⁴⁷

Seven percent (7%) of all respondents attempted suicide in the past year, nearly twelve times the rate of attempted suicide in the U.S. population in the past year (0.6%).⁴⁸ The rate of attempted suicide in the past year was higher among people of color, including American Indian (10%), multiracial (10%), Black (9%), and Latino/a (9%) respondents (Figure 7.29). The rate of attempted suicide in the past year was also higher among people with disabilities (12%).

Figure 7.29: Attempted suicide in the past year RACE/ETHNICITY (%)

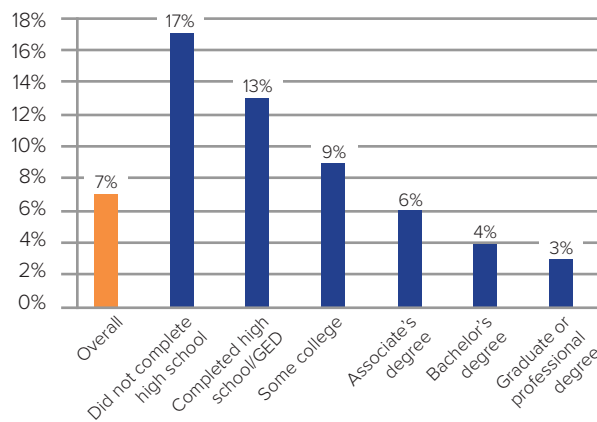


Seven percent (7%) of all respondents attempted suicide in the past year, nearly twelve times the rate of attempted suicide in the U.S. population (0.6%).

Respondents who did not complete high school (17%) were more than twice as likely as the overall sample to have attempted suicide in the past year, and those who completed high school or a GED only (13%) were almost twice as likely to have attempted suicide in that time period (Figure 7.30).

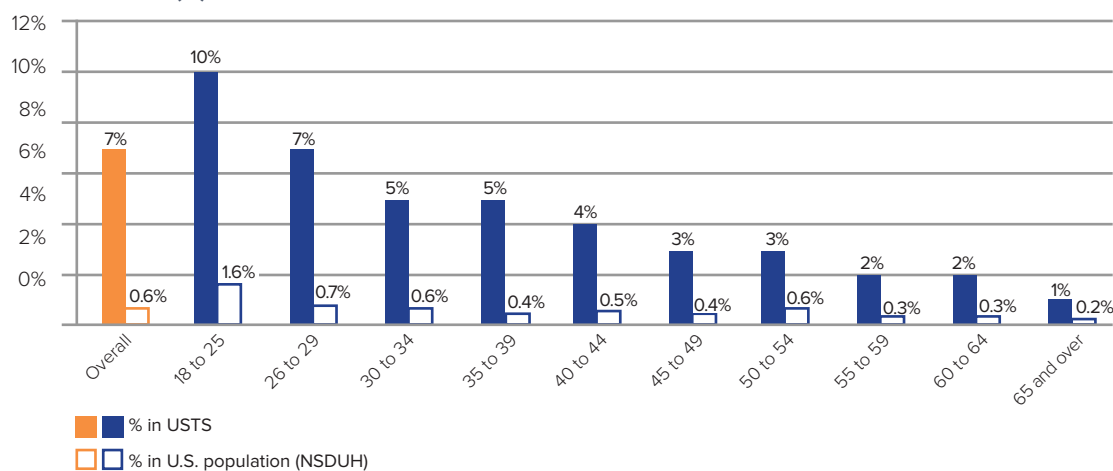
Respondents whose current income came only from work in the underground economy, such as sex work, drug sales, or other criminalized work, had a higher rate of suicide attempts in the past year (27%). Additionally, respondents who described their families as unsupportive (13%) were more than twice as likely to have attempted suicide in the past year as those who described their families as supportive (6%).

Figure 7.30: Attempted suicide in the past year EDUCATIONAL ATTAINMENT (%)



The rate of suicide attempt in the past year varied by age, with younger respondents being more likely to have attempted suicide in the past year, a similar pattern to that found in the general U.S. population.⁴⁹ One in ten (10%) USTS respondents aged 18–25 have attempted suicide in the past year, ten times the rate among those aged 65 and older (1%) (Figure 7.31). Similarly, those aged 18–25 in the U.S. population (1.6%) were eight times more likely to report having attempted suicide in the past year than those aged 65 and older (0.2%).⁵⁰

Figure 7.31: Attempted suicide in the past year CURRENT AGE (%)



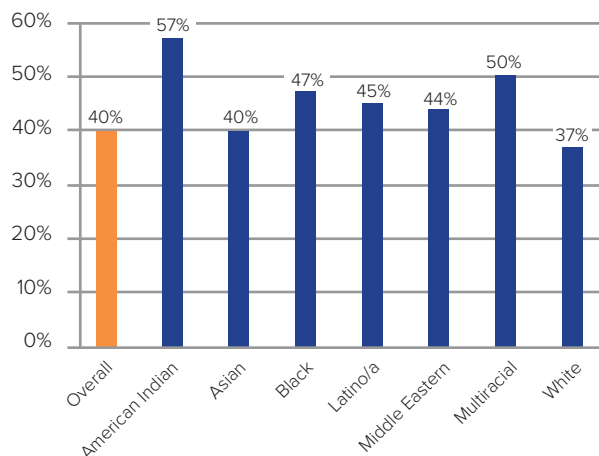
Of those who attempted suicide in the past year, 45% received medical attention⁵¹ as a result, compared to 60% who attempted suicide and received medical attention in the U.S. population.⁵² Thirty percent (30%) of respondents who attempted suicide stayed in a hospital for at least one night, compared to 41% of those who attempted suicide in the U.S. population.⁵³

II. Lifetime Suicidal Thoughts and Behaviors

Eighty-two percent (82%) of all respondents had seriously thought about killing themselves at some point in their lives, and 40% of respondents in the sample reported having attempted suicide at some point in their life. This lifetime suicide attempt rate is nearly nine times as high as the prevalence in the U.S. population (4.6%).⁵⁴

Lifetime suicide attempt rates were higher for transgender men (45%) than for transgender women (40%) and non-binary respondents (39%), and crossdressers had a substantially lower rate of attempted suicide in their lifetime (15%). Lifetime suicide attempts were also higher among people of color, with American Indian (57%) respondents reporting the highest rates, followed by multiracial (50%), Black (47%), Latino/a (45%), and Middle Eastern (44%) respondents, in contrast to white (37%) respondents (Figure 7.32).

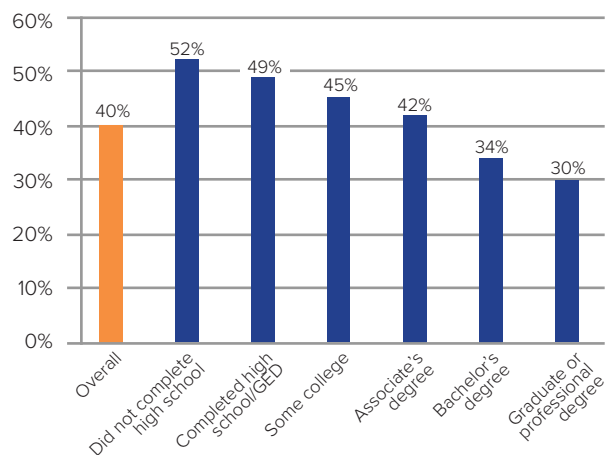
Figure 7.32: Ever attempted suicide RACE/ETHNICITY (%)



Forty percent (40%) of respondents have attempted suicide in their lifetime, nearly nine times the rate reported in the U.S. population (4.6%).

People with disabilities (54%) in the sample were more likely to report attempting suicide. Lifetime suicide attempts also varied by level of education, with the highest rates among those who did not complete high school (52%), and the lowest rates among those with a bachelor's degree (34%) or higher (30%) (Figure 7.33).

Figure 7.33: Ever attempted suicide EDUCATIONAL ATTAINMENT (%)



Among respondents who were out to the immediate family they grew up with, lifetime suicide attempts varied significantly by family support. A majority (54%) of those who described their families as unsupportive had attempted suicide in their lifetime, in contrast to 37% of those with supportive families.⁵⁵

Lifetime suicide attempts were also higher for respondents who were physically attacked in the past year (65%), or have ever experienced homelessness (59%), done sex work (57%), lost their job for being transgender (55%), or been sexually assaulted⁵⁶ (54%).

More than two-thirds (71%) of all respondents who had ever attempted suicide did so more than once, including 46% who reported three or more attempts, and 21% who reported five or more attempts.

III. Age of Suicide Attempts

a. Age of First Attempt

Respondents who have attempted suicide (once or multiple times) were asked about the age of their first suicide attempt. More than one-third (34%) reported that their first attempt was at age 13 or

younger. Thirty-nine percent (39%) reported that their first attempt occurred between the ages of 14 and 17, 20% reported that it occurred between age 18 and 24, and 8% reported that their first attempt was at age 25 or older.

b. Age of Most Recent Attempt

Among respondents who reported a suicide attempt,⁵⁷ 6% reported that their most recent attempt happened at age 13 or younger. More than one-quarter (26%) reported the most recent attempt occurred between the ages of 14 and 17, 41% reported that it happened between the ages of 18 and 24, and 27% reported that their most recent attempt was at age 25 or older.

E. SUBSTANCE USE

Substance use is an important indicator of mental health as well as physical wellbeing, and it may reflect an individual's level of exposure to a variety of risk and protective factors, such as family acceptance, homelessness, violence, and economic opportunity.⁵⁸ The survey explored patterns in respondents' substance use with questions informed by the National Survey on Drug Use and Health⁵⁹ to allow for comparison to substance use trends in the U.S. population. Respondents were asked whether they had ever consumed certain substances, including alcohol, tobacco, marijuana, and other drugs, such as cocaine, heroin, and methamphetamine. Respondents who reported using such substances received a series of follow-up questions about the frequency and quantity of their substance use.

KEY FINDINGS

- ▶ One-quarter (25%) of respondents used marijuana within the past month, compared to 8% of the U.S. population.
- ▶ Seven percent (7%) of respondents used prescription drugs that were not prescribed to them or used them not as prescribed ("nonmedical prescription drug use") in the past month, compared to 2% of the U.S. population.
- ▶ Four percent (4%) of respondents used illicit drugs (not including marijuana and nonmedical use of prescription drugs) in the past month, and 29% have used them in their lifetime.
- ▶ Overall, 29% of respondents reported illicit drug use, marijuana consumption, and/or nonmedical prescription drug use in the past month, nearly three times the rate in the U.S. population (10%).

I. Alcohol Consumption

Ninety percent (90%) of respondents reported having a drink of alcohol, such as beer, wine, or hard liquor, at any point in their lives, compared to 86% in the U.S. adult population.⁶⁰ Sixty-three percent (63%) of respondents were currently using alcohol, meaning that they had consumed at least one alcoholic beverage within the 30 days prior to taking the survey, compared with 56% of the U.S. adult population.⁶¹

a. Frequency of Current Alcohol Use

Respondents who were currently using alcohol were asked how many days they had used alcohol in the past month. Twenty-nine percent (29%) used alcohol on 1 or 2 days, and 28% had used alcohol on 3–5 days during the prior month. Nineteen percent (19%) used alcohol on 6–10 of the past 30 days, and 23% consumed alcohol on 11 or more days.

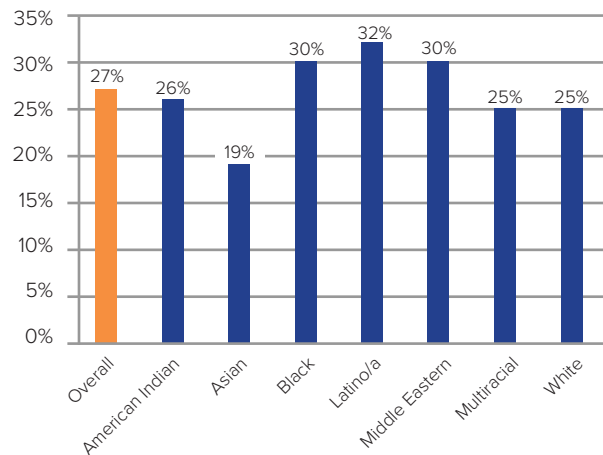
b. Binge and Heavy Drinking

Current alcohol users were also asked for the number of days in the month when they consumed 5 or more drinks on the same occasion, meaning at the same time or within a couple of hours of each other (“binge drinking”).⁶² Twenty-seven percent (27%) of the sample reported binge drinking in the past month, slightly higher than the rate in the U.S. adult population in 2014 (25%).⁶³

Respondents who were currently working in the underground economy, such as sex work, drug sales, or other criminalized work, were nearly twice as likely to engage in binge drinking as those in the overall sample, with nearly half (49%) reporting binge drinking at least one time in the past month.

Latino/a (32%), Middle Eastern (30%), and Black (30%) respondents were more likely to report binge drinking, while white (25%) and Asian (19%) respondents reported lower levels (Figure 7.34).

Figure 7.34: Reported binge drinking in the past month RACE/ETHNICITY (%)



Nine percent (9%) of respondents reported binge drinking on one day during the month and 10% on 2–4 days. Seven percent (7%) of respondents reported binge drinking on 5 more days that month (“heavy drinking”), the same rate as the U.S. population (7%).⁶⁴ Respondents who were currently working in the underground economy (19%) were more than twice as likely to report heavy drinking in the past month as those in the overall sample.

II. Tobacco Use

a. Lifetime and Current Tobacco Use

Fifty-seven percent (57%) of respondents reported that they had smoked all or part of a cigarette at any point in their lives, lower than the rate in the U.S. population (63%).⁶⁵ Twenty-two percent (22%) were current smokers, meaning that they smoked at least one cigarette or part of a cigarette within thirty days of taking the survey, which compares to 21% of the U.S. population.⁶⁶

Respondents who were currently working in the underground economy were more than twice as likely as the overall sample to have smoked tobacco within the past month, with 51% reporting current tobacco use.

b. Frequency of Tobacco Use Among Current Users

Current smokers were also asked the number of days on which they had smoked tobacco in the past month. Twenty-nine percent (29%) of current users smoked tobacco on 4 days or fewer in the past month, and one-quarter (24%) smoked tobacco on 5–20 days. More than one-third (38%) of current smokers smoked tobacco daily during the past month, compared to 59% of current smokers in the U.S. population.⁶⁷

Among daily smokers, nearly one-third (32%) smoked one or more packs each day. Smoking more than one pack a day was more likely to be reported by daily smokers aged 45–64 (54%) and 65 and over (50%) (Figure 7.35), as well as American Indian (44%) and white (40%) respondents (Figure 7.36).

Figure 7.35: Daily smokers consuming one or more packs a day in the past month
CURRENT AGE (%)

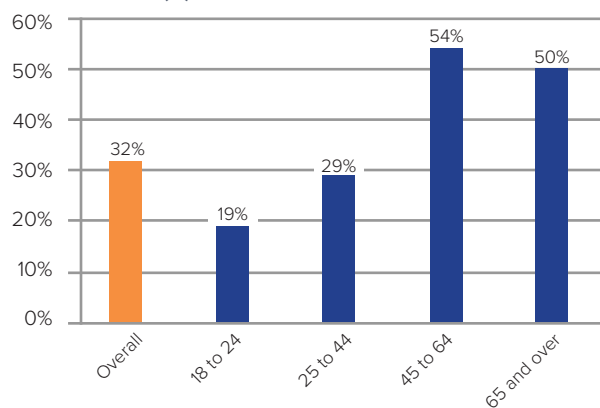
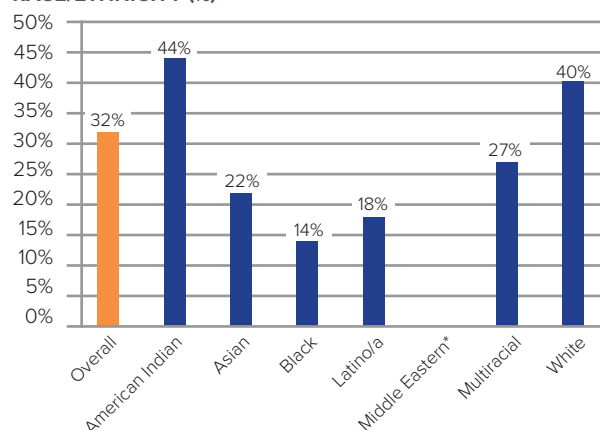


Figure 7.36: Daily smokers consuming one or more pack a day in the past month
RACE/ETHNICITY (%)



*Sample size too low to report

III. E-Cigarettes or Vaping Products

More than one-third (36%) of respondents had used e-cigarettes or vaping products at some point in their lives. Lifetime use of these products was elevated among respondents who have worked in the underground economy, with 57% reporting past use. Thirty percent (30%) of respondents who had ever used e-cigarettes or vaping products used them within 30 days of taking the survey. An additional 40% used them more than 30 days prior but less than a year before taking the survey, and 29% had used them more than 12 months before taking the survey.

IV. Marijuana Use

Nearly two-thirds (64%) of respondents reported having ever used marijuana,⁶⁸ compared with 47% of the general population.⁶⁹

a. Current Marijuana Use

One-quarter (25%) of the sample reported current use, meaning that they used marijuana within 30 days of taking the survey, compared to 8% of the U.S. general population.⁷⁰ Current marijuana use was elevated among those who were currently working in the underground economy (60%) and those who were living with HIV (48%).

b. Frequency of Marijuana Use

Respondents who had used marijuana in the month before taking the survey were asked for the number of days in which they smoked marijuana during that period. More than one in five (22%) smoked marijuana on 1–2 days that month. Thirty percent (30%) smoked marijuana on 3–12 days, 26% on 13–28 days, and nearly one-quarter (23%) smoked marijuana on 29 or on all 30 of the past 30 days.

Among those who were currently working in the underground economy, approximately one-third (34%) reported using marijuana on 29–30 days in

the past month. Respondents who were living with HIV (34%) were also more likely to use marijuana on 29–30 days within that month.

V. Illicit Drugs

Nearly one-third (29%) of respondents reported ever using illegal or illicit drugs, such as cocaine, crack, heroin, LSD, methamphetamine, or inhalants like poppers or whippits (but not including marijuana).⁷¹ Prior use of illicit drugs was particularly high among respondents who have done sex work (56%) and those who have done underground economy work other than sex work (such as drug sales) (75%). Past illicit drug use was also higher among those who have lost a job because of being transgender (43%) or who have ever experienced homelessness (42%).

a. Current Illicit Drug Use

Four percent (4%) of respondents in the sample reported current use of illicit drugs (not including marijuana), meaning they had consumed them within 30 days of taking the survey.

Respondents who were currently working in the underground economy (26%) were nearly nine times as likely as those who were not currently working in the underground economy (3%) to have used illicit drugs within the past month.

VI. Nonmedical Prescription Drug Use

Approximately one-third (34%) of respondents have taken prescription drugs, such as Oxycontin, Xanax, Adderall, or Ambien, for “nonmedical use,” meaning that the drugs were not prescribed to them or that they were not being taken as prescribed.

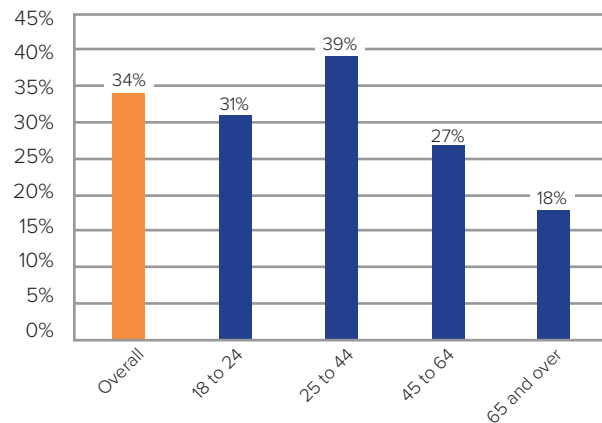
Among respondents who have worked in the underground economy, almost two-thirds (63%) reported nonmedical prescription drug use, compared with 26% of those who had no experience in the underground economy. Rates of nonmedical

Almost one-third (29%) of respondents reported illicit drug use, marijuana consumption, and/or nonmedical prescription drug use in the past month, compared with 10% of the U.S. population.

prescription drug use were particularly high among those who had done underground economy work other than sex work, such as drug sales, with 75% reporting nonmedical prescription drug use.

Younger respondents were more likely to report nonmedical prescription drug use, with those aged 25–44 (39%) being most likely, and those aged 65 and older (18%) being the least likely to report such prescription drug use (Figure 7.37).

Figure 7.37: Nonmedical use of prescription drugs
CURRENT AGE (%)



a. Current Nonmedical Prescription Drug Use

Of respondents who reported nonmedical use of prescription drugs, over half (51%) had last engaged in such use more than a year before taking the survey, and 28% had done so within that year but more than a month earlier. More than one in five (21%) reported nonmedical prescription drug use within 30 days of taking the survey. This represents 7% of the overall sample, compared to 2% of the U.S. population.⁷²

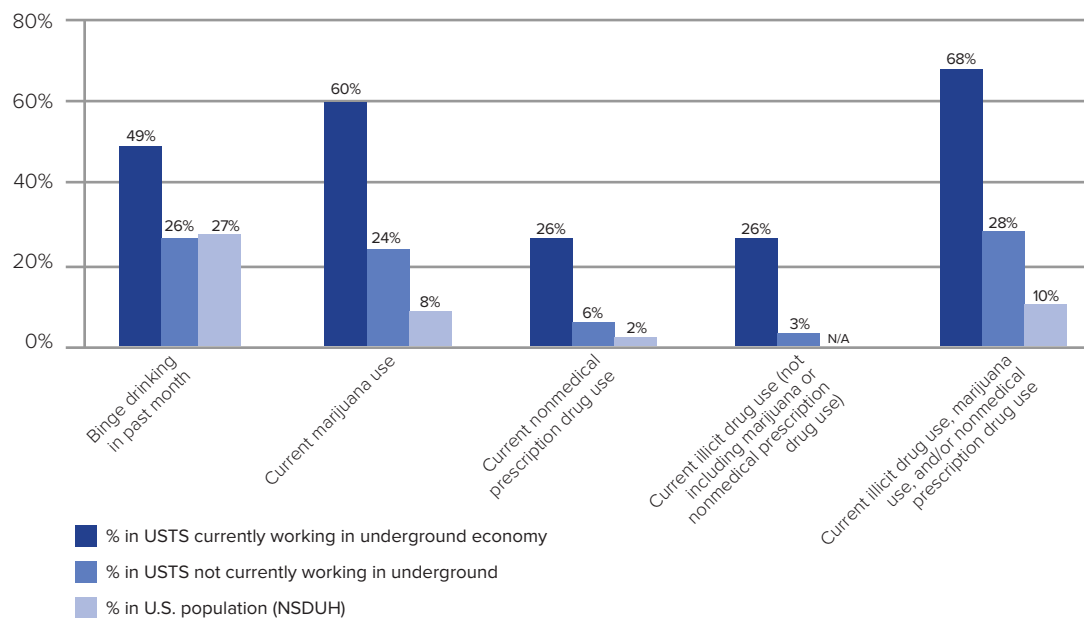
VI. Overall Current Drug Use

Almost one-third (29%) of respondents in the overall sample were currently using illicit drugs, marijuana, and/or prescription drugs not prescribed to them or not as prescribed, meaning

they consumed them within 30 days of taking the survey. This was nearly three times higher than usage in the U.S. general population (10%).⁷³

More than two-thirds (68%) of those currently working in the underground economy reported illicit drug use (including marijuana and prescription drug use) in the past month (Figure 7.38).

Figure 7.38: Substance use in the past month among respondents currently working in the underground economy



F. HIV TESTING AND CARE

The prevalence of HIV and AIDS has been found in prior research to be higher among transgender people than in the U.S. general population.⁷⁴ The Centers for Disease Prevention and Control found that a number of factors increase transgender people's vulnerability to HIV, including social rejection and stigma, inadequate access to transgender-competent care, barriers to accessing education, employment, and housing, and high rates of intimate partner violence.⁷⁵ Respondents received a series of questions to examine experiences related to HIV testing, HIV care, and living with HIV. Several of the questions in this section of the survey were patterned on national surveys, including the National Health Interview Survey (NHIS)⁷⁶ and Behavioral Risk Factor Surveillance System (BRFSS),⁷⁷ so that answers could be compared to the U.S. population.

KEY FINDINGS

- ▶ More than half (55%) of the sample has been tested for HIV, compared to 34% of the U.S. adult population.

- ▶ Respondents reported that they were diagnosed with HIV at a rate of 1.4%, a substantially higher rate than in the U.S. population (0.3%).

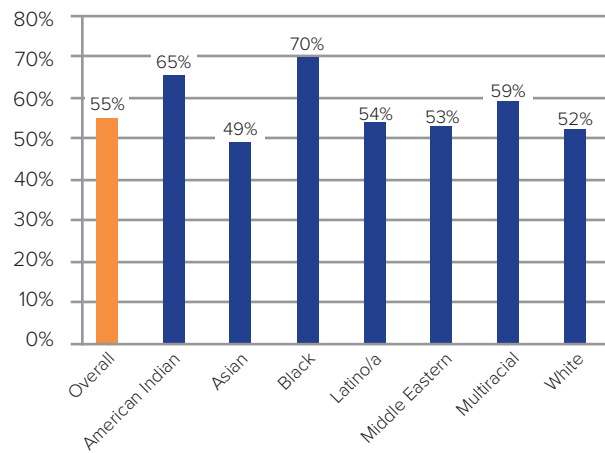
- ▶ Transgender women were more than twice as likely to be living with HIV (3.4%) as the overall sample.

- ▶ Nearly one in five (19.0%) Black transgender women were living with HIV, and American Indian (4.6%) and Latina (4.4%) transgender women were more than three times as likely to be living with HIV as the overall sample.

I. HIV Testing

Respondents were asked whether they had ever been tested for HIV, aside from testing obtained through the blood donation process. More than half (55%) of respondents had been tested for HIV, in comparison to 34% of the U.S. adult population.⁷⁸ This varied by gender identity, with transgender women (62%) and transgender men (58%) being more likely to be tested, compared to non-binary people (45%). Black respondents (70%) and American Indian (65%) respondents were more likely to have been tested than other people of color and white respondents (Figure 7.39).

Figure 7.39: Ever been tested for HIV
RACE/ETHNICITY (%)



People who were currently working in the underground economy, including sex work and drug sales, were also more likely to have been tested (78%).

a. Test Location

Those who were tested for HIV received tests in a wide range of locations, with nearly one-half (45%) being tested at their private doctor’s or HMO office, more than one-quarter (26%) at a clinic, and 11% in a counseling or testing site. Testing locations followed a similar pattern in the U.S. general population, with a few exceptions. USTS respondents were almost three times as likely to have been tested at a counseling or testing site (11%) than those in the U.S. general population (4%),⁷⁹ and three times less likely to be tested as a hospital inpatient (Table 7.7).

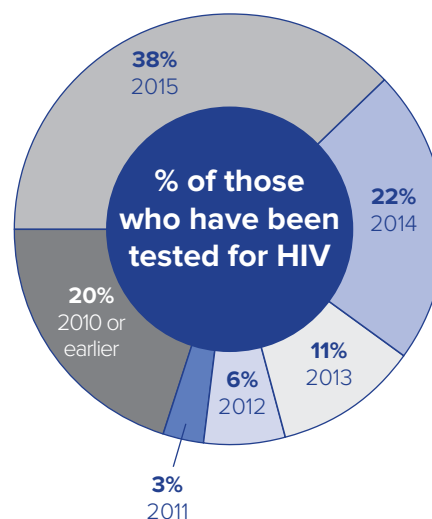
Table 7.7: Locations where last tested for HIV

Location	% in USTS	% in U.S. population (BRFSS)
Private doctor or HMO office	45%	47%
Clinic	26%	23%
Counseling or testing site	11%	4%
Hospital inpatient	3%	9%
Emergency room	1%	2%
Home	1%	2%
Jail, prison, or other correctional facility	<1%	1%
Drug treatment facility	<1%	<1%
Somewhere else	9%	11%
Military (write-in response)	2%	---
Mobile clinic or testing site (write-in response)	2%	---
Do not know or not sure	---	1%

b. Year of Last Test

Thirty-eight percent (38%) of respondents who have ever been tested for HIV had most recently been tested in 2015 (the year the survey was conducted), and more than two-thirds (71%) had last been tested in 2013 or later (Figure 7.40).

Figure 7.40: Year of last HIV test



c. Reason For Not Being Tested

Forty-five (45%) percent of respondents reported that they had not been tested for HIV. Of those who had not been tested, 86% reported that the main reason for not being tested was that exposure to HIV was unlikely, similarly to the rate in the U.S. general population (86%).⁸⁰ Respondents also reported a variety of additional reasons for not being tested (Table 7.8).

Table 7.8: Main reason for not being tested for HIV

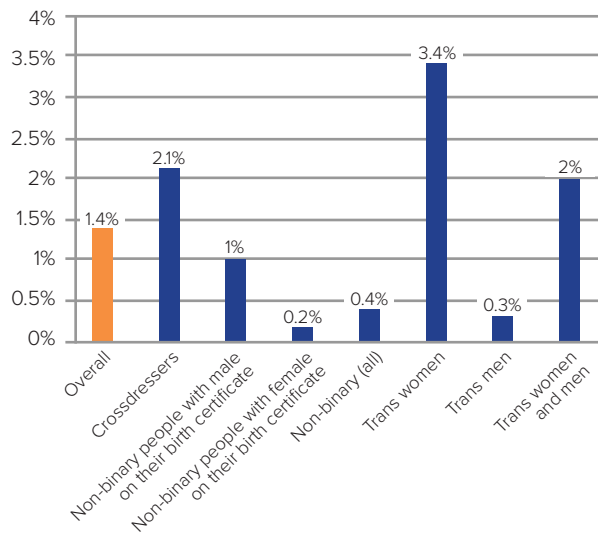
Reason	% of those who have not been tested in USTS	% of those who have not been tested in U.S. population (NHIS)
Unlikely they have been exposed to HIV	86%	86%
Their doctor/health care provider never mentioned getting an HIV test	3%	---
They did not know where to get tested	1%	0%
They did not want to think about HIV or being HIV-positive	1%	0%
They did not like needles	1%	0%
They were afraid to find out if they were HIV-positive	1%	0%
They were worried their name would be sent to the government if they tested positive	<1%	<1%
They were afraid of losing their job, insurance, home, friends, or family if people knew they were tested	<1%	<1%
Some other reason	2%	1%
No particular reason	6%	12%

II. HIV Status

The rate of respondents who were living with HIV (1.4%)^{81,82} was more than four times as high as that in the U.S. general population (0.3%).⁸³ More than half (53%) were HIV negative,⁸⁴ and 46% had not been tested or did not know the results of their HIV test. This included 1% of those who were tested but did not know their status because they never received the results and less than 1% who received results that were unclear, which meant the test did not determine if they had HIV.

HIV status varied by gender identity, with transgender women being most likely to report they were living with HIV (3.4%), in contrast to transgender men (0.3%) and non-binary people (0.4%) (Figure 7.41).

Figure 7.41: Living with HIV
GENDER IDENTITY (%)



The rate of HIV differed by race and ethnicity, with Black respondents being almost five times as likely to be HIV positive or reactive (6.7%). American Indian (2.0%) and Latino/a (1.6%) participants also had higher rates of HIV compared to the sample and in contrast to Asian (0.5%) and white (0.4%) respondents (Figure 7.42).

In Our Own Voices

“I have consulted with surgeons [for gender transition] only to be told they would charge me 50–100% more for the surgery because I am HIV positive. Every day is a double coming out process as transgender and being undetectably HIV positive.”

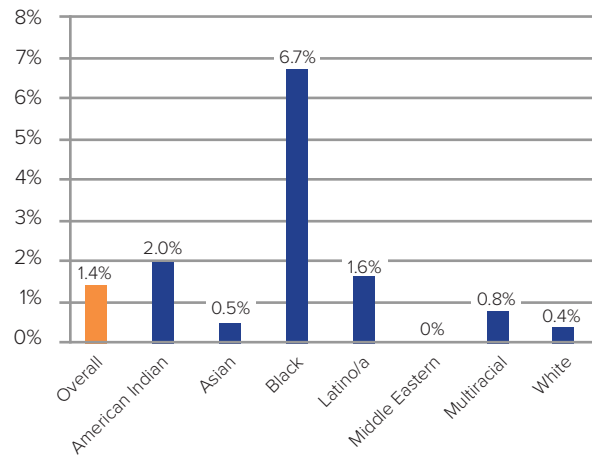
“The nurse refused to give me HIV testing because she said those funds were reserved for men who have sex with men and I’m ‘not a real man.’ She told me I was born female and just needed to accept reality.”

“I am a trans man who has been living with HIV for 25 years. I have good health insurance and get excellent trans-related and HIV-related health care. I have access to a great therapist who is an expert in gender issues and transitioning. All these factors contribute to my survival and my success.”

“My first time in jail, and possibly the time I became infected with HIV, was the scariest of all. There were so many times I was in jail and participated in unprotected sex out of fear and necessity. This is just one of the harsh realities for young vulnerable trans women like myself. It is truly bewildering that this reality was so commonly accepted among trans women of color.”

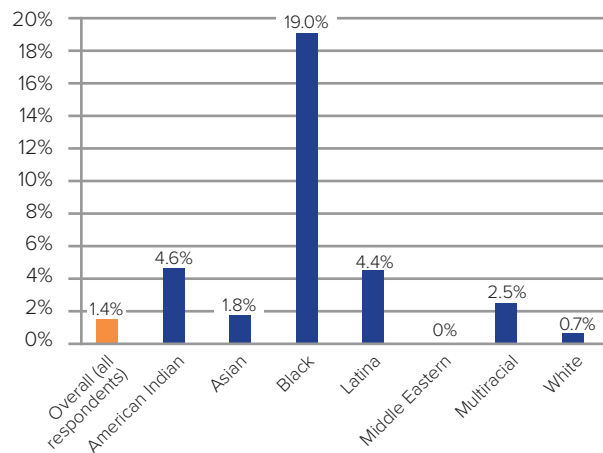
The rate of respondents living with HIV (1.4%) was nearly five times higher than in the U.S. population (0.3%).

Figure 7.42: Living with HIV RACE/ETHNICITY (%)



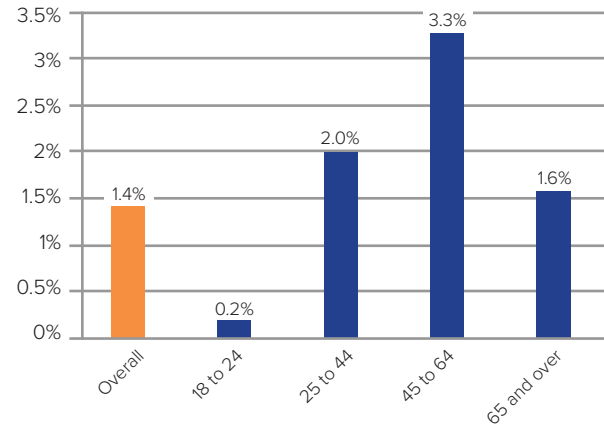
Nearly one in five (19.0%) Black transgender women reported living with HIV, a rate that is more than thirteen times higher than that in the overall sample. American Indian (4.6%) and Latina (4.4%) transgender women also reported substantially higher rates of HIV (Figure 7.43).

Figure 7.43: Living with HIV among transgender women RACE/ETHNICITY (%)



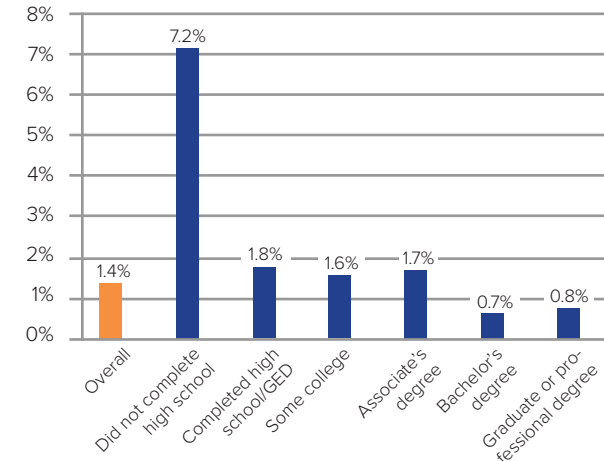
The rate of HIV also differed by current age, with it being highest among those aged 45–64 (3.3%) and also higher for the 25–44 age group (2.0%) (Figure 7.44).

Figure 7.44: Living with HIV AGE (%)



Undocumented residents (15.0%) were more than ten times as likely to report that they were living with HIV as the overall sample, and documented non-citizens (3.6%) were also more likely. There were also substantial differences when examining rates of HIV by educational attainment. Those who did not complete high school (7.2%) were more than five times as likely to be living with HIV as those in the overall sample, in contrast to the lower rates for those with a bachelor’s degree (0.7%) or a graduate or professional degree (0.8%) (Figure 7.45).

Figure 7.45: Living with HIV EDUCATIONAL ATTAINMENT (%)



The rate of HIV was more than ten times higher for respondents whose current sole source of income was from underground economy work (15.0%), five times higher among those who have participated in sex work at any point in their lifetime (7.9%), and almost twice as high for those who have experienced homelessness (2.7%).

III. HIV Health Care

Medical providers and HIV health care advocates often describe effective treatment and management of HIV in terms of the HIV care continuum or the HIV treatment cascade. The HIV care continuum describes stages of HIV medical care, including “diagnosis of HIV infection, linkage to care, retention in care, receipt of antiretroviral therapy, and achievement of viral suppression.”⁸⁵ Respondents were asked whether they had received HIV-related health care in the year prior to the survey, and were also asked about other aspects of the HIV care continuum.

Most of the respondents who were living with HIV had received HIV-specific health care within the past year, not including care received during an emergency room visit or during a hospital stay. Eighty-nine percent (89%) of respondents living with HIV had seen a doctor or health care provider for HIV care in the past 12 months, and 87% received HIV care in the past 6 months.

Respondents who had not seen a doctor for HIV care *in the past 6 months* offered a range of reasons, including not being ready to find health care for HIV, not being able to afford HIV care, not feeling sick enough to look for HIV care, and their HIV is well controlled enough to only see a doctor once per year.⁸⁶ Similarly, those who had not seen a doctor for HIV care *in the past 12 months* offered a variety of reasons, including not having health insurance, not being able to afford HIV care, not

knowing where to go for HIV care, not feeling sick enough to look for health care, relying on a higher power or God to help with their HIV, only recently finding out about their HIV status, and other unspecified reasons.⁸⁷

Of respondents who were living with HIV, 82% reported that they had their blood tested to determine their viral load and CD4 counts in the past 6 months. Five percent (5%) had most recently received such testing between 6 and 12 months ago, 6% were last tested more than a year ago, and 7% had never had a blood test for their viral load and CD4 counts.

Eighty-seven percent (87%) of respondents living with HIV have been prescribed anti-retroviral therapy (ART), which are medications that can reduce the amount of HIV in the body.⁸⁸ This is compared to 94% of those living with HIV in the general population.⁸⁹ Eighty-one percent (81%) of people living with HIV reported that they were currently taking their ART medications. Of those who had been prescribed ART, almost two-thirds (64%) reported taking it regularly and as prescribed all of the time, one-third (33%) took it most of the time, 2% rarely took it, and 1% never took it regularly and as prescribed. Approximately half (45%) of respondents who were not taking their ART medication all of the time—including those who took it most of the time, rarely, or never—reported that the main reason for not taking it as they were supposed to was that they forgot to take it. The remaining respondents (n=23, unweighted) reported several reasons why that they did not take their medication as prescribed, including not being able to afford the medication, not having health insurance, concerns about conflicts with other medications, concerns about weight gain, not wanting to take ART, and other reasons not listed in the question.

Conclusion

Findings throughout the chapter indicated that respondents were impacted by substantial health-related disparities, including access to quality care and health outcomes. Respondents reported substantial barriers to receiving the care that they need, such as financial constraints, lack of health insurance or insurance that does not adequately address their health needs, and lack of access to health care providers who can administer health care respectfully and with a sufficient knowledge of transgender patients' needs. Furthermore, although some respondents were able to access health care related to gender transition, such as counseling, hormone therapy, or a variety of surgical procedures, a large number have not received such health care despite wanting to do so, often due to

income and economic instability and lack of access to adequate health insurance insurance.

Results also suggest that insufficient access to quality care and coverage contributed to poor health outcomes among respondents. Respondents were substantially more likely to be living with HIV than the general population, with much higher rates among transgender women of color. Respondents were also more likely to report poor mental health outcomes, including higher rates of substance use, serious psychological distress, and suicide attempts. Findings demonstrated an association between poor health outcomes and a number of risk factors, such as economic instability, housing instability, lower educational attainment, and lack of family support.

ENDNOTES | CHAPTER 7: HEALTH

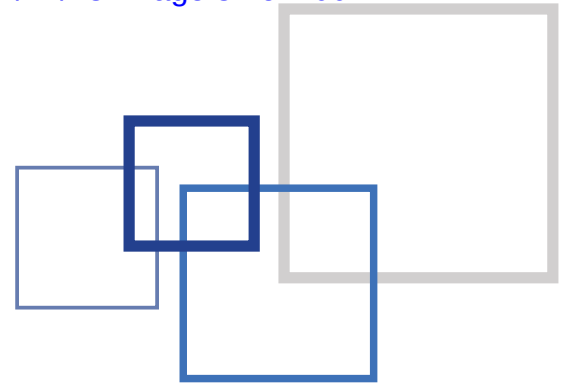
- 1 Bocking, W. O., Miner, M. H., Swinburne Romine, R. E., Hamilton, A., & Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the US transgender population. *American Journal of Public Health, 103*(5), 943–951; Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. (pp. 72–87). DC: National Center for Transgender Equality & National Gay and Lesbian Task Force; Institute of Medicine. (2011). *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. DC: National Academy of Sciences.
- 2 Kosenko, K., Rintamaki, L., Raney, S., Maness, K. (2013). Transgender patient perceptions of stigma in health care contexts. *Medical Care, 51*(9), 819–822; Poteat, T., German, D., & Kerrigan, D. (2013). Managing uncertainty: A grounded theory of stigma in transgender health encounters. *Social Science & Medicine, 84*(1), 22–29; Grant, et al. (2011). pp. 72–87; Lambda Legal. (2010). *When Health Care Isn't Caring: Lambda Legal's Survey of Discrimination Against LGBT People and People with HIV*. New York, NY: Lambda Legal.
- 3 U.S. Census Bureau. (2015). 2015 American Community Survey 1-Year Estimates. Available at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_S2701&prodType=table.
- 4 U.S. Census Bureau. (2015). 2015 American Community Survey 1-Year Estimates: Private Health Insurance Coverage By Type. Available at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_S2703&prodType=table; U.S. Census Bureau. (2015). 2015 American Community Survey 1-Year Estimates: Public Health Insurance Coverage by Type. Available at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_S2704&prodType=table.
- 5 The estimate for the percentage of people who receive coverage through the Indian Health Service was calculated based on a 2015 statement that approximately 2.2 million American Indian and Alaska Native people were served by the Indian Health Service. <https://www.ihs.gov/newsroom/factsheets/quicklook/>.
- 6 Q. 11.9 specified that “[h]ealth insurance marketplaces are part of the new health care law, sometimes called ‘Obamacare’ or the ‘Affordable Care Act,’ where people can get insurance online, such as through healthcare.gov, over the phone, or in person.”
- 7 “Insurer” here refers to insurers providing coverage under both private insurance plans (such as those purchased through an employer) and public plans (such as through Medicaid or Medicare).

- 8 The “other insurance” category includes TRICARE or other military coverage, VA, Indian Health Service, and other types of insurance not listed. See Table 71.
- 9 Respondents were asked if they had “experienced unwanted sexual contact (such as fondling, sexual assault, or rape) in a health care setting (such as a hospital, office, clinic)” in Q.12.7.
- 10 “People with disabilities” here refers to respondents who identified as a person with a disability in Q. 2.20.
- 11 Respondents on active duty in military service were asked separately about where they received transition-related health care. These results are reported in the *Military Service* chapter.
- 12 Although 1.5% of respondents in the sample reported having taken puberty-blocking medication, the percentage reported here reflects a reduction in the reported value based on respondents’ reported ages at the time of taking this medication. While puberty-blocking medications are usually used to delay physical changes associated with puberty in youth ages 9–16 prior to beginning hormone replacement therapy, a large majority (73%) of respondents who reported having taken puberty blockers in Q.12.9 reported doing so after age 18 in Q.12.11. This indicates that the question may have been misinterpreted by some respondents who confused puberty blockers with the hormone therapy given to adults and older adolescents. Therefore, the percentage reported here (0.3% or “less than 1%”) represents only the 27% of respondents who reported taking puberty-blocking medication before the age of 18.
- 13 “Transition-related surgery” here includes all procedures listed in Table 7.4 and 7.5, with the exception of electrolysis and non-surgical voice therapy.
- 14 Respondents who are “living in poverty” represent those who are living at or near the poverty line. See the *Income and Employment Status* chapter for more information about the poverty line calculation.
- 15 The “other insurance” category in Figure 7.11 includes TRICARE or other military coverage, VA, Indian Health Service, and other types of insurance not listed. See Table 71.
- 16 Since the available surgical procedures related to transition generally vary based on individuals’ sex assigned at birth (the gender they were thought to be when they were born), respondents received different questions about surgical procedures based on their response to Q. 2.1, which asked about the sex listed on respondents’ original birth certificate. Respondents who said that they had female on their original birth certificate received Q. 12.15, and respondents who said they had male on their original birth certificate received Q. 12.18. Although the vast majority of respondents received only questions about medical procedures available to them, 2.7% of respondents indicated that they were intersex, and a portion of them may not have received questions about all the surgical procedures that best fit their health care needs.
- 17 Respondents were asked about having “top/chest surgery reduction or reconstruction” in Q. 12.15.
- 18 Respondents were asked about having a “hysterectomy/’hysto’ (removal of the uterus, ovaries, fallopian tubes, and/or cervix)” in Q. 12.15.
- 19 Respondents were asked about having a “clitoral release/ metoidioplasty/centurion procedure” in Q. 12.15. These are genital procedures that separate the clitoris from the labia.
- 20 Respondents were asked about having a “phalloplasty (creation of a penis)” in Q. 12.15. This is a genital procedure involving the construction of a larger phallus.
- 21 The U.S. Preventive Services Task Force currently recommends Pap smears every three years for adults who have a cervix and are between the ages 21 and 65. U.S. Preventive Services Task Force. (2012). *Cervical Cancer: Screening*. Available at: <http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/cervical-cancer-screening>.
- 22 Centers for Disease Prevention and Control. (2016). *2015 National Health Interview Survey: Sample Adult File*. Available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHIS/2015/samadul_freq.pdf
- 23 Respondents were asked about having a “vaginoplasty/ labiaplasty/SRS/GRS/GCS” in Q. 12.18. A vaginoplasty is a surgical creation of a vagina. A labiaplasty is a surgical modification or construction of the labia.
- 24 Respondents were asked about having an “orchidectomy/’orchy’/removal of the testes” in Q. 12.18.
- 25 Respondents were asked about having “facial feminization surgery (such as nose, brow, chin, cheek)” in Q.12.18.
- 26 Respondents were asked about having “breast augmentation/top surgery” in Q. 12.18. This refers to an augmentation mammoplasty, which reshapes or increases the size of the breast.
- 27 Respondents were asked about having a “tracheal shave (Adam’s apple or thyroid cartilage reduction)” in Q. 12.18.
- 28 Although silicone injections are sometimes used to modify one’s appearance, they are often risky and can lead to disfigurement, injury, and even death. Such injections are illegal in the United States. However, due to barriers to affordable care, some transgender people turn to silicone injections as a less expensive or more easily accessible substitute for safer treatments.
- 29 See e.g., Pascoe, E. A. & Richman, L. S. (2009). Perceived discrimination and health: A meta-analytic review. *Psychological Bulletin*, 135(4), 531–554.
- 30 See e.g., Bariola, E. Lyons, A., Leonard, W., Pitts, M., Badcock, P., Couch, M. (2015). Demographic and psychosocial factors associated with psychological distress and resilience among transgender individuals. *American Journal of Public Health*, 105(10), 2108–2116; Nuttbrock, L., Brockting, W., Rosenblum, A., Hwahng, S., Mason, M., Macri, M., & Becker, J. (2014). Gender abuse and major depression among transgender women: A prospective study of vulnerability and resilience.

- American Journal of Public Health*, 104(11), 2191, 2198; 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; Institute of Medicine. (2011). *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. DC: National Academy of Sciences.
- 31 The general health rating among adults in the U.S. population was calculated by the research team using data from the Behavioral Risk Factor Surveillance System (BRFSS). Centers for Disease Control and Prevention. (2015). *BRFSS Prevalence & Trends Data*. Available at: <http://www.cdc.gov/brfss/brfssprevalence>.
- 32 The Kessler Psychological Distress Scale, or K6, assesses psychological distress based on how often in the past 30 days respondents felt: so sad that nothing could cheer them up, nervous, restless or fidgety, hopeless, that everything was an effort, or worthless. See Q. 12.2. See the National Health Interview Survey for additional information about the K6 mental health screening instrument and measure of serious psychological distress in adults (available at: http://www.healthindicators.gov/Indicators/Serious-psychological-distress-adults-percent_50055/Profile).
- 33 The K6 scale rates how often feelings are experienced on the following scale: (0) none of the time, (1) a little of the time, (2) some of the time, (3) most of the time, and (4) all of the time. See Q. 12.2. A total score of 13 or above across all six measures indicates serious psychological distress.
- 34 Centers for Disease Prevention and Control. (2016). *2015 National Health Interview Survey: Sample Adult File*. Available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHIS/2015/samadult_freq.pdf.
- 35 See note 33 for an explanation of how “serious psychological distress” is calculated based on the K6 scale.
- 36 Center for Behavioral Health Statistics and Quality. (2016). *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 8.86B. Rockville, MD: Substance Abuse and Mental Health Services Administration. Available at: <http://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.pdf>.
- 37 Serious psychological distress is related to age and educational attainment in the U.S. general population. (see note 33; <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6340a13.htm>). Those who are younger and have lower educational attainment have a higher prevalence of serious psychological distress. When the “supplemental weight” is applied to the USTS sample’s prevalence of serious psychological distress to adjust the sample to reflect the age and educational attainment of the U.S. adult population, the prevalence is reduced to 30%, six times the national prevalence for U.S. adults. Based on studies using population-based samples of transgender adults, it is estimated that the transgender population is younger and has lower educational attainment than the U.S. adult population. Flores, A. R., Brown, T. N. T., & Herman, J. L. (2016). Race and Ethnicity of Adults who Identify as Transgender in the United States. Los Angeles, CA: Williams Institute; Conron, K. J., Scott, G., Stowell, G. S., & Landers, S. J. (2012). Transgender health in Massachusetts: Results from a household probability sample of adults. *American Journal of Public Health*, 102(1), 118–122. Therefore, the finding of 39% for prevalence of serious psychological distress is reported here using the standard weight only.
- 38 *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 8.86B. See note 36.
- 39 Results for respondents who were sexually assaulted here reflect those who reported that they had “experienced unwanted sexual contact (such as oral, genital, or anal contact or penetration, forced fondling, rape)” in the past year (see Q. 18.3).
- 40 Substance Abuse and Mental Health Services Administration. (2015). *Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth*. Available at: <http://store.samhsa.gov/shin/content/SMA15-4928/SMA15-4928.pdf>.
- 41 Additionally, eleven percent (11%) of respondents in the sample said they were sent to a therapist, counselor, or religious advisor by immediate family members to stop them from being transgender. See the “Sent to a Professional for Being Transgender” section of the *Family Life and Faith Communities* chapter for a discussion about respondents who were sent to a professional by their family.
- 42 Although 0.4% of the overall sample reported that gender transition was not for them, these respondents did identify as transgender, meeting all criteria for inclusion in the survey (see Q. 1.10–1.18).
- 43 Haas, A. P., Rodgers, P. L., & Herman, J. L. (2014). *Suicide Attempts Among Transgender and Gender Non-Conforming Adults*. New York, NY & Los Angeles, CA; American Foundation for Suicide Prevention & Williams Institute; Moody, C. & Smith, N. G. (2013). Suicide protective factors among trans adults. *Archives of Sexual Behavior* 42(5), 739–752; Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. (p. 82). DC: National Center for Transgender Equality & National Gay and Lesbian Task Force.
- 44 Lipari, R., Piscopo, K., Kroutil, L. A., & Miller, G. K. (2015). *Suicidal Thoughts and Behaviors Among Adults: Results from the 2014 National Survey on Drug Use and Health*. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- 45 Kessler, R. C., Berglund, P., Chiu, W. T., Demler, O., Heeringa, S., Hiripi, E., . . . Zheng, H. (2004). The US National Comorbidity Survey Replication (NCS-R): design and field procedures. *International Journal of Methods in Psychiatric Research*, 13(2), 69–92.

- 46 *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 8.70B. See note 36.
- 47 *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 8.69B. See note 36.
- 48 *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 8.70B. See note 36.
- 49 *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 8.70B. See note 36.
- 50 *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 8.70B. See note 36.
- 51 Whether or not a person receives medical attention following a suicide attempt is often used as a measure of the severity of the attempt. However, because many transgender people report avoiding medical professionals because of fear of mistreatment (see, for example, the previous section on “Experiences with Health Care Providers”), it may be difficult to use this measure to gauge the severity of the attempt among USTS respondents.
- 52 *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 8.77B. See note 36.
- 53 *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 8.77B. See note 36.
- 54 Kessler, R. C., Borges, G., & Walters, E. E. (1999). Prevalence of and risk factors for lifetime suicide attempts in the National Comorbidity Survey. *Archives of General Psychiatry*, 56(7), 617–626. See also Nock, M. K., Hwang, I., Sampson, N. A., & Kessler, R. C. (2010). Mental disorders, comorbidity and suicidal behavior: Results from the National Comorbidity Survey Replication. *Molecular Psychiatry*, 15(8), 868–876; Nock, M. K., Borges, G., Bromet, E. J., Cha, C. B., Kessler, R. C., & Lee, S. (2008). Suicide and suicidal behavior. *Epidemiologic Reviews*, 30(1), 133–154 (finding a lifetime prevalence of suicide ideation of 5.6–14.3%, a lifetime prevalence for suicide plans of 3.9%, a lifetime prevalence for suicide attempts of 1.9–8.7%).
- 55 Respondents who reported that they were out to all, most, or some of the immediate family they grew up with were asked to assess how supportive their family was using a five-point scale from “very supportive” to “very unsupportive”. The categories were collapsed to create a new variable reflecting a supportive, neutral, or unsupportive family.
- 56 Results for respondents who were sexually assaulted here reflect those who reported that they had “experienced unwanted sexual contact (such as oral, genital, or anal contact or penetration, forced fondling, rape)” in their lifetime (see Q.18.1).
- 57 The age of the most recent suicide attempt reported here includes responses from both respondents who reported a single attempt and those who reported multiple attempts. For respondents who reported a single suicide attempt, the age of the most recent suicide attempt is also the age of their first suicide attempt as reported in the previous section.
- 58 See e.g., Cleveland, M. J., Feinberg, M. E., Bontempo, D. E., & Greenberg, M. T. (2008). The role of risk and protective factors in substance use across adolescence. *Journal of Adolescent Health*, 43(2), 157–164; Kilpatrick, D. G., Ruggiero, K. J., Acerno, R., Saunders, B. E., Resnick, H. S., & Best, C. L. (2003). Violence and risk of PTSD, major depression, substance abuse/dependence, and comorbidity: Results from the National Survey of Adolescents. *Journal of Consulting and Clinical Psychology*, 71(4), 692–700.
- 59 Center for Behavioral Health Statistics and Quality. (2015). *2015 National Survey on Drug Use and Health Questionnaire*. Available at: <http://www.samhsa.gov/data/population-data-nsduh/reports?tab=39>.
- 60 Center for Behavioral Health Statistics and Quality. (2015). *Results from the 2014 National Survey on Drug Use and Health: Detailed Tables*. Table 2.6B. Rockville, MD: Substance Abuse and Mental Health Services Administration. Available at: <http://www.samhsa.gov/data/sites/default/files/NSDUH-DefTabs-2015/NSDUH-DefTabs-2015/NSDUH-DefTabs-2015.pdf>.
- 61 *Results from the 2014 National Survey on Drug Use and Health: Detailed Tables*. Table 2.6B. See note 60.
- 62 This report follows the 2014 National Survey on Drug Use and Health (NSDUH) definition for binge drinking, which is defined as “drinking five or more drinks on the same occasion on at least 1 day in the past 30 days.” As this definition differs from the 2015 NSDUH definition, general population comparisons for binge and heavy drinking in this report will be drawn from the 2014 NSDUH data. Hedden, S. L., Kennet, J., Lipari, R., Medley, G., Tice, P., Copello, E. A. P., & Kroutil, L. A. (2015). *Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Available at: <http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf>.
- 63 *Results from the 2014 National Survey on Drug Use and Health: Detailed Tables*. Table 2.46B. See note 60.
- 64 *Results from the 2014 National Survey on Drug Use and Health: Detailed Tables*. Table 2.46B. See note 60.
- 65 *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 2.28B. See note 36.
- 66 *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 2.16B. See note 36.
- 67 *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 6.7B. See note 36.
- 68 Respondents were instructed to include products such as “weed, joints, hashish, hash, or hash oil” when reporting on marijuana use. See Q. 15.1.
- 69 *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 1.35B. See note 36.
- 70 *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 1.35B. See note 36.

- 71 For the purposes of this report, “illicit drugs” include those such as cocaine, crack, heroin, LSD, methamphetamine, and inhalants, but does not include marijuana or nonmedical use of prescription drugs. See Q. 15.1. This differs from illicit drugs as reported in the NSDUH, which includes “the misuse of prescription psychotherapeutics or the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine.” *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 1.30B. See note 36. Due to the difference between the two definitions, a comparison to the U.S. general population for the overall use of illicit drugs (not including marijuana or nonmedical use of prescription drugs) is not possible.
- 72 *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 1.22B. See note 36.
- 73 *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 1.30B. See note 36.
- 74 Centers for Disease Control and Prevention. (2016). *HIV and Transgender Communities*. Available at: <http://www.cdc.gov/hiv/pdf/policies/cdc-hiv-transgender-brief.pdf>; Baral, S. D., Poteat, T., Strömdahl, S., Wirtz, A. L., Guadamuz, T. E., & Beyrer, C. (2013). Worldwide burden of HIV in transgender women: a systematic review and meta-analysis. *The Lancet Infectious Diseases*, 13(3), 214–222; Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. (p. 80). DC: National Center for Transgender Equality & National Gay and Lesbian Task Force; Reisner, S. L., Poteat, T., Keatley, J., Cabral, M. Mothopeng, T., Dunham, E., Holland, C. E., Max, R., Baral, S. D. (2016). Global health burden and needs of transgender populations: a review. *The Lancet Infectious Diseases*, 388(10042), 412–436.
- 75 Centers for Disease Control and Prevention. (2016). *HIV and Transgender Communities*. Available at: <http://www.cdc.gov/hiv/pdf/policies/cdc-hiv-transgender-brief.pdf>.
- 76 Centers for Disease Control and Prevention (2015). *National Health Interview Survey: Survey Description*. Available at: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHIS/2014/srvydesc.pdf.
- 77 Centers for Disease Control and Prevention (2014). *2015 Behavioral Risk Factor Surveillance System Questionnaire*. Available at: <http://www.cdc.gov/brfss/questionnaires/pdf-ques/2015-brfss-questionnaire-12-29-14.pdf>.
- 78 Centers for Disease Control and Prevention. (2015). *BRFSS Prevalence & Trends Data*. Available at: <http://www.cdc.gov/brfss/brfssprevalence>.
- 79 Centers for Disease Control and Prevention. (2016). *Behavioral Risk Factor Surveillance System: 2015 Codebook Report*. Available at: http://www.cdc.gov/brfss/annual_data/2015/pdf/codebook15_llcp.pdf.
- 80 Centers for Disease Prevention and Control. (2016). *2015 National Health Interview Survey: Sample Adult File*. Available at: https://www.cdc.gov/nchs/nhis/nhis_2015_data_release.htm.
- 81 Percentages related to HIV status are presented with one decimal place throughout the section for more accurate comparison with general population figures.
- 82 The rate of respondents living with HIV includes those who were HIV-positive or reactive. Among respondents who had been tested, the rate of those who tested positive for HIV was 2.6%.
- 83 Centers for Disease Control and Prevention. (2015). HIV Surveillance Report, 2014; vol. 26. Table 18a. Available at: <http://www.cdc.gov/hiv/library/reports/surveillance/>. The HIV Surveillance Report provides data for those who were living with diagnosed HIV infection in the U.S. population in 2013. The U.S. population data includes those who are 15 years of age and older and does not include rate for those who are under 18, so it was not possible to exactly match the USTS sample with the U.S. population data. However, when estimating the impact of including 15–17 year olds in the U.S. population rate of those living with HIV, research team calculations estimated a difference of approximately 0.002% in the rate, which would not impact the rate of those living with HIV in the U.S. population as reported here.
- 84 Ninety-seven percent (97%) of those who were tested for HIV were HIV negative.
- 85 AIDS.Gov. (2015). *HIV Care Continuum*. Available at: <https://www.aids.gov/federal-resources/policies/care-continuum>.
- 86 Due to a low sample size, response figures could not be reported for those who had not seen a doctor for HIV care in the past 6 months.
- 87 Due to a low sample size, response figures could not be reported for those who had not seen a doctor for HIV care in the past 12 months.
- 88 See AIDS.Gov. (2015). *Overview of HIV Treatments*. Available at: <https://www.aids.gov/hiv-aids-basics/just-diagnosed-with-hiv-aids/treatment-options/overview-of-hiv-treatments>.
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CHAPTER 8

Experiences at School

Many schools provide supportive environments that promote learning and growth, while some schools can be unwelcoming and unsupportive for transgender students, whether in Kindergarten through 12th grade (K–12), or in technical or higher education institutions (such as a college or university). Other studies have shown that many students feel unsafe and have been verbally harassed or physically attacked because of their transgender identity.^{1,2}

Survey respondents were asked whether they were out or perceived as transgender in K–12 and in higher education institutions. Those who said that they were out as transgender or that others thought they were transgender were asked additional questions about negative experiences based on their transgender status, including verbal harassment, physical and sexual assault, leaving school because of mistreatment, and expulsion. Throughout the chapter, notable differences in respondents' experiences based on demographic and other characteristics are reported.

KEY FINDINGS

- ▶ Twelve percent (12%) of respondents were out as transgender at some point from Kindergarten through the 12th grade.
.....
- ▶ More than three-quarters (77%) of respondents who were out or perceived as transgender in K–12 had one or more negative experiences, such as being verbally harassed, prohibited from dressing according to their gender identity, or physically or sexually assaulted.
.....
- ▶ Fifty-four percent (54%) of people who were out or perceived as transgender in K–12 were verbally harassed, and 24% were physically attacked.
.....
- ▶ Seventeen percent (17%) of people who were out or perceived as transgender left a K–12 school because the mistreatment was so bad, and 6% were expelled.
.....
- ▶ Twenty-four percent (24%) of people who were out or perceived as transgender in college or vocational school were verbally, physically, or sexually harassed.

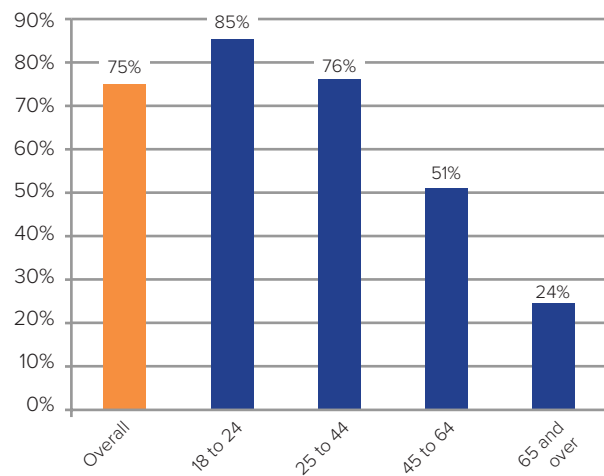
I. Outness in K–12

Twelve percent (12%) of respondents reported that they were out as transgender at some point between Kindergarten and the 12th grade (K–12). Of those who were not out as transgender, 28% said that they believed classmates, teachers, or school staff thought they were transgender.

All respondents, including those who were out or perceived as transgender in K–12, were also asked whether classmates, teachers, or school staff thought or knew that they were lesbian, gay, bisexual, or queer (LGBQ) in K–12. Three-quarters (75%) believed that classmates, teachers, or school staff thought or knew they were LGBQ. Younger respondents were much more likely to report that classmates, teachers, or staff in K–12 thought or knew they were LGBQ than older respondents,

such as 18- to 24-year-olds (85%) in contrast to 45- to 64-year-olds (51%) (Figure 8.1).

Figure 8.1: Perceived as LGBQ in K–12
CURRENT AGE (%)

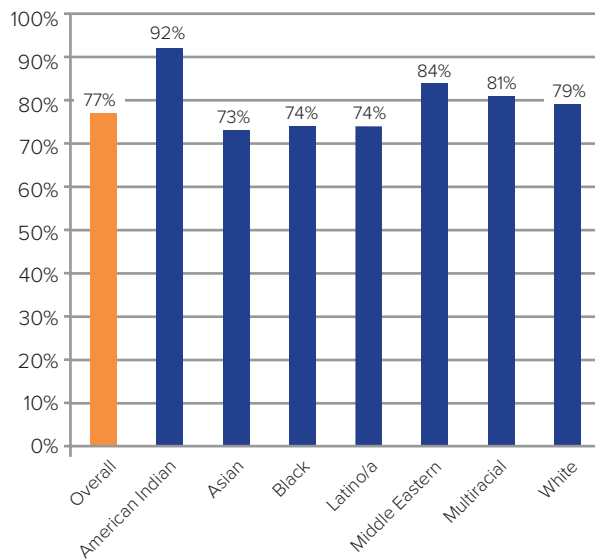


More than three-quarters (77%) of those who were out or perceived as transgender had one or more negative experiences at school because they were transgender, such as being verbally harassed or physically attacked.

II. Treatment in K–12

Respondents who were out as transgender in K–12 or who said that others thought that they were transgender received additional questions about negative experiences in K–12, such as being verbally harassed, physically attacked, or expelled. Overall, 77% of those who were out or perceived as transgender had one or more of these negative experiences, while only 23% did not have any of these experiences (Table 8.1). American Indian (92%), Middle Eastern (84%), and multiracial (81%) respondents (Figure 8.2) and people with disabilities³ (82%) were more likely to have one or more negative experiences.

Figure 8.2: Had one or more negative experiences in K–12 (of those who were out or perceived as transgender)
RACE/ETHNICITY (%)



Poor treatment in school was associated with a variety of negative experiences. Respondents who were out or perceived as transgender in K–12 and had one or more negative experiences outlined in this chapter were:

- More likely to have attempted suicide (52%) than those who were out or perceived as transgender and did not have any of these negative experiences (37%).
- More likely to have experienced homelessness (40%) than those who were out or perceived as transgender and did not have any of the negative experiences (22%).
- More likely to currently be experiencing serious psychological distress (47%) than those who were out or perceived as transgender and did not have any of the negative experiences (37%).
- More likely to have ever worked in the underground economy, such as in sex work or drug sales (28%), compared with those who were out or perceived as transgender and did not have any of the negative experiences (18%).

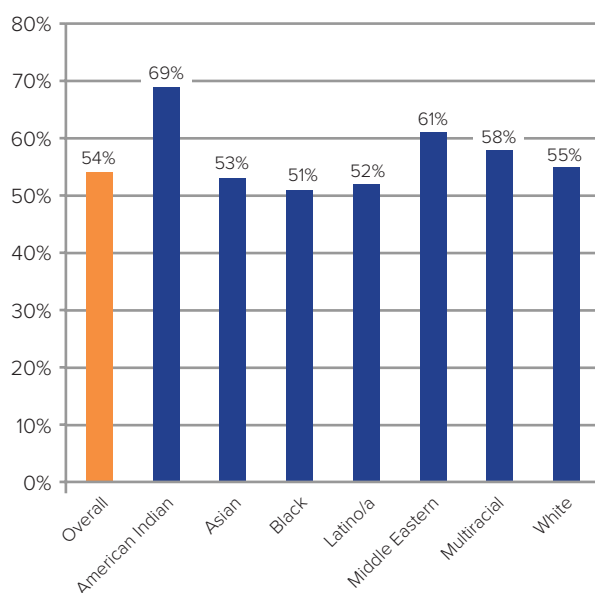
Table 8.1: Experiences of people who were out as transgender in K–12 or believed classmates, teachers, or school staff thought they were transgender

Experiences	% of those who were out or perceived as transgender
Verbally harassed because people thought they were transgender	54%
Not allowed to dress in a way that fit their gender identity or expression	52%
Disciplined for fighting back against bullies	36%
Physically attacked because people thought they were transgender	24%
Believe they were disciplined more harshly because teachers or staff thought they were transgender	20%
Left a school because the mistreatment was so bad	17%
Sexually assaulted because people thought they were transgender	13%
Expelled from school	6%
One or more experiences listed	77%

a. Verbal Harassment

More than half (54%) of people who were out or perceived as transgender in K–12 were verbally harassed because they were transgender. Verbal harassment differed among people of color, with American Indian (69%) and Middle Eastern (61%) respondents being more likely to have this experience, and Latino/a (52%) and Black (51%) respondents being less likely (Figure 8.3).

Figure 8.3: Verbally harassed in K–12 because people thought they were transgender
RACE/ETHNICITY (%)



b. Physical Attack

Nearly one-quarter (24%) were physically attacked because of being transgender. Transgender women (38%) were more likely to have been physically attacked than transgender men (20%) and non-binary people (16%) (Figure 8.4). American Indian respondents (49%) were more than twice as likely to have been physically attacked, and Middle Eastern (36%), multiracial (31%), and Black (28%) respondents were also more likely to have had this experience, in contrast to Latino/a (24%), white (23%), and Asian (17%) respondents (Figure 8.5).

Nearly one-quarter (24%) of those who were out or perceived as transgender in school were physically attacked because of being transgender.

Figure 8.4: Physically attacked in K–12 because people thought they were transgender
GENDER IDENTITY (%)

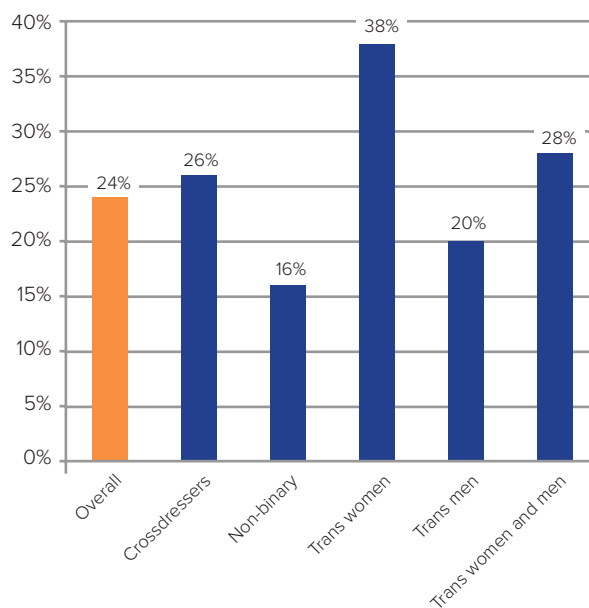
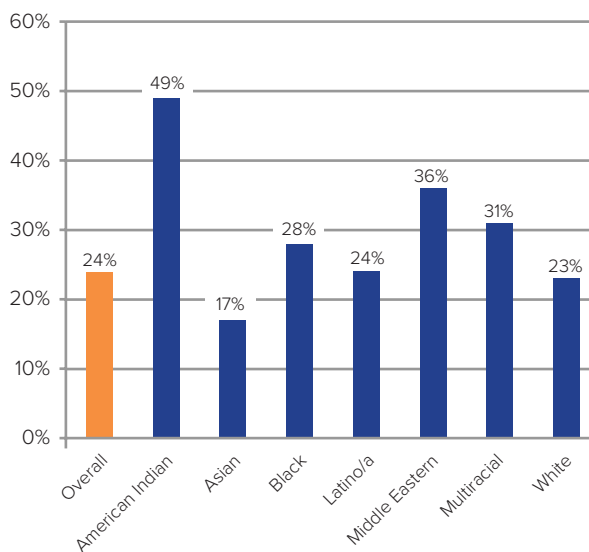


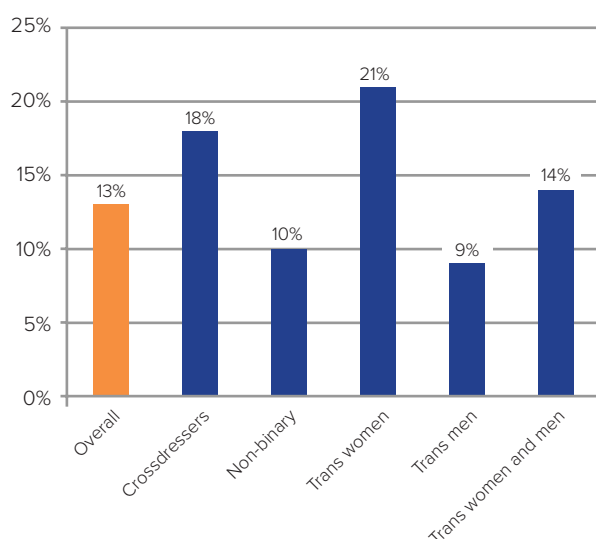
Figure 8.5: Physically attacked in K–12 because people thought they were transgender
RACE/ETHNICITY (%)



c. Sexual Assault

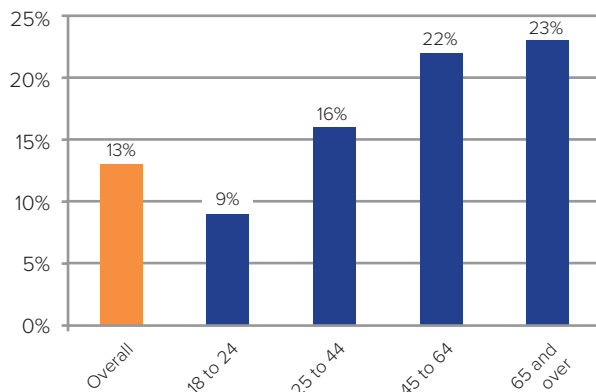
Thirteen percent (13%) of people who were out or perceived as transgender in K–12 were sexually assaulted in school because they were transgender.⁴ Transgender women (21%) and crossdressers (18%) were more likely to have been sexually assaulted than transgender men (9%) and non-binary people (10%) (Figure 8.6).

Figure 8.6: Sexually assaulted in K–12 because people thought they were transgender
GENDER IDENTITY (%)



Whether a respondent was sexually assaulted in K–12 varied by age, with older respondents such as 45- to 64-year-olds being more likely to have been sexually assaulted (22%) than younger respondents such as 25- to 44-year-olds (16%) (Figure 8.7).

Figure 8.7: Sexually assaulted in K–12 because people thought they were transgender
CURRENT AGE (%)



In Our Own Voices

“I was constantly bullied and physically assaulted by my classmates. Teachers would often see it happen and make no move to intervene. The harassment continued, and I eventually had to change high schools three times, each time just as bad as the last, until I finally gave up on public schools.”

“I’d get hit by soda cans, spit balls, and paper airplanes of hate mail. Teachers weren’t there or didn’t care. I had to avoid social interactions like buses and school bathrooms because I didn’t feel safe.”

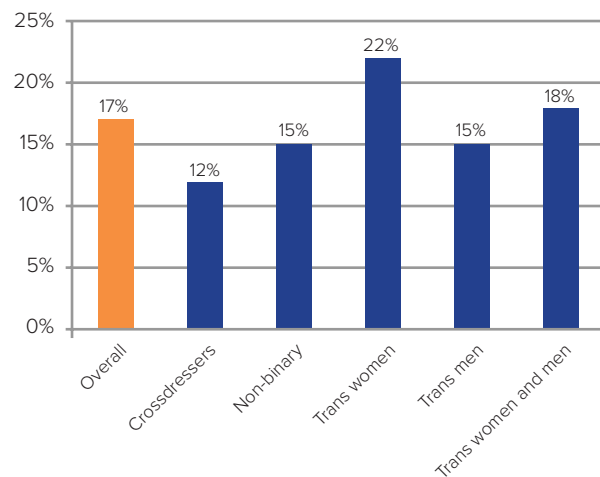
“Every single day at college, I was harassed for being a visibly trans woman. People slowed their cars down to stare at me, they shouted slurs at me from their dorm windows, insulted me in class, and a lot more I’d rather not think about. It got so bad that I tried to kill myself twice over the course of three months. Getting out of that school has been the best thing to have happened to me.”

“In high school, the staff told me I could not use the men’s bathroom because I’d make other students uncomfortable, even though I was out to everyone and none of the students were bothered by my gender.”

d. Left School Due to Harassment

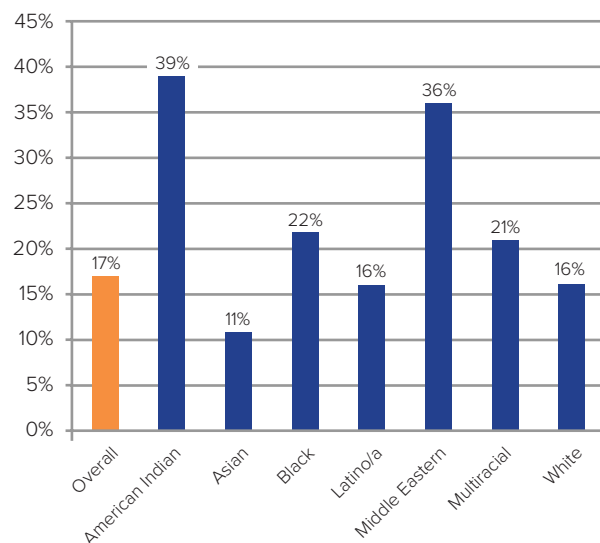
Seventeen percent (17%) of those who were out or perceived as transgender left a school because the mistreatment was so bad. Transgender women (22%) were more likely to have left a school because of mistreatment, in contrast to transgender men (15%) and non-binary people (15%) (Figure 8.8).

Figure 8.8: Left school due to mistreatment in K–12 GENDER IDENTITY (%)



American Indian (39%) and Middle Eastern (36%) respondents were more than twice as likely to have left a school because the mistreatment was so bad, and Black (22%) and multiracial (21%) respondents were also more likely to have left a school for this reason (Figure 8.9).

Figure 8.9: Left school due to mistreatment in K–12 RACE/ETHNICITY (%)

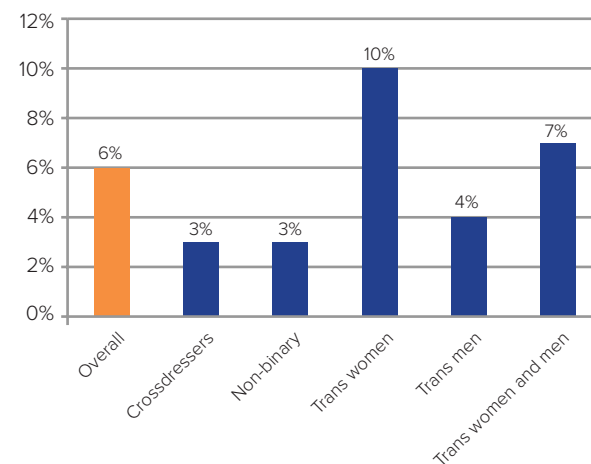


Seventeen percent (17%) of people who were out or perceived as transgender in K–12 left a school because the mistreatment was so bad.

e. Expelled from School

Six percent (6%) of people who were out or perceived as transgender were expelled from school. Transgender women were nearly twice as likely to have been expelled, with one in ten (10%) reporting that experience (Figure 8.10). Further, respondents who were currently working in the underground economy (18%) were three times as likely to have been expelled from school.

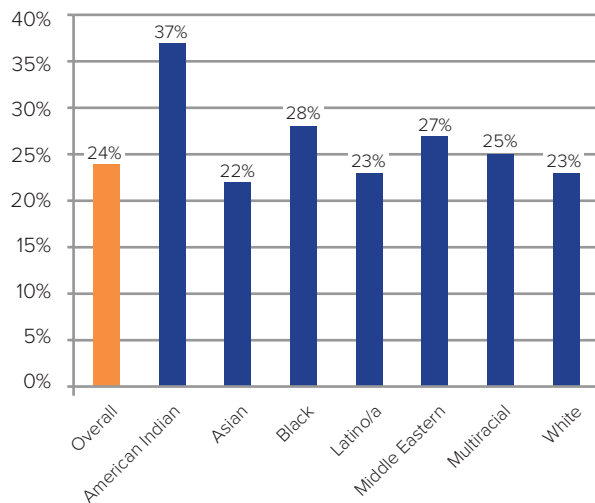
Figure 8.10: Expelled from school in K–12 GENDER IDENTITY (%)



III. Outness and Treatment in College or Vocational School

Of respondents who had attended college or vocational school, 46% said their classmates, professors, or staff at college or vocational school thought or knew they were transgender. Nearly one-quarter (24%) of respondents who indicated that classmates, professors, or staff at college or vocational school thought or knew they were transgender were verbally, physically, or sexually harassed. American Indian (37%), Black (28%), and Middle Eastern (27%) respondents were more likely to have had these experiences, while white (23%), Latino/a (23%), and Asian (22%) respondents were less likely (Figure 8.11).

Figure 8.11: Verbally, physically, or sexually harassed in college or vocational school
RACE/ETHNICITY (%)



Of respondents who were out or perceived as transgender and who experienced some form of harassment, 16% left college or vocational school because the harassment was so bad. This represents 2% of all respondents who attended a higher education institution. Of those who experienced some form of harassment, transgender women (21%) were more likely to

have left college or vocational school for this reason than transgender men (16%) and non-binary people (12%) (Figure 8.12). Respondents currently working in the underground economy were almost twice as likely (31%) to have left college because of harassment than other respondents. American Indian (23%), Latino/a (23%), Black (21%), and multiracial (20%) respondents were more likely to report leaving school for that reason (Figure 8.13).

Figure 8.12: Left college or vocational school because harassment was so bad (of those who were harassed)
GENDER IDENTITY (%)

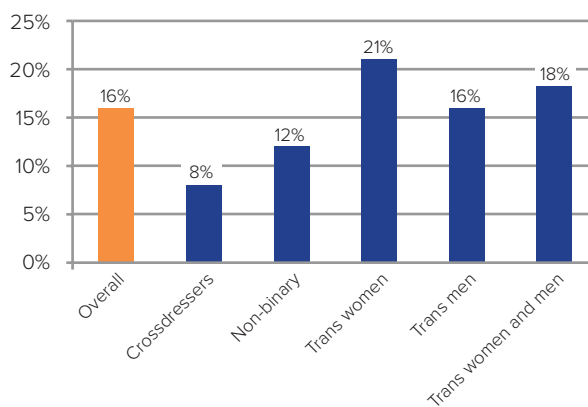
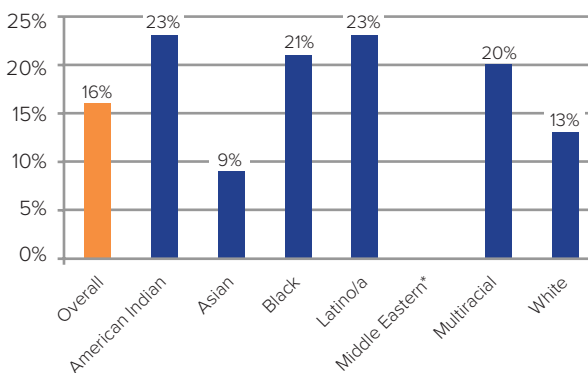


Figure 8.13: Left college or vocational school because harassment was so bad (of those who were harassed)
RACE/ETHNICITY (%)



*Sample size too low to report

In addition to the 2% who left because the harassment was so bad, 1% of respondents who attended college or vocational school were expelled or forced out, and 5% left because of other reasons related to being transgender.

IV. Current Outness and Support of Classmates

In addition to questions about being out to classmates at any time while they were in school, respondents were asked whether they currently had classmates, and whether those classmates knew that they were transgender. Of respondents who currently had classmates, only 15% said that all of their classmates knew that they were transgender, 10% said that most of them knew, 28% said that some of them knew, and nearly half (47%) said that none of their classmates knew that they were transgender.

Respondents who currently had classmates and reported that all, most, or some of their classmates knew that they were transgender were asked how supportive their classmates generally were of them as a transgender person. Responses were given on a five-point scale from “very supportive” to “very unsupportive.” The categories were collapsed to create a new variable reflecting supportive, neutral, or unsupportive classmates.⁵ More than half (56%) reported that their classmates were supportive, 39% had classmates that were neither supportive nor unsupportive, and only 5% reported that their classmates were unsupportive (Table 8.2).

Table 8.2: Classmates’ level of support of them as a transgender person

Level of support	% of those who reported that all, most, or some of their classmates knew they were transgender
Very supportive	21%
Supportive	35%
Neither supportive nor unsupportive	39%
Unsupportive	4%
Very unsupportive	1%

More than half (56%) of those who had at least some classmates who knew they were transgender reported that their classmates were supportive.

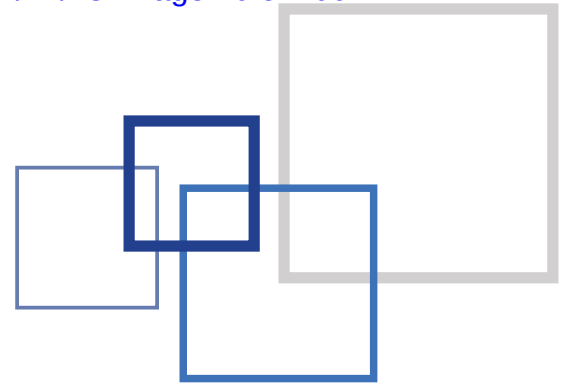
Conclusion

Results indicated that the majority of those who were out or perceived as transgender in K–12 had one or more negative experiences, and that such experiences were correlated with a variety of poor outcomes, such as higher rates of attempted suicide, homelessness, and serious psychological distress. Although negative experiences were reported at all age groups, results found that older individuals were less likely to have been out as transgender in K–12 than younger respondents, but when out, they were more likely to have experienced negative treatment in schools. This indicates that school environments have improved for transgender people over the years, though high rates of mistreatment were reported even among younger respondents.

Additionally, results indicated that those who attended college or another higher education institution were out or perceived as transgender at high rates. However, they also suggest that transgender students in such institutions are subject to harmful experiences that lead to negative outcomes, such as having to leave school to avoid being harassed because of being transgender.

ENDNOTES | CHAPTER 8: EXPERIENCES AT SCHOOL

- 1 Kosciw, J. G., Greytak, E. A., Palmer, N. A., & Boesen, M. J. (2014). *The 2013 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual and Transgender Youth in Our Nation's Schools*. New York, NY: Gay, Lesbian & Straight Education Network; Kosciw, J. G., Palmer, N. A., Kull, R. M., & Greytak, E. A. (2013). The effect of negative school climate on academic outcomes for LGBT youth and the role of in-school supports. *Journal of School Violence*, *12*(1), 45–63.
- 2 Rankin, S. & Beemyn, G. (2012). Beyond a binary: The lives of gender-nonconforming youth. *About Campus*, *17*(4), 2–10; Rankin, S., Weber, G., Blumenfeld, W., & Frazer, S. (2010). *2010 State of Higher Education for LGBT People*. Charlotte, NC: Campus Pride.
- 3 “People with disabilities” here refers to respondents who identified as a person with a disability in Q. 2.20.
- 4 This data is derived from responses to Q. 26.4, where respondents were asked if they had “experienced unwanted sexual contact because people thought [they were] trans.”
- 5 “Very supportive” and “supportive” categories were collapsed into a single “supportive” category. “Very unsupportive” and “unsupportive” categories were collapsed into a single “unsupportive” category. See Q. 4.12.



CHAPTER 9

Income and Employment Status

High rates of poverty, unemployment, and economic vulnerability among transgender people have been documented in prior research.¹ These disparities can lead to numerous negative outcomes in housing, health, and many other aspects of life. The survey explored respondents' employment status and income sources with questions that were patterned on the Current Population Survey (CPS), a survey used by the Bureau of Labor Statistics to assess economic indicators and the state of the labor force in the United States.^{2,3} The questions were used to compare the income and employment experiences of the USTS sample with those in the U.S. population.⁴ Notable differences in respondents' experiences based on demographic and other characteristics are reported throughout the chapter.

KEY FINDINGS

- ▶ The unemployment rate among respondents was 15%, three times higher than the U.S. unemployment rate at the time of the survey (5%).

- ▶ Nearly one-third (29%) of respondents were living in poverty, more than twice the rate in the U.S. adult population (12%).

- ▶ One in eight (12%) respondents reported an annual household income between \$1 and \$9,999, three times higher than the U.S. adult population in this income bracket (4%).

I. Employment Status

Respondents were asked a series of questions about their current employment status. More than one-third (35%) currently had a full-time job, 15% had at least one part-time job, 15% were self-employed, and 11% were students (Table 9.1). Nine percent (9%) of those who were employed were working more than one full-time or part-time job, which represents 4% of the whole sample.

Two percent (2%) of respondents were currently employed doing sex work, selling drugs, or doing other work in the underground economy for income. Of these, 60% indicated that they were currently looking for work that is not criminalized.⁵

Of those who were working either full time or part time for an employer, 13% were members of a labor union or an employee association similar to a union (representing 6% of the full sample), while another 2% of those who were working for an employer were not union members but were covered by a union or employee association contract. This compares to 12% of wage and salary workers in the U.S. population who were members of a union or were not union members but were covered by a union or employee association contract.⁶

Table 9.1: Current employment status

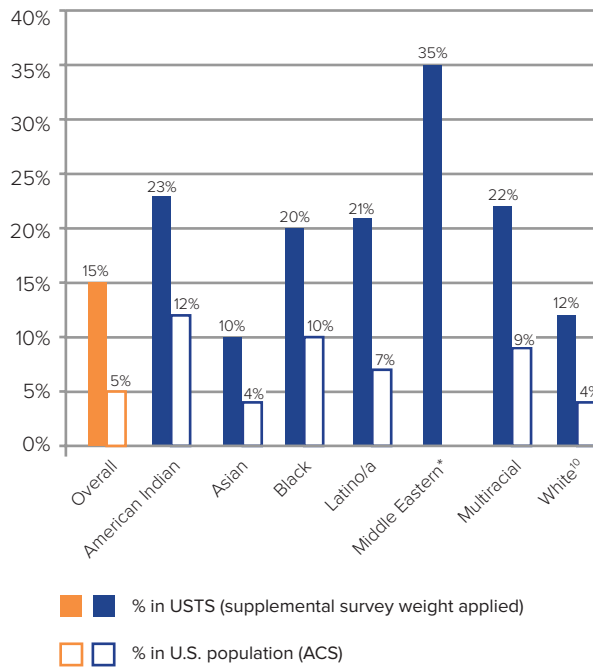
Employment status	% of respondents (supplemental weight)
Work full time for an employer	35%
Work part time for an employer	15%
Self-employed in own business, profession or trade, or operate a farm (not including underground economy)	15%
Retired	14%
Not employed due to disability	13%
Student	11%
Unemployed but looking for work	11%
Unemployed and have stopped looking for work	5%
Homemaker or full-time parent	3%
Work for pay from sex work, selling drugs, or other work currently criminalized	2%
Not listed above	4%

The national unemployment rate, as reported by the Bureau of Labor Statistics, is calculated out of only those who are currently “in the labor force.” This includes people who are employed and those who are unemployed but looking for work. It does not include those who are unemployed but not looking for work, since they are considered to be out of the labor force. For the purposes of comparison, the unemployment rate for USTS respondents reported here was calculated in the same manner. The unemployment rate for

The unemployment rate for USTS respondents was 15%, three times the unemployment rate in the U.S. population.

USTS respondents was 15%, three times the U.S. unemployment rate at the time of the survey (5%).⁷ Nearly one-half (49%) of undocumented residents were unemployed. The unemployment rate was also higher among people with disabilities⁸ (24%) and people of color, with Middle Eastern (35%), American Indian (23%), multiracial (22%), Latino/a (21%), and Black (20%) respondents being more likely to be unemployed. Unemployment rates among Asian, multiracial, Latino/a, and Black USTS respondents were between two and three times higher than Asian, Latino/a, multiracial, and Black people in the U.S. population (Figure 9.1).⁹

Figure 9.1: Unemployment rate RACE/ETHNICITY (%)



*U.S. population data for Middle Eastern people alone is not available. See note 10.

II. Sources of Income and Assistance

Respondents were asked about their income sources, and they reported a wide range of sources. In order to compare the USTS sample to the U.S. population in the CPS, the USTS data presented in Table 9.2 is limited to respondents ages 25 and older only. Compared to findings from the CPS, respondents' sources of income differed from the U.S. population in several categories. For instance, 57% of USTS respondents aged 25 and older had income from their own and/or their spouse's employment, compared to 67% of adults aged 25 and older in the U.S. population (Table 9.2).

Table 9.2: Current sources of income (ages 25 and older only)

Income source	% in USTS (supplemental weight)	% in U.S. adult population (CPS)
Pay from respondent's and/or partner's full-time or part-time job	57%	67%
Self-employment income from own business, profession or trade, or farm (not including underground economy)	18%	7%
Social Security retirement, railroad retirement income, or Social Security disability benefits (SSDI)	25%	25%
Private pension, government employee pension, or other retirement income	13%	13%
Income from dividends, estates or trusts, royalties, rental income, savings, or bonds	12%	61%
Supplemental Security Income (SSI)	7%	3%
Regular contributions from people not living in household	4%	1%
Veterans disability benefits and other veterans benefits	4%	2%
Pay from sex work, selling drugs, or other work currently criminalized	3%	--
Cash assistance from welfare (such as TANF) or other public cash assistance program (not including SNAP or WIC)	2%	1%
Unemployment benefits	2%	2%
Child support or alimony	1%	2%
Workers' compensation or other disability	1%	1%
Income not listed above	9%	--

Responses were examined to determine whether respondents had one source of income or multiple sources. Nearly one-half (45%) of all respondents reported having multiple sources of income. Thirty-seven percent (37%) reported that their sole source of income was from their own employment or their partner's employment. Nearly one in ten (9%) reported that their sole source of income was Supplemental Security Income (SSI) or disability, 1% received their only income from unemployment benefits or cash assistance programs, and 1% reported that their sole source of income was from underground economy work, including sex work, drug sales, or other work that is currently criminalized (Table 9.3).

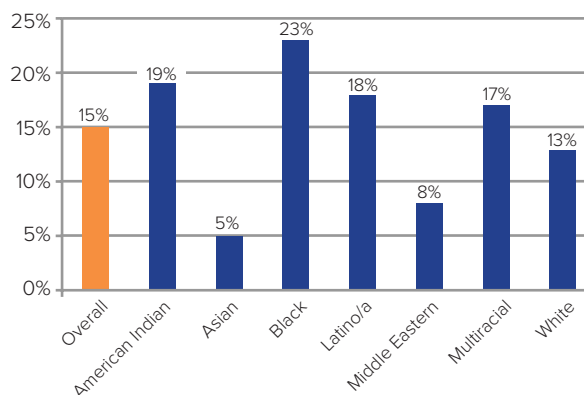
Table 9.3: Current sources of income by single and multiple sources

Income source	% of respondents (supplemental weight)
Employment only (from their own employment, partner/spouse's employment, or self-employment)	37%
SSI/disability only	9%
Pension/retirement only	3%
Other sources only	3%
Pay from sex work, selling drugs, or other work that is currently criminalized only	1%
Unemployment benefits/cash assistance only	1%
Multiple sources	45%

Fifteen percent (15%) of respondents reported receiving assistance through food stamps (SNAP)¹¹ and/or WIC.¹² Forty-one percent (41%) of respondents living with HIV received SNAP and/or WIC assistance. People with disabilities (29%), and Black (23%), American Indian (19%), and Latino/a (18%) respondents were also more likely to receive SNAP and/or WIC assistance (Figure 9.2).

One in eight (12%) respondents reported that they had a household income between \$1 and \$9,999 per year, three times the rate in the U.S. population (4%).

Figure 9.2: Currently receive SNAP or WIC assistance RACE/ETHNICITY (%)



III. Individual and Household Income and Poverty

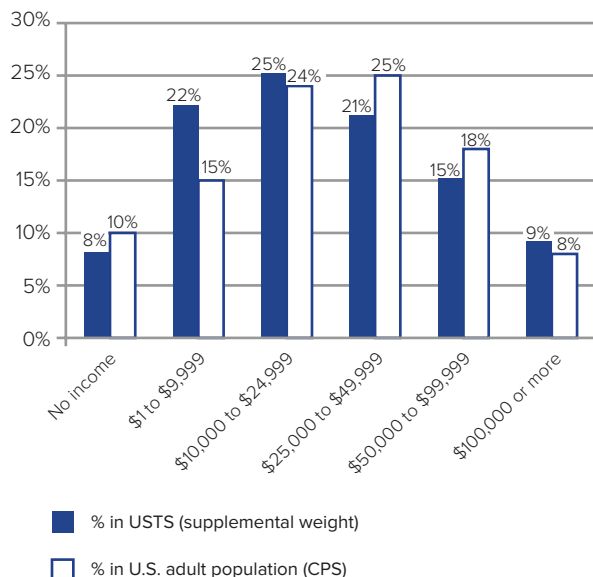
Respondents also received questions about their individual¹³ and household¹⁴ incomes from the year 2014, which was the last full year prior to the survey for which they could provide annual income figures. They reported lower incomes overall than the U.S. population as a whole, as well as higher poverty rates. Most of the analysis and reporting in this chapter focuses on household income.

a. Individual Income

When asked about their *individual* income, 8% of respondents reported that they had no individual income, compared to 10% in the U.S. adult population.^{15,16} Nearly one-quarter (22%) of respondents reported that they had an income between \$1 and \$9,999 per year, compared to 15% in the U.S. adult population (Figure 9.3).¹⁷

Nearly one-third (29%) of respondents were living in poverty, more than twice the rate in the U.S. population (12%).

Figure 9.3: Individual income in 2014



b. Household Income

Turning to household income, 4% of respondents reported that they had no *household* income, which was four times higher than the rate of those with no income in the U.S. adult population (12%).¹⁸ Additionally, one in eight (12%) respondents reported earning an annual household income between \$1 and \$9,999, which was three times as many when compared to the U.S. adult population (4%) (Figure 9.4).¹⁹ Respondents were nearly twice as likely to have a household income of only \$10,000 to \$24,999 (22%) as those in the U.S. adult population (12%). Furthermore, respondents were less likely to have household incomes of \$50,000 to \$100,000 (23%) than those in the U.S. adult population (31%).

In Our Own Voices

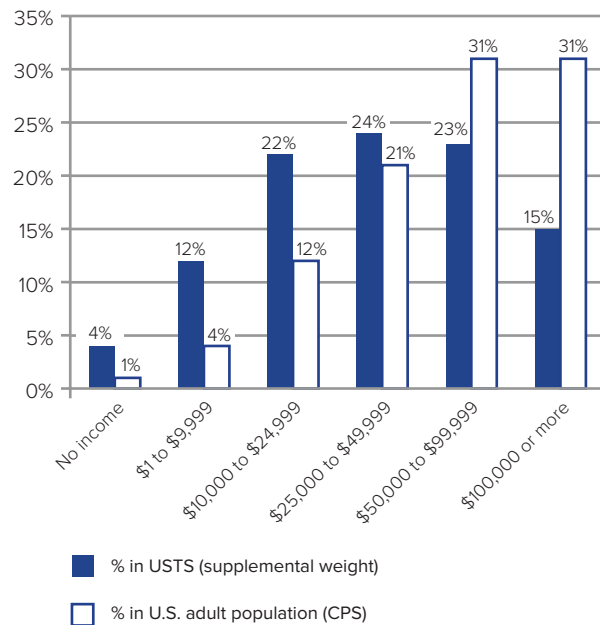
“The day I came out as transgender at work, I was let go. Since transitioning, employment has been difficult, with a 95% reduction in earnings.”

“I quit after seven months of unbearable working conditions. I have been struggling to keep afloat financially. I’m afraid of going to apply for unemployment or SNAP benefits because I know that I will be discriminated against. I’m on the brink of being homeless and my own family hasn’t even reached out to help me.”

“I have had to live my life with no safety net or resources, and it’s hard. I’m constantly battling homelessness, I rarely get hired because I’m mixed and visibly queer, and I end up having to rely on government assistance and friends with available couches.”

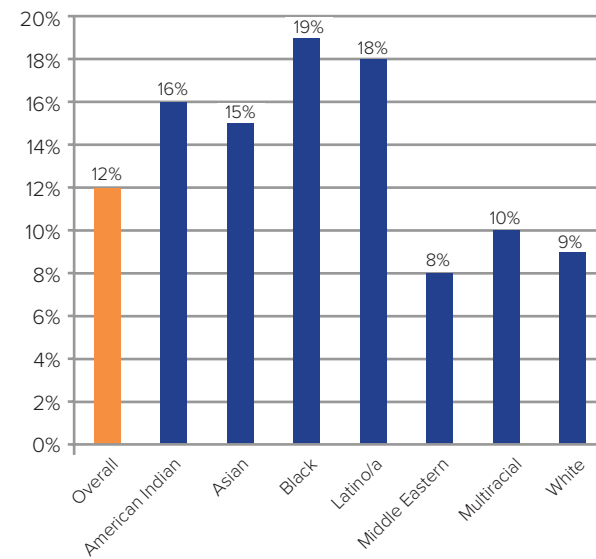
“In the nearly seven years since I transitioned, I have been unemployed, surviving off the charity of friends and family, and government assistance when I could get it. I have over 20 years of experience in my field, yet I cannot even land a part-time retail position.”

Figure 9.4: Household income in 2014



More than half (53%) of respondents whose sole source of income was from the underground economy had a household income between \$1 and \$9,999 per year, more than four times the rate in the overall sample. Nearly one-third (31%) of those who were currently working in the underground economy and also had additional sources of income reported this low household income, nearly three times the rate of the overall sample. People with disabilities (21%) were nearly twice as likely as the overall sample, and those living with HIV (19%) and people of color, including Black (19%), Latino/a (18%), and American Indian (16%) respondents, were also more likely to have a household income between \$1 and \$9,999 (Figure 9.5).

Figure 9.5: Household income from \$1 to \$9,999 RACE/ETHNICITY (%)

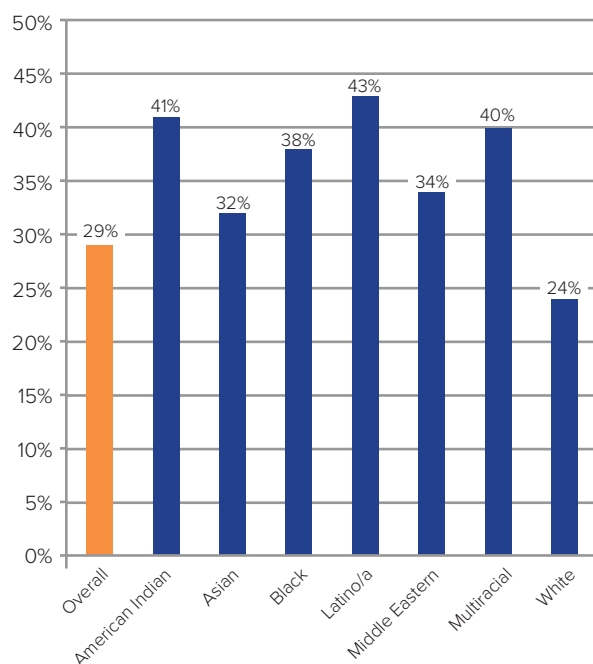


c. Poverty

Nearly one-third (29%) of respondents were living in poverty,²⁰ more than twice the rate of people living in poverty in the U.S. adult population at the time of the survey (12%).²¹

More than two-thirds (69%) of undocumented residents and nearly two-thirds (62%) of those currently working in the underground economy were living in poverty. Respondents living with HIV (51%) and people with disabilities (45%) were also more likely to be living in poverty. Among people of color, Latino/a (43%), American Indian (41%), multiracial (40%), and Black (38%) respondents were most likely to be living in poverty (Figure 9.6).

**Figure 9.6: Living in poverty
RACE/ETHNICITY (%)**



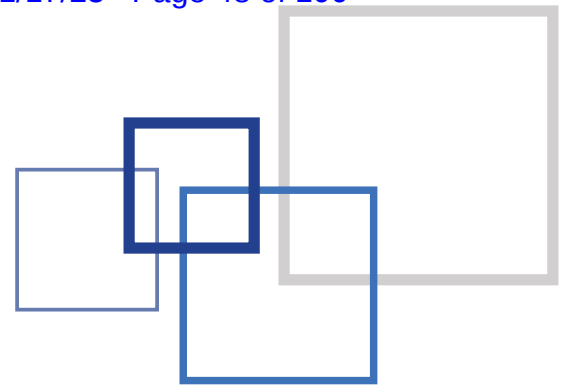
Conclusion

The results indicate that respondents faced higher levels of unemployment and poverty compared to the U.S. adult population. They were three times more likely than the U.S. adult population to be unemployed, more than twice as likely to be living in poverty, and more than three times as likely to have an annual household income below \$10,000. People of color, undocumented residents, people with disabilities, and respondents living with HIV were more likely to report being unemployed, living in poverty, and having low incomes, which indicate that these respondents have experienced substantial economic instability.

ENDNOTES | CHAPTER 9: INCOME AND EMPLOYMENT STATUS

- Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. (p. 22). DC: National Center for Transgender Equality & National Gay and Lesbian Task Force; Center for American Progress & Movement Advancement Project. (2015). *Paying an Unfair Price: The Financial Penalty for Being Transgender in America*. Available at: <http://www.lgbtmap.org/file/paying-an-unfair-price-transgender.pdf>.
- U.S. Census Bureau & Bureau of Labor Statistics. (2015). *Current Population Survey (CPS)*.
- This chapter provides an overview of respondents' income and employment status. Experiences in specific fields of work are discussed further in the *Sex Work and Other Underground Economy Work* and *Military Service* chapters. Experiences in employment settings, such as being fired or harassed in the workplace, are discussed in more detail in the *Employment and the Workplace* chapter.
- Throughout this chapter, findings regarding respondents' income and employment have been weighted with a supplemental survey weight to reflect the age and educational attainment of the U.S. population in addition to the standard survey weight. The USTS sample differs substantially from the U.S. population in regard to age and educational attainment. Therefore, this additional weight is applied to all percentages reported in this chapter in order to provide a more accurate comparison to the U.S. general population. See the *Methodology* and *Portrait of USTS Respondents* chapters for more information about the supplemental survey weight.
- Experiences of respondents with sex work and other underground economy work are discussed further in the *Sex Work and Other Underground Economy Work* chapter.
- Bureau of Labor Statistics. (2016). *Union Affiliation of Employed Wage and Salary Workers by Selected Characteristics, 2014–2015 Annual Averages*. Available at: http://www.bls.gov/news.release/union2.t01.htm#union_a01.f1. The percentage of people in the U.S. who are members of a union or covered by a union or employee association contract includes those in the U.S. population who are 16 years of age and older, in contrast to the USTS sample, which includes respondents who are 18 and older. Therefore, the comparison to the USTS sample should be interpreted with caution.
- Bureau of Labor Statistics. (2015). *The Employment Situation—August 2015*. Available at: http://www.bls.gov/news.release/archives/empisit_09042015.pdf; Bureau of Labor Statistics. (2015). *The Employment Situation—September 2015*. Available at: http://www.bls.gov/news.release/archives/empisit_10022015.pdf. The national unemployment rate for August and September 2015, as published by the Bureau of Labor Statistics, includes those

- in the U.S. population who are 16 years of age and older. The USTS sample includes respondents who are 18 and older. Therefore, the comparison between the national unemployment rate and the USTS unemployment rate sample should be interpreted with caution.
- 8 “People with disabilities” here refers to respondents who identified as a person with a disability in Q. 2.20.
- 9 The unemployment rate by race and ethnicity among adults in the U.S. population was calculated by the research team using CPS data available via the CPS Table Creator (<http://www.census.gov/cps/data/cpstablecreator.html>). CPS Table Creator data utilizes data from the March 2015 Current Population Survey Annual Social and Economic Supplement, in which the overall U.S. unemployment rate was 5.5%. This March 2015 national unemployment rate was higher than the national rate at the time of the survey (5.1% in August and September 2015), as outlined in this report (see the unemployment rate time series table available through the Bureau of Labor Statistics, available at <http://data.bls.gov/timeseries/LNS14000000>). Given the higher national unemployment rate in March 2015, the comparison of the national unemployment rate by race and ethnicity to the unemployment rate for USTS respondents by race and ethnicity as reported here likely reflects smaller differences in the unemployment rate than would have existed at the time of the survey. Therefore, these comparisons should be interpreted accordingly.
- 10 CPS data combines people of Middle Eastern descent and white people in a single “white/Caucasian” category, therefore Middle Eastern respondents in the U.S. population are included in the CPS percentage for this category.
- 11 See Q. 7.10. Respondents received the following definition for SNAP: “The Supplemental Nutrition Assistance Program (SNAP) is sometimes called the Food Stamp program. It helps people who have low or no income to buy food, usually with an EBT card.” SNAP benefits are not considered income.
- 12 See Q. 7.10. Respondents received the following definition for WIC: “‘WIC’ stands for ‘Women, Infants, and Children.’ It’s the short name for the Special Supplemental Nutrition Program for Women, Infants, and Children. WIC is a federal program to help women who are pregnant or breastfeeding and children less than five years old get health care and healthy food.” WIC benefits are not considered income.
- 13 See Q. 7.12. Respondents received the following note describing individual income: “‘Individual income’ includes money from jobs, employment, net income from business, income from farms or rentals, income from self-employment, pensions, dividends, interest, social security payments, and other money income that you personally received in 2014. Do not include assistance from food stamps (SNAP) or WIC as income.”
- 14 See Q. 7.14. Respondents received the following note describing household income: “‘Household income’ includes you and all members of your household who have lived with you during the past 12 months and includes money from jobs, employment, net income from business, income from farms or rentals, income from self-employment, pensions, dividends, interest, social security payments, and any other money income received by you and members of your household who are 15 years of age or older in 2014. Do not include assistance from food stamps (SNAP) or WIC as income.”
- 15 *Current Population Survey (CPS)*. See note 2.
- 16 Those who report having “no income” in the USTS and CPS are a group with characteristics that are distinct from low-income earners, such as those who earn an income between \$1 and \$9,999. For example, they are more likely to be out of the labor force. Therefore, when differences in experiences by income level are highlighted in this report, the experiences of those who report no household income are generally presented separately from those of low-income earners.
- 17 *Current Population Survey (CPS)*. See note 2.
- 18 *Current Population Survey (CPS)*. See note 2.
- 19 *Current Population Survey (CPS)*. See note 2.
- 20 The research team calculated the USTS poverty measure using the official poverty measure, as defined by the U.S. Census Bureau, which can be found at: <https://www.census.gov/hhes/www/poverty/about/overview/measure.html>. The income ranges in the USTS allowed for designation of respondents as in or near poverty if their total family income fell below 125% of the official poverty measure for purposes of comparison to the U.S. adult population. Respondents who are “living in poverty” represent those who are living at or near the poverty line.
- 21 Proctor, B. D., Semega, J. L., & Kollar, M. A. (2016). *Income and Poverty in the United States: 2015*. (p. 13). DC: U.S. Census Bureau. Available at: <https://www.census.gov/content/dam/Census/library/publications/2016/demo/p60-256.pdf>. Calculations were completed by the research team.



CHAPTER 10

Employment and the Workplace

Access to employment is critical to people’s ability to support themselves and their families. Prior research has shown that transgender people face pervasive mistreatment, harassment, and discrimination in the workplace and during the hiring process.¹ In addition to being fired, forced out of their jobs, or not hired for jobs because of their gender identity or expression, transgender people are also often subject to additional forms of mistreatment at work, such as being verbally harassed, being forced to present as the wrong gender in order to keep their jobs, or being physically attacked at work.²

Respondents were asked about being out in the workplace and the level of support they received from coworkers. They were also asked how they were treated in the workplace as a transgender person, including whether they had been fired, denied a promotion, or not hired because of being transgender, whether they had been harassed or faced other forms of mistreatment, and whether they had to take actions to avoid mistreatment, such as quitting their job or delaying their transition. Throughout the chapter, notable differences in respondents’ experiences based on demographic and other characteristics are reported.

KEY FINDINGS

- ▶ Sixteen percent (16%) of respondents who have ever been employed reported losing at least one job because of their gender identity or expression.
.....
- ▶ Thirty percent (30%) of respondents who had a job in the past year reported being fired, denied a promotion, or experiencing some other form of mistreatment in the workplace related to their gender identity or expression, such as being harassed or attacked.
.....
- ▶ In the past year, 27% of those who held or applied for a job reported being fired, denied a promotion, or not hired for a job they applied for because of their gender identity or expression.
.....
- ▶ Fifteen percent (15%) of respondents who had a job in the past year were verbally harassed, physically attacked, and/or sexually assaulted at work because of their gender identity or expression.
.....
- ▶ Nearly one-quarter (23%) of those who had a job in the past year reported other forms of mistreatment based on their gender identity or expression during that year, such as being told by their employer to present as the wrong gender in order to keep their job or having employers or coworkers share private information about their transgender status with others without permission.
.....
- ▶ More than three-quarters (77%) of respondents who had a job in the past year took steps to avoid mistreatment in the workplace, such as hiding or delaying their gender transition or quitting their job.

I. Outness and Support in the Workplace

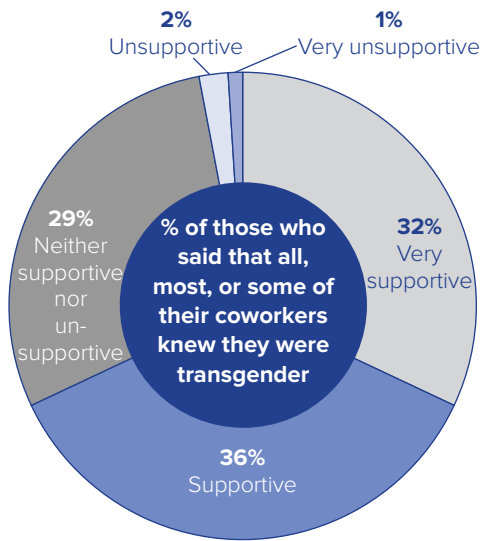
Respondents were asked whether their current bosses or supervisors and their current coworkers knew they were transgender. Of respondents who currently had bosses or supervisors, 35% said that all of their current bosses or supervisors knew they were transgender, 6% reported that most knew, and 10% indicated that some knew that they were transgender. Nearly half (49%) reported that none of their bosses or supervisors knew that they

were transgender. Of respondents who currently had coworkers, less than one-quarter (23%) reported that all of their coworkers knew they were transgender, 11% reported that most of their coworkers knew, and 24% said that some of their coworkers knew they were transgender. Forty-two percent (42%) indicated that none of their coworkers knew that they were transgender.

Respondents who currently had coworkers and reported that all, most, or some of their coworkers knew that they were transgender were asked how supportive their coworkers generally were of them as a transgender person.³ Responses were provided on a five-point scale from “very

supportive” to “very unsupportive.” More than two-thirds (68%) of these respondents reported that their coworkers were supportive, 29% had coworkers who were neither supportive nor unsupportive, and only 3% had unsupportive coworkers (Figure 10.1).

Figure 10.1: Level of support



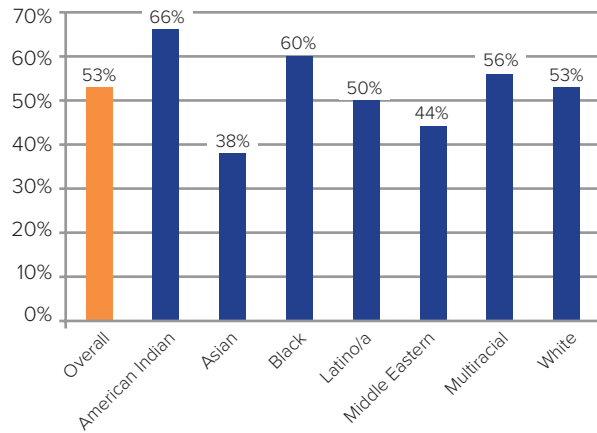
II. Loss of Employment During Lifetime

Eighty-one percent (81%) of respondents had worked at a job or business at some point in their lifetime.⁴ Those respondents were asked whether they had ever experienced a loss of employment, including losing a job, being laid off, being fired, or being forced to resign, and the reasons they believed this happened.

Overall, more than half (53%) of respondents who had ever held a job experienced a loss of employment for any reason. Respondents who were living with HIV (78%) and those who have done sex work (73%) were more likely to have lost a job at some point in their lifetime. American

Indian (66%) and Black (60%) respondents (Figure 10.2), transgender women (66%), and people with disabilities⁵ (59%) were also more likely to have ever lost a job.

Figure 10.2: Ever lost job for any reason RACE/ETHNICITY (%)



Respondents who had lost a job at some point in their lifetime were asked what they believed the reasons were for that treatment, and they selected one or more reasons from a list, such as age, race or ethnicity, and gender identity or expression (Table 10.1).

Table 10.1: Reported reasons for losing a job

Reason for losing job	% of those who have ever lost job	% of those who have been employed
Age	7%	4%
Disability	13%	7%
Income level or education	5%	2%
Gender identity or expression	30%	16%
Race or ethnicity	5%	3%
Religion or spirituality	2%	1%
Sexual orientation	13%	7%
None of the above	61%	32%

One in six (16%) respondents who have been employed reported that they had lost a job because of their gender identity or expression.⁶ This represents 13% of the overall sample.

American Indian (21%), multiracial (18%), and Black (17%) respondents were more likely than the overall sample to have lost a job because of their gender identity or expression (Figure 10.3). More than one-quarter of respondents who have done sex work (27%) and respondents living with HIV (26%) have lost a job because of being transgender. Transgender women (18%) were more likely than transgender men (14%) and non-binary people (7%) to have lost a job because of their gender identity or expression (Figure 10.4).

Figure 10.3: Ever lost job because of being transgender RACE/ETHNICITY (%)

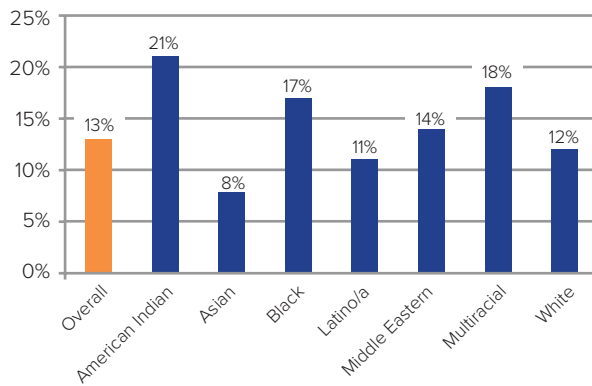
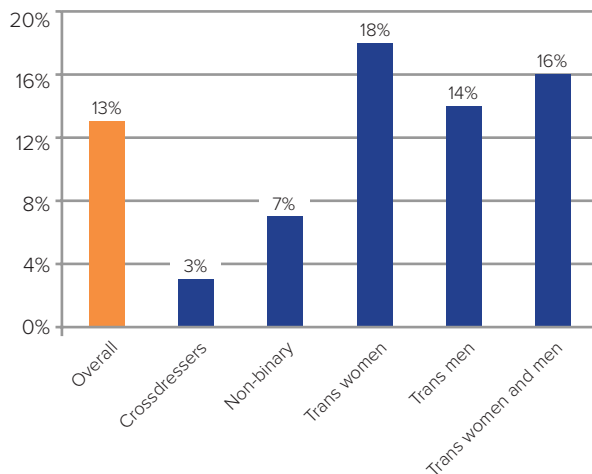


Figure 10.4: Ever lost job because of being transgender GENDER IDENTITY (%)



III. Firing, Hiring, and Promotions in the Past Year

Seventy percent (70%) of respondents had held and/or applied for a job in the past year. Those respondents were asked if they had negative experiences related to firing, hiring, and promotions in the past year.

Overall, approximately two-thirds (67%) of respondents who held or applied for a job in the past year reported that they were fired or forced to resign from a job, not hired for a job that they applied for, and/or denied a promotion (Table 10.2). Respondents currently working in the underground economy, such as sex work, drug sales, or other work that is currently criminalized (78%), and people with disabilities (75%) were more likely to have had one or more of these experiences in the past year. Black (75%) and Middle Eastern (74%) respondents were also more likely to have had one or more of these experiences in the past year, in contrast to white (63%) and American Indian (64%) respondents (Figure 10.5).

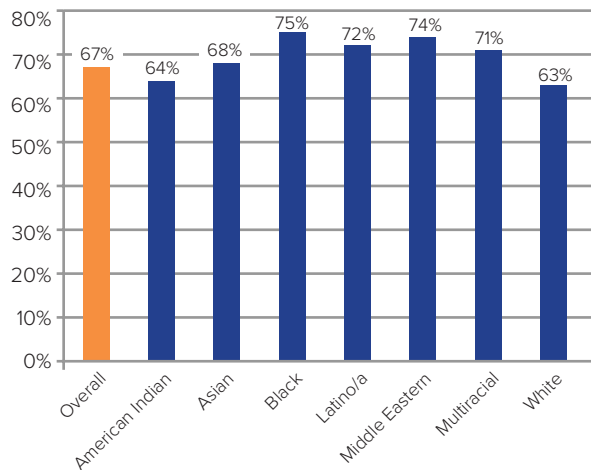
Table 10.2: Fired, not hired, or denied a promotion for any reason in the past year

Occurrence in the past year	% of those who held or applied for job
Not hired for a job they applied for	61%
Denied a promotion	13%
Fired or forced to resign	12%
One or more experiences listed	67%

More than one-quarter (27%) of those who held or applied for a job in the past year reported not being hired, being denied a promotion, or being fired during that year because of their gender identity or expression.

In Our Own Voices

Figure 10.5: Fired, not hired, or denied a promotion for any reason in the past year
RACE/ETHNICITY (%)



Respondents who reported these experiences were asked what they believed the reasons were for that treatment. Forty-one percent (41%) of respondents who were fired or forced to resign from a job, not hired for a job that they applied for, or were denied a promotion believed that it was due to their gender identity or expression (Table 10.3). This means that 27% of all of those who held or applied for a job in the past year (or 19% of the overall sample) reported not being hired for a job they applied for, being denied a promotion, or being fired from a job in the past year because of their gender identity or expression.

Table 10.3: Reported reasons for not being hired, being denied a promotion, or being fired in the past year

Reported reasons for negative experience in the past year	Reasons for not being hired (% of those not hired)	Reasons for being denied promotion (% of those denied promotion)	Reasons for being fired (% of those fired)
Age	21%	16%	6%
Disability	7%	9%	15%
Income level or education	21%	13%	6%
Gender identity or expression	39%	49%	43%
Race or ethnicity	11%	14%	10%
Religion or spirituality	1%	3%	2%
Sexual orientation	10%	16%	14%
None of the above	41%	33%	40%

“Coworkers would gossip about me as news about my trans status spread through the workplace. I was treated significantly differently once people heard about me being trans. Coworkers felt they had the right to disrespect me because the owners set the tone. I became a spectacle in my own workplace.”

“The day before I started work, HR sent a mass email to everyone in the office ‘warning’ them about my trans status. I used the women’s bathroom since starting, but a month in to the job, I was called to my manager’s office and told that I could not use the women’s bathroom. I did not feel safe in the men’s bathroom, so I told the HR manager that due to city law, I could not be denied access to the bathroom matching my gender identity. I was fired the next day for no given reason.”

“I changed jobs from a high-paying one where I was not comfortable being out as a trans person to a much lower-paying one where I felt that my identity would be respected. Having a job where my gender identity is respected consistently, where I don’t have to constantly fight for myself or hide myself, has improved my quality of life more than any other aspect of my transition.”

IV. Responses to Firing Due to Transgender Status

Respondents who reported that they had been fired in the past year because of their gender identity or expression were asked how they responded. While more than two-thirds (69%) of these respondents did not take any formal action in response, 14% filed an official complaint (Table 10.4). Respondents who filed a complaint were asked where they filed it. More than half (53%) reported that they filed a complaint with their employer's human resources or personnel department. One-third (33%) of respondents who filed complaints did so with the federal Equal Employment Opportunity Commission (EEOC), the agency that enforces federal employment nondiscrimination laws (Table 10.5).

Table 10.4: Response to being fired in the past year because of their gender identity or expression

Response to being fired	% of those fired because of their gender identity or expression
They did nothing	69%
They contacted a lawyer (see Table 10.6)	15%
They made an official complaint (see Table 10.5)	14%
They contacted a transgender, LGBT, or other group	10%
They contacted their union representative	2%
Not listed above	7%

Table 10.5: Location where respondent made an official complaint

Place complaint was filed	% of those who filed an official complaint
Employer's human resources or personnel department	53%
Equal Employment Opportunity Commission (EEOC)	33%
Employer's Equal Employment Opportunity (EEO) office	18%
Local or state human rights commission	17%
Supervisor or manager	9%
Not listed above	26%

Fifteen percent (15%) of those who were fired in the past year because of their gender identity or expression responded by contacting a lawyer. These respondents were asked what happened after they contacted the lawyer. Nearly one-third (29%) reported that they were not able to hire the lawyer. Other respondents reported that the lawyer filed a lawsuit (21%), helped them file an official complaint (14%), called or wrote a letter to their employer (10%), or advised them not to take any action (10%) (Table 10.6).

Table 10.6: Assistance provided to those who contacted a lawyer

Outcome of contacting lawyer	% of those who contacted a lawyer
They were not able to hire the lawyer	29%
Lawyer filed a lawsuit	21%
Lawyer helped them to file an official complaint	14%
Lawyer called or wrote a letter to employer	10%
Lawyer advised them to take no action (write-in response)	10%
Lawyer did nothing or did not follow up (write-in response)	7%
Not listed above	9%

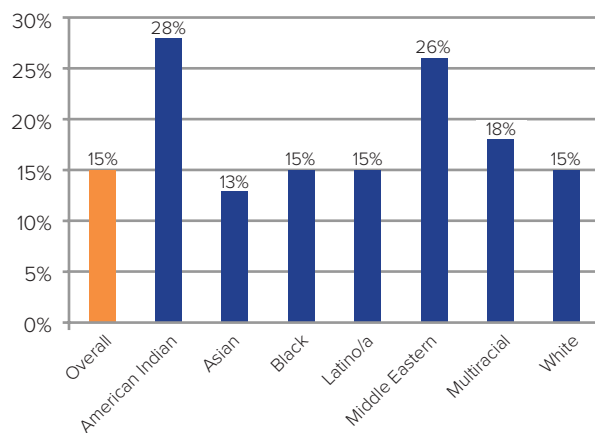
V. Other Forms of Mistreatment in the Past Year

Respondents who held a job in the past year were asked a series of questions about other forms of mistreatment in the workplace that happened because they were transgender.

a. Verbal Harassment, Physical Attack, and Sexual Assault

In the past year, 15% of respondents who had held a job during that year were verbally harassed, physically attacked, and/or sexually assaulted at work because of their transgender status.⁷ Respondents currently working in the underground economy (34%), American Indian respondents (28%), and Middle Eastern respondents (26%) were more likely to report one or more of those experiences in the past year (Figure 10.6).

Figure 10.6: Verbally harassed, physically attacked, or sexually assaulted at work in the past year
RACE/ETHNICITY (%)



Fourteen percent (14%) of those who held a job in the past year were verbally harassed at work because they were transgender. Respondents who said that others can always or usually tell that they are transgender (23%) were more likely

to be verbally harassed at work in the past year, compared with those who said that others can sometimes (19%) and rarely or never (10%) tell they are transgender.

One percent (1%) of respondents were physically attacked at work in the past year because they were transgender, with higher numbers among respondents who were currently working in the underground economy (4%).

One percent (1%) reported that they were sexually assaulted at work in the past year because they were transgender. Asian (4%) and American Indian (2%) respondents and transgender women (2%) were more likely report this experience.

b. Other Mistreatment in the Past Year

Respondents were asked if their employer, boss, or coworkers took other negative actions in the past year because of their transgender status, such as telling them to present as the wrong gender in order to keep their jobs, removing them from direct contact with clients, or sharing private information.

Nearly one-quarter (23%) of respondents who held a job in the past year reported that they experienced one or more of those actions in the past year because of their transgender status. One in six (16%) said that, because they were transgender, a boss or coworker shared personal information about them that should not have been shared. Six percent (6%) said that their boss gave them a negative review because they were transgender, 4% were told to present in the wrong gender in order to keep their job, and 4% said that they were not allowed to use the restroom consistent with their gender identity (Table 10.7).

Table 10.7: Mistreatment at work due to being transgender in the past year

Mistreatment at work due to being transgender in the past year	% of those who had a job
Employer/boss or coworkers shared information about them they should not have	16%
Employer/boss gave them a negative job review	6%
Employer/boss forced them to resign	4%
Employer/boss did not allow them to use the restroom they should be using based on their gender identity	4%
Employer/boss told them to present in the wrong gender to keep their job	4%
Employer/boss removed them from direct contact with clients, customers, or patients	3%
Employer/boss could not work out an acceptable restroom situation with them	3%
Employer/boss forced them to transfer to a different position or department at their job	2%
One or more experiences listed	23%

c. Efforts to Avoid Discrimination

Respondents who held a job in the past year were also asked a series of questions about actions they took in order to avoid discrimination at work in the past year, including hiding their gender identity, delaying their transition, and quitting their job. More than three-quarters (77%) took one or more actions to avoid discrimination (Table 10.8).

More than three-quarters (77%) of respondents who had a job in the past year hid their gender identity at work, quit their job, or took other actions to avoid discrimination.

Table 10.8: Actions taken to avoid anti-transgender discrimination at work in the past year

Actions taken to avoid anti-transgender discrimination at work in the past year	% of those who had a job
They had to hide their gender identity	53%
They did not ask employer to use pronouns they prefer (such as he, she, or they)	47%
They delayed their gender transition	26%
They stayed in a job they would have preferred to leave	26%
They hid the fact that they had already transitioned gender	25%
They kept a job for which they were overqualified	24%
They quit their job	15%
They did not seek promotion or raise	13%
They requested transfer to a different position or department	6%
One or more experiences listed	77%

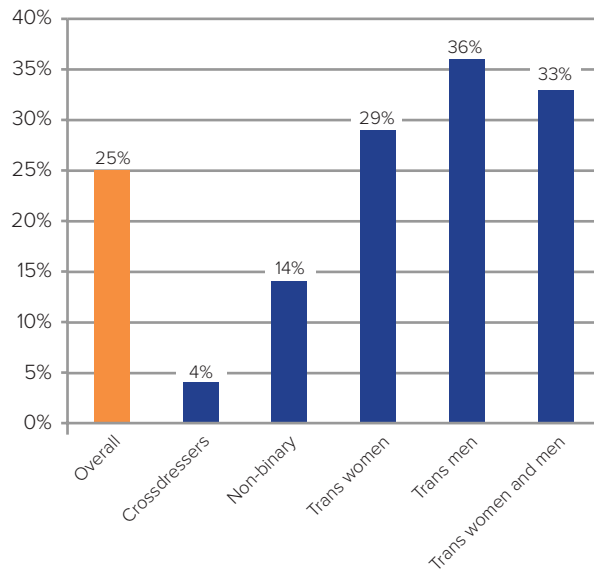
Respondents who were living in poverty⁸ (82%), non-binary respondents (81%), and people with disabilities (81%) were more likely to take one or more of these steps to avoid discrimination.

More than half (53%) reported having to hide their gender identity at work.⁹ Nearly half (47%) said they did not ask their employer to refer to them with correct pronouns (such as he, she, or they) out of fear of discrimination. Non-binary respondents (66%) were nearly twice as likely to avoid asking to be referred to by their correct pronouns compared to transgender men and women (34%).

More than one-quarter (26%) said that they stayed at a job that they would have preferred to leave for fear of encountering discrimination elsewhere. American Indian (40%), Black (31%), and Latino/a (28%) respondents and respondents with disabilities (30%) were more likely to stay at a job that they would have preferred to leave in order to avoid discrimination.

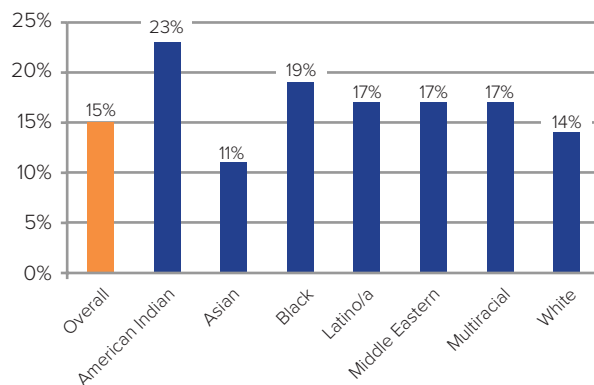
One-quarter (25%) of respondents reported that they hid the fact that they had already transitioned. In the past year, more than one-third (36%) of transgender men hid their past gender transition in the workplace in order to avoid discrimination (Figure 10.7).

Figure 10.7: Hid past transition to avoid discrimination in the past year
GENDER IDENTITY (%)



Fifteen percent (15%) of respondents who held a job in the past year reported that they quit their job in order to avoid workplace discrimination. Those currently working in the underground economy (28%), American Indian respondents (23%), Black respondents (19%), and people with disabilities (21%) were more likely to quit their job to avoid discrimination (Figure 10.8).

Figure 10.8: Quit job to avoid discrimination in the past year
RACE/ETHNICITY (%)



VI. Overall Negative Experiences in the Workplace

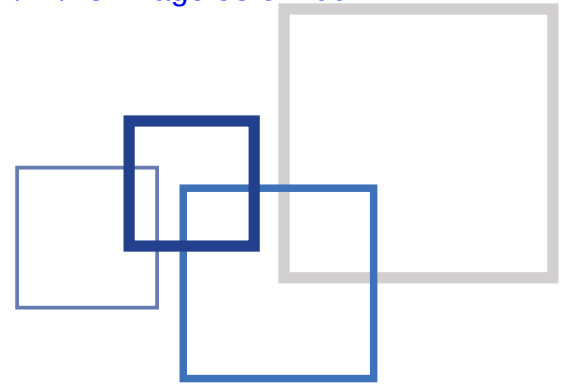
Overall, 30% of all respondents who held a job in the past year experienced some form of workplace discrimination during that year, including being fired or being denied a promotion because of their gender identity or expression, being harassed or assaulted at work, or experiencing one or more of the other forms of mistreatment discussed in section V of this chapter.¹² This represents 16% of all respondents. Further, 80% of respondents who held a job in the past year reported either experiencing some form of discrimination and/or taking steps to avoid discrimination at work, representing 41% of all respondents.

Conclusion

Respondents reported high levels of workplace discrimination based on their gender identity or expression, including losing employment opportunities, being harassed, being assaulted, and facing other forms of mistreatment because of being transgender. Many reported losing their job due to anti-transgender bias, with the experience being more likely to occur among people of color, people with underground economy experience, and people with disabilities. Many respondents who applied for or held a job in the past year reported that they were fired, denied a promotion, or not hired for a job they applied for because of their gender identity or expression. Respondents also faced substantial levels of harassment and mistreatment on the job because of their gender identity or expression, including verbal harassment, physical and sexual assault, and breaches of confidentiality. A large number of respondents felt they had to take actions to avoid discrimination, such as quitting a job or hiding their transition, despite the potential impact on their wellbeing or financial stability.

ENDNOTES | CHAPTER 10: EMPLOYMENT AND THE WORKPLACE

- 1 Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. (pp. 50–71). DC: National Center for Transgender Equality & National Gay and Lesbian Task Force; Sears, B. & Mallory, C. (2011). *Documented Evidence of Employment Discrimination & Its Effect on LGBT People*. Los Angeles, CA: Williams Institute. Available at: <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Sears-Mallory-Discrimination-July-2011.pdf>; Rainey, T. & Imse, E. E. (2015). *Qualified and Transgender: A Report on Results of Resume Testing for Employment Discrimination Based on Gender Identity*. DC: DC Office of Human Rights. Available at: http://ohr.dc.gov/sites/default/files/dc/sites/ohr/publication/attachments/QualifiedAndTransgender_FullReport_1.pdf.
- 2 Grant, et al.; Sears, et al.
- 3 Respondents were not asked about the level of support from their current boss or supervisor.
- 4 Q. 21.1 and other questions in this chapter asked only about jobs doing legal work and excluded underground economy work, such as sex work, drug sales, and other work that is currently illegal.
- 5 “People with disabilities” here refers to respondents who identified as a person with a disability in Q. 2.20.
- 6 The survey included both “transgender status/gender identity” and “gender expression/appearance” as answer choices so that respondents could select what they felt best represented their experience. Because there was a substantial overlap of respondents who selected both reasons, and because these terms are commonly used interchangeably or with very similar meanings, responses of those who selected one or both of these reasons are collapsed for reporting as “gender identity or expression.”
- 7 Respondents were asked whether they had “experienced unwanted sexual contact (such as fondling, sexual assault, or rape)” at work because they were transgender in Q. 22.3.
- 8 Respondents who are “living in poverty” represent those who are living at or near the poverty line. See the *Income and Employment* chapter for more information about the poverty line calculation.
- 9 Respondents were asked if they “had to be in the closet about [their] gender identity in the past year” in order to avoid discrimination.
- 10 This figure does not include the experience of not being hired for a job in the past year, since this figure represents adverse actions in the workplace experienced by those who had a job only. It also does not include experiences of those who applied for a job but did not work a job in the past year.



CHAPTER 11

Sex Work and Other Underground Economy Work

Many people participate in sex work, drug sales, and other activities that are currently criminalized (“underground economy”) to earn an income, or in exchange for food, a place to sleep, or other goods or services. The commercial sex trade exists in a variety of forms, including street-based sex work, pornography, and escort services.¹ Participation in the sex trade is often higher among those who have faced family rejection, poverty, or unequal opportunities in employment, housing, and education.² Previous studies have documented higher levels of participation in sex work among transgender people, and in particular people of color and those facing homelessness or poverty.³ They have also found high rates of negative mental and physical health outcomes, police abuse, and experiences of violence among transgender people who have done sex work.⁴

Respondents were asked a series of questions about their participation in sex work and other underground economy work, and their interactions with law enforcement officers when they were doing sex work or when police thought that they were doing sex work. Notable differences in respondents’ experiences based on demographic and other characteristics are reported throughout the chapter.

KEY FINDINGS

- ▶ One in five (20%) respondents have participated in the underground economy for income at some point in their lives, including in sex work, drug sales, and other currently criminalized work, and 9% did so in the past year.

- ▶ One in eight (12%) respondents have participated in sex work for income. Six percent (6%) have engaged in sexual activity for food, and 8% have done so for a place to sleep. Overall, nearly one in five (19%) respondents reported doing some type of sex work, such as for money, food, or a place to sleep.

- ▶ Three percent (3%) of all respondents have interacted with the police either while they were doing sex work or while police thought that they were doing sex work.
 - Of those who interacted with the police while doing or thought to be doing sex work, 86% reported some form of police harassment, abuse, or mistreatment, including being verbally harassed, physically attacked, or sexually assaulted by police.
 - Of those who interacted with the police while doing or thought to be doing sex work, 32% said that at least one of those interactions led to an arrest. Nearly half (44%) of respondents who were arrested said that police used condoms in their possession as evidence of sex work.

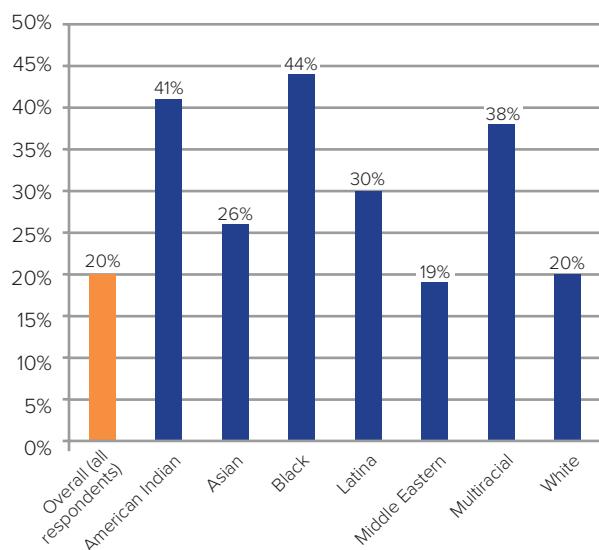
- ▶ One in eight (12%) respondents have earned income by selling drugs (11%) or by doing other work that is currently criminalized (2%), other than sex work.

I. Overall Underground Economy Participation

Respondents were asked about their participation in sex work, drug sales, and other forms of work in areas that are currently criminalized, referred to throughout this report as underground economy work.

Overall, one in five (20%) respondents had participated in the underground economy for income at some point in their lives. Undocumented residents (38%) and respondents who have lost a job because of their gender identity or expression (37%) were more likely to have participated in the underground economy. Transgender women of color were also more likely to participate in the underground economy for income, including Black (44%), American Indian (41%), multiracial (38%), and Latina (30%) respondents (Figure 11.1).

Figure 11.1: Underground economy experience among transgender women
RACE/ETHNICITY (%)



One in five (20%) respondents have participated in the underground economy at some point in their lives and 9% participated in the past year.

Nearly one in ten (9%) respondents have participated in the underground economy for income in the past year (Table 11.1). Undocumented residents (29%) were more than three times as likely to have worked in the underground economy in the past year. Further, respondents who have been homeless in the past year (23%) were nearly three times as likely to have worked in the underground economy during that year.

Table 11.1: Income-based underground economy experiences

Type of work	% of respondents (past year)	% of respondents (in lifetime)
Income-based sex work	5%	12%
Drug sales	4%	11%
Other criminalized work	1%	2%
Any underground economy work	9%	20%

II. Sex Work

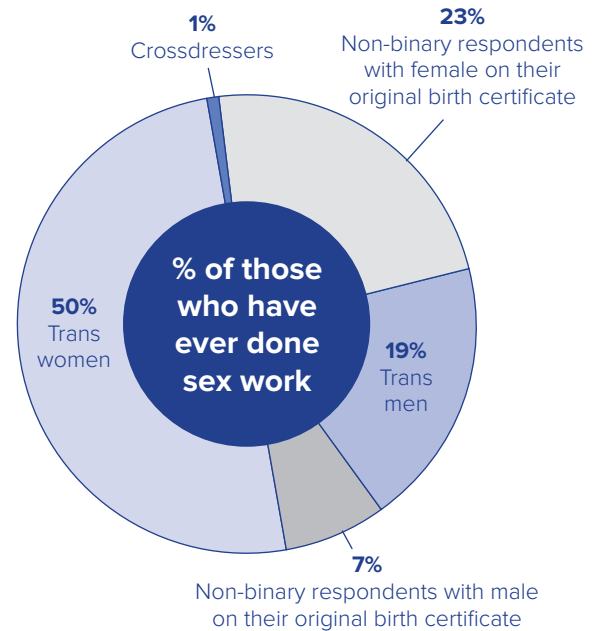
a. Income-Based Sex Work

One in eight (12%) respondents have done sex work for income at some point in their lifetime, meaning that they have exchanged sex or sexual activity for money or worked in the sex industry, such as in erotic dancing, webcam work, or pornography.

Of respondents who have done sex work for money in their lifetime, transgender women represent one-half (50%), non-binary people with female on their original birth certificates represent nearly one-quarter (23%), and transgender men represent 19% (Figure 11.2). While this chapter primarily highlights the experiences of transgender women of color due to their disproportionately high representation among those who have done sex work, it is also

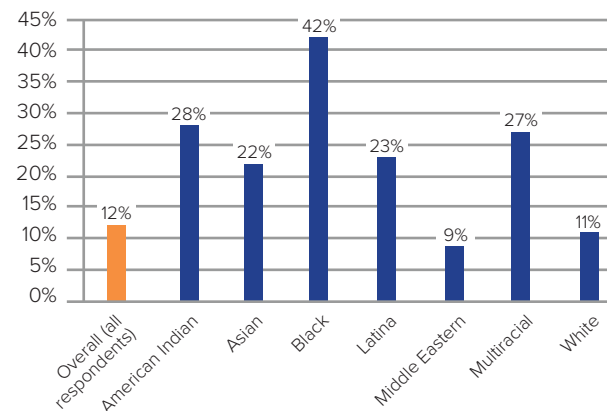
important to recognize that non-binary people with female on their original birth certificates and transgender men account for a large proportion of those in the sample who have done sex work.

Figure 11.2: Income-based sex work in lifetime GENDER IDENTITY (%)



Transgender women of color, including Black (42%), American Indian (28%), multiracial (27%), Latina (23%), and Asian (22%) women (Figure 11.3), were more likely to have participated in sex work than the overall sample. Undocumented residents (36%), those who have lost a job because of their gender identity or expression (25%), and those who have ever experienced homelessness (23%) were also more likely to have participated in sex work.

Figure 11.3: Income-based sex work among transgender women RACE/ETHNICITY (%)



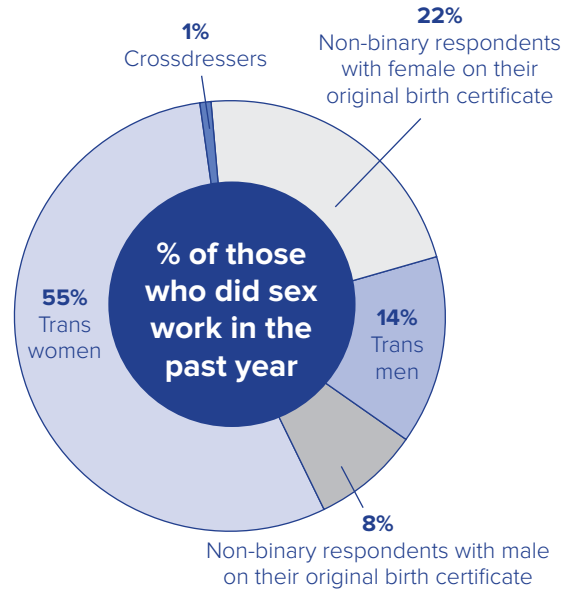
One in eight (12%) respondents have done sex work for income, and 5% of respondents did so in the past year.

Respondents who have done income-based sex work during their lifetime were more likely to have experienced a number of challenges:

- Nearly half (45%) of respondents who have done income-based sex work were currently living in poverty, in contrast to 26% of those who have not done sex work.
- Nearly three-quarters (72%) of respondents who have done income-based sex work have been sexually assaulted in their lifetime, in contrast to those who have not done sex work (44%).
- More than three-quarters (77%) of respondents who have done income-based sex work have experienced some form of intimate partner violence, compared with 51% of those who have not done sex work.
- Respondents with sex work experience were nearly sixteen times as likely to be living with HIV (7.9%) as those who have never done sex work (0.5%), and nearly six times more likely than those in the overall sample (1.4%).

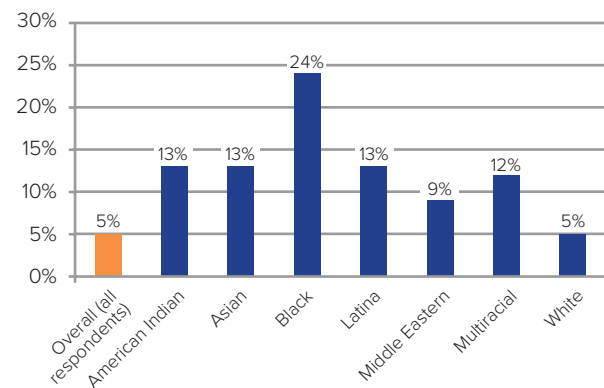
Five percent (5%) of all respondents did sex work for income in the past year. More than half (55%) of those who did income-based sex work in the past year were transgender women, 22% were non-binary people with female on their original birth certificate, and 14% were transgender men (Figure 11.4).

Figure 11.4: Income-based sex work in past year
GENDER IDENTITY (%)



Respondents who experienced homelessness in the past year (17%) were more than three times as likely to have participated in sex work during that year compared to the overall sample. Respondents who were living with HIV (32%) and undocumented residents (29%) were substantially more likely to have participated in sex work in the past year. Additionally, transgender women of color reported higher rates of sex work participation in the past year, particularly Black transgender women (24%), who were almost five times as likely to have done sex work for income in the past year (Figure 11.5).

Figure 11.5: Income-based sex work in past year among transgender women
RACE/ETHNICITY (%)

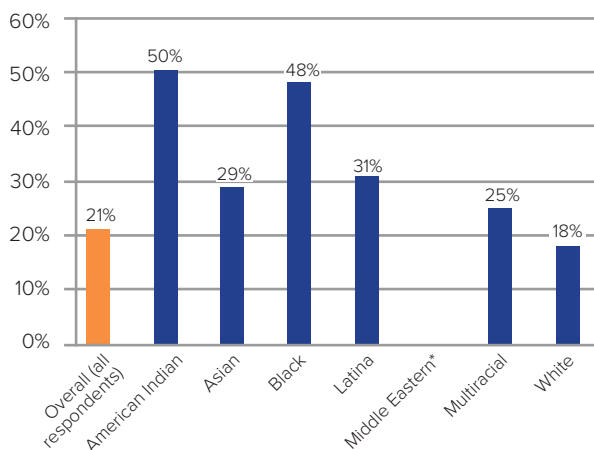


Respondents who have done sex work for income reported working in a wide range of settings, including sex work advertised online (36%), webcam work (35%), and street-based sex work (21%) (Table 11.2). Among those who have done some type of sex work, transgender women (30%) were more likely than others with sex work experience to have done street-based sex work, with women of color, including American Indian (50%), Black (48%), and Latina (31%) women, being substantially more likely to participate in street-based sex work (Figure 11.6).

Table 11.2: Type of income-based sex work

Type of sex work	% of those who have ever done sex work
Informal sex work through word of mouth, occasional hook ups with dates in my networks, or things like that	38%
Sex work advertised online	36%
Webcam work	35%
Pornography (picture or video)	28%
Fetish work	24%
Street-based sex work	21%
Phone sex	14%
Escort, call girl, or rent boy with an agency	12%
Erotic dancer or stripper	11%
Sex work advertised in magazines or newspapers	7%
Not listed above	9%

Figure 11.6: Participation in street-based sex work among transgender women who have done sex work RACE/ETHNICITY (%)



* Sample size too low to report

In Our Own Voices

“At 17, I ran away with no way of supporting myself. I turned to Internet prostitution, which allowed me to do things for myself that I couldn’t [before], like buy girl clothes, pay out of pocket for my doctor to prescribe HRT, and put a roof over my head.”

“Sometimes I slept in my truck when friends couldn’t put me up at their house, and sometimes I would meet people at a bar and have sex with them to really just sleep over and shower.”

“I couldn’t find work. I watched one guy throw away my application literally 30 seconds after turning it in. I resorted to escorting. It’s the only way to keep food in my belly and a roof over my head.”

“I became a sex worker to support myself and pay for my transition. I did not want to do sex work, but I have had worse jobs that paid less.”

“An officer attempted to arrest me on prostitution charges because I was at a street corner. It was roughly noon, I was holding a bag of food in my hand, and I was clearly waiting for the street light to change so I could cross the street.”

Nearly one in five (19%) respondents participated in sex work, such as for money, food, a place to sleep, or other goods or services.

b. Sex Work for Goods or Services

All survey respondents, including those who did not report doing sex work for income, were asked whether they had sex or engaged in sexual activity for food, for a place to sleep, for drugs, or in exchange for something else (Table 11.3).

Table 11.3: Engaged in sexual activity in exchange for goods or services

Type of activity	% of respondents (past year)	% of respondents (in lifetime)
Engaged in sexual activity for food	2%	6%
Engaged in sexual activity for a place to sleep (in someone's bed, at their home, or in their hotel room)	2%	8%
Engaged in sexual activity for drugs	1%	5%
Engaged in sexual activity in exchange for something not listed above	3%	7%

Six percent (6%) of respondents have ever engaged in sexual activity for food. Respondents living with HIV (32%) were more than five times as likely to have engaged in sexual activity for food. Undocumented residents (17%) and American Indian (15%), Black (12%), and multiracial (10%) respondents were also more likely to have engaged in sexual activity for food.

One in twelve (8%) respondents engaged in sexual activity for a place to sleep. Respondents who were living with HIV (28%), who have ever experienced homelessness (20%), or who were undocumented residents (17%) were more likely to have engaged in sexual activity for a place to sleep.

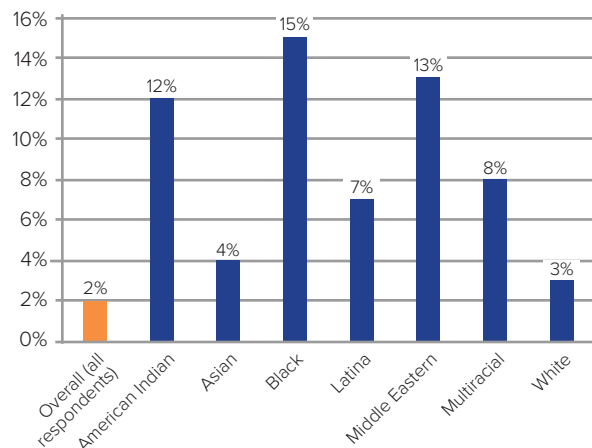
Overall, 19% participated in sex work, such as for money, food, a place to sleep, or other goods or services.

c. Police Interactions

All survey respondents were asked if they had ever interacted with police either while doing sex work, or when police thought they were doing sex work. One percent (1%) of respondents said that they interacted with police while participating in sex work, and an additional 2% said they did so when police thought they were doing sex work. Overall, 3% of respondents have interacted with police while doing sex work or when police thought they were doing sex work.

Transgender women of color, including Black (15%), Middle Eastern (13%), American Indian (12%), multiracial (8%), and Latina (7%) women, were more likely than the overall sample to interact with police who *thought* they were doing sex work (Figure 11.7).

Figure 11.7: Interacted with police who thought they were doing sex work among transgender women RACE/ETHNICITY (%)



Respondents who interacted with the police while doing sex work or when police thought they were doing sex work were asked about specific experiences they had with police. Eighty-six percent (86%) reported at least one negative experience during the interaction (Table 11.4).

Table 11.4: Interactions with police while doing or when police thought they were doing sex work

Type of interaction	% of those who interacted with police who thought they were doing sex work, or while doing sex work
Officers kept using the wrong gender pronouns (such as he, she, or they) or the wrong title (such as Mr. or Ms.)	69%
Officers verbally harassed them	65%
Officers asked questions about their gender transition (such as hormones and surgical status)	41%
Officers sexually assaulted them	27%
Officers physically attacked them	18%
Officers forced them to have sex or engage in sexual activity to avoid arrest	14%
Arrested for drugs in their possession when police stopped them for doing sex work	11%
One or more experiences listed	86%

More than two-thirds (69%) said that officers repeatedly referred to them as the wrong gender. This experience was more likely among transgender women (74%). Nearly two-thirds (65%) were verbally harassed by police.

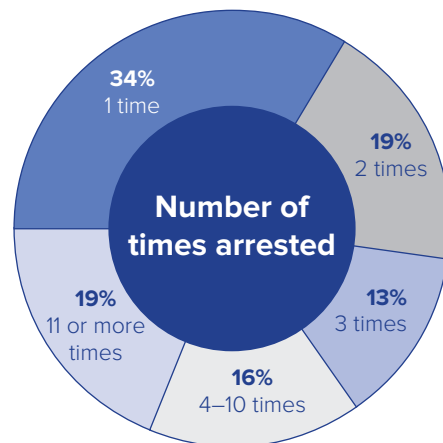
More than one-quarter (27%) of respondents who had interacted with police in this context were sexually assaulted by an officer, including being fondled, raped, or experiencing another form of sexual assault.⁶ Respondents who have ever experienced homelessness (34%) were more likely to be sexually assaulted by an officer. Fourteen percent (14%) also reported that they were forced to have sex or engage in sexual activity to avoid arrest.

d. Arrest

Respondents who interacted with police while engaging in sex work or when police thought they were engaging in sex work were also asked if they were arrested during any of those interactions. Almost one-third (32%) reported being arrested during at least one interaction. Black respondents (50%) and transgender women (40%) were more likely to report that their interaction with the police led to an arrest.

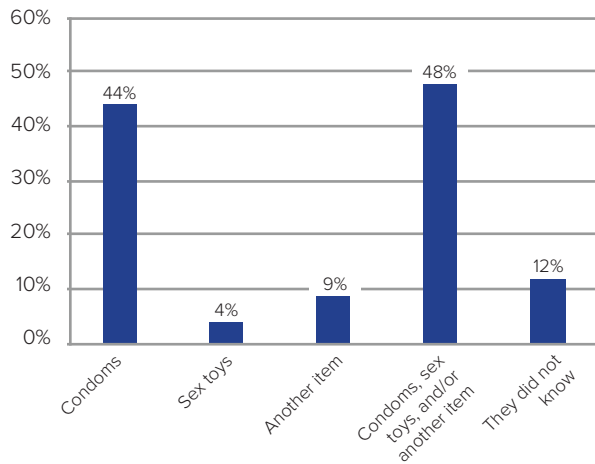
Respondents who reported being arrested were asked how many times they were arrested while they were doing sex work or when police thought they were doing sex work. Approximately one-third (34%) were arrested once, 32% were arrested two or three times, and 35% were arrested four or more times (Figure 11.8).

Figure 11.8: Number of times arrested while doing or when police thought they were doing sex work



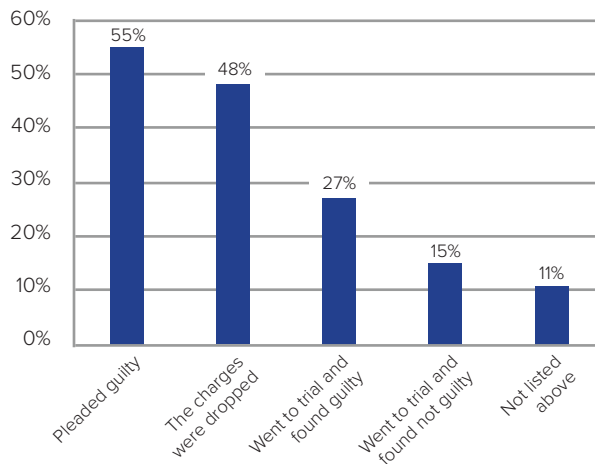
Respondents who were arrested while doing or while police thought they were doing sex work were also asked whether police considered items in their possession, such as condoms, as “evidence of prostitution.” Forty-four percent (44%) said that the police considered condoms in their possession to be evidence of prostitution (Figure 11.9).

Figure 11.9: Items in possession considered as evidence when arrested (% of those arrested while doing or suspected of doing sex work)



Respondents were asked about the outcomes of their arrests. More than half (55%) of the respondents who were arrested pleaded guilty in connection to one or more of their arrests, while nearly half (48%) reported that the charges were dropped on at least one occasion (Figure 11.10).

Figure 11.10: Outcome of arrest (% of those arrested while doing or suspected of doing sex work)



III. Drug Sales and Other Underground Economy Work

One in eight (12%) respondents have done work in the underground economy other than sex work at some point in their lifetime. This included those who had participated in drug sales (11%) and/or other work that is currently criminalized (2%).⁷ Respondents who were living with HIV (27%), who have lost a job because of their gender identity or expression (22%), or have ever experienced homelessness (21%) were more likely to have been paid for underground economy work apart from sex work during their lifetime.

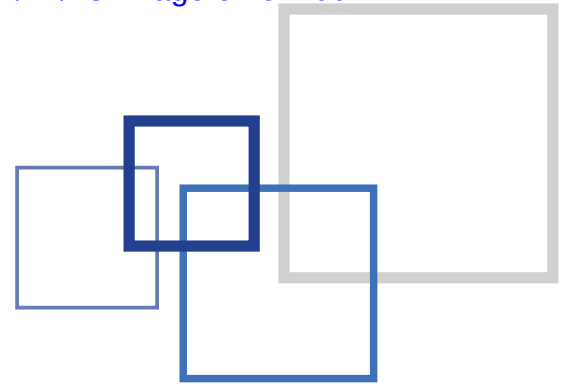
In the past year, 4% of all respondents have participated in drug sales, and 1% have participated in other underground economy work (other than drug sales or sex work) (see Table 11.1).

Conclusion

Respondents reported substantial levels of involvement in sex work and other underground economy work, particularly people of color, those living with HIV, undocumented residents, and those who have experienced homelessness. Many respondents, especially transgender women of color, also reported that police often assumed they were doing sex work, even when they were not. The vast majority of those who interacted with the police while doing sex work or while suspected of doing sex work reported being mistreated by police, including being verbally harassed, physically attacked, or sexually assaulted by law enforcement officers.

ENDNOTES | CHAPTER 11: SEX WORK AND OTHER UNDERGROUND ECONOMY WORK

- 1 See Ditmore, M. & Thukral, J. (2011). *Behind Closed Doors: An Analysis of Indoor Sex Work in New York City*. New York, NY: Sex Workers Project at the Urban Justice Center. Available at: <http://sexworkersproject.org/downloads/BehindClosedDoors.pdf>; Ditmore, M. & Thukral, J. (2003). *Revolving Door: An Analysis of Street-Based Prostitution in New York*. NY, New York: Sex Workers Project at the Urban Justice Center. Available at: <http://sexworkersproject.org/downloads/RevolvingDoor.pdf>.
- 2 Amnesty International. (2016). *Amnesty International Policy on State Obligations to Respect, Protect and Fulfill the Human Rights of Sex Workers*. Available at: <https://www.amnesty.org/en/documents/pol30/4062/2016/en>.
- 3 Fitzgerald, E., Elspeth, S., & Hicky, D. *Meaningful Work: Transgender Experiences in the Sex Trade*. DC & NY, New York: Best Practices Policy, National Center for Transgender Equality, & Red Umbrella Project. Available at: http://www.transequality.org/sites/default/files/Meaningful%20Work-Full%20Report_FINAL_3.pdf; Amnesty International. (2016). *Amnesty International Policy on State Obligations to Respect, Protect and Fulfill the Human Rights of Sex Workers*. Available at: <https://www.amnesty.org/en/documents/pol30/4062/2016/en>.
- 4 Fitzgerald, et al. See note 3.
- 5 Respondents were asked whether they had “ever engaged in sex or sexual activity for money (sex work) or worked in the sex industry (such as erotic dancing, webcam work, or porn films)” in Q. 6.1 and whether they had done such work in the past year in Q. 6.2. This report uses the term “sex work” to refer to all work in the sex industry or involving the exchange of sexual activity for income, food, a place to sleep, or other goods or services. While many of forms of sex work are currently criminalized in the United States, some of them are not.
- 6 Respondents were asked whether they had “experienced unwanted sexual contact from an officer (such as fondling, sexual assault, or rape)” in Q. 6.6.
- 7 Respondents were asked in Q. 6.11 if they had “ever been paid for selling drugs or other work that is currently considered illegal.”



CHAPTER 12

Military Service

Prior research suggests that transgender people serve in the military at a higher rate than the U.S. general population.¹ USTS respondents with military experience were asked a series of questions about their service, their treatment as transgender service members, and their separation from the military. They were also asked about health care that they received through military providers and the Veterans Health Administration.

At the time that survey data was collected in 2015, the military still barred transgender people from serving openly in the military, and service members could be discharged simply for being transgender.² The Department of Defense announced that it was lifting the ban on June 30, 2016, with full implementation of specific policies related to transgender service members expected to be completed in 2017.³ Despite the long-standing ban, thousands of transgender people have served and continue to serve in the military, many of them openly and with the support of their colleagues and commanders.

This chapter examines the experiences of current and former service members, including their interactions with leadership and health care providers as transgender people. It also explores veterans' unique experiences of separating from the military and accessing health care. Notable differences in respondents' experiences based on demographic and other characteristics are reported throughout the chapter.

KEY FINDINGS

- ▶ Nearly one in five (18%) respondents have served in the military, including veterans and those currently on active duty.
- ▶ Of current service members whose leadership or commanding officers knew or thought they were transgender, nearly one-quarter (23%) said that actions were taken to discharge them.
- ▶ Sixty percent (60%) of service members who separated from the military within the past ten years said that they might or would return to the military if the ban on transgender service members were lifted.
- ▶ Nearly one in five (19%) respondents who separated from the military more than ten years ago said they were discharged partly or completely because of their transgender status, and 19% left the military to avoid being mistreated or harassed as a transgender person.

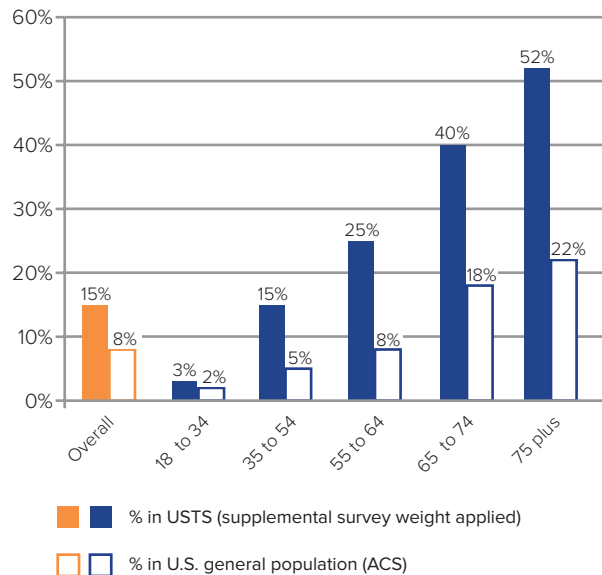
I. Current and Past Military Service

Nearly one in five (18%) respondents in the sample have served in the military, including respondents who were currently serving in the military on active duty (0.5%), and those who were currently on active duty for training in the Reserves or National Guard (2%).⁴ Fifteen percent (15%) of respondents were veterans, compared with 8% in the U.S. population.⁵

Respondents in every age group were more likely to be veterans than their counterparts in the U.S. population. More than half (52%) of respondents over the age of 75 and 40% of respondents between the ages of 65 and 74 were veterans, compared with 22% and 18% of those age groups in the U.S. population, respectively.⁶ One-quarter (25%) of respondents between the ages of 55 and 64 were veterans, more than three times higher than that age group in the U.S. population (8%).⁷

Fifteen percent (15%) of respondents between the ages of 35 and 54 were veterans, which was three times higher than the same age group in the U.S. population (5%)⁸ (Figure 12.1).

Figure 12.1: Veteran status
AGE (%)



Among those with past or current military service, crossdressers (33%), transgender women (23%), and non-binary people with male on their original birth certificate (22%) were more likely to have served, compared with transgender men (8%) and non-binary people with female on their original birth certificate (2%) (Figure 12.2). White (21%), American Indian (20%), and Middle Eastern (20%) respondents were more likely to have served in the military, while Asian (7%) and Latino/a (7%) respondents were less likely (Figure 12.3). Multiracial respondents were ten times as likely as the overall sample to currently be on active duty, with 5% on active duty at the time they took the survey.

Figure 12.2: Past or current military service GENDER IDENTITY (%)

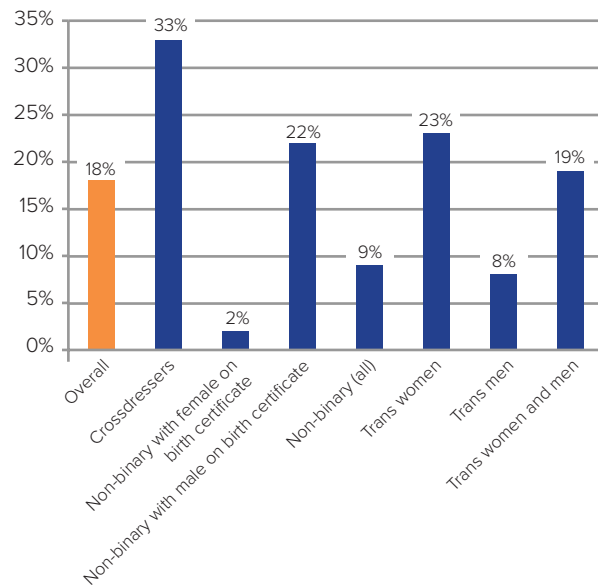
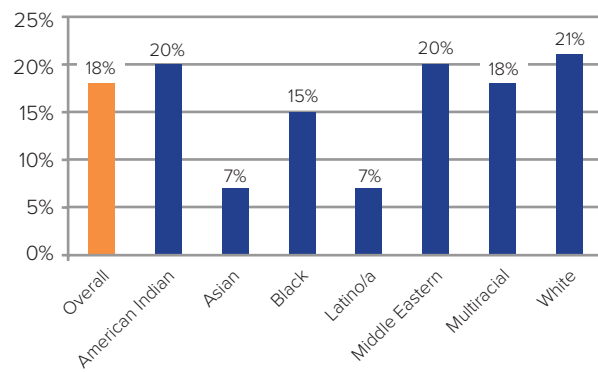


Figure 12.3: Past or current military service RACE/ETHNICITY (%)



Fifteen percent (15%) of respondents were veterans, compared with 8% in the U.S. population.

Of those who reported military service, 2% were still serving. Nearly one-third (31%) of those who were no longer serving separated from military service within the past ten years, and 69% separated from military service more than ten years ago.

II. Branch of Service

Current and former service members were asked to identify their current or most recent branch of service. Twenty-eight percent (28%) of these respondents currently or most recently served in the Army, 22% in the Navy, 18% in the Air Force, 7% in the Marine Corps, and 1% served in the Coast Guard. Nearly one-quarter (24%) served in the Reserves or the National Guard (Table 12.1).

Table 12.1: Current or most recent branch of service

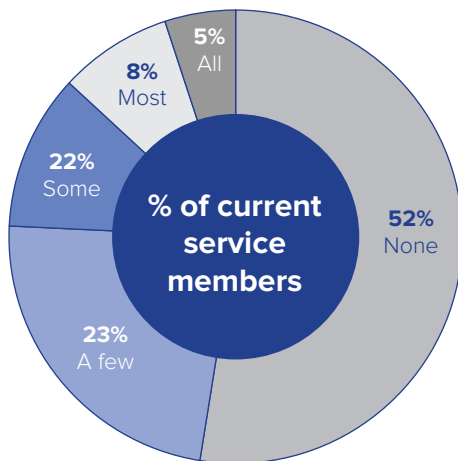
Branch of service	% of current or former service members
Air Force	18%
Air Force Reserve	2%
Air National Guard	2%
Army	28%
Army Reserve	8%
Army National Guard	8%
Coast Guard	1%
Coast Guard Reserve	<1%
Marine Corps	7%
Marine Corps Reserve	1%
Navy	22%
Navy Reserve	3%

III. Outness or Being Perceived as Transgender

Current service members⁹ were asked how many people in the military (with the exception of other transgender people) thought or knew that they were transgender.¹⁰

More than half (52%) of current service members said that, as far as they knew, no one else thought or knew that they were transgender. Approximately one-third (34%) of current service members indicated that a few or some people in the military thought or knew that they were transgender, and 13% indicated that most or all people in the military thought or knew that they were transgender (Figure 12.4).¹¹

Figure 12.4: Number of people in the military who thought or knew that respondent was transgender



More than half (52%) of current service members said that, as far as they knew, no one else thought or knew that they were transgender.

IV. Leadership Response to Transgender Status

Among current service members who said that a few, some, most, or all others in the military thought or knew they were transgender, 48% indicated that their leadership or commanding officer thought or knew that they were transgender.

These respondents were asked about the ways in which their leadership or commanding officer responded to them being transgender, and they selected one or more response. Many reported that their leadership or commanding officer responded to their transgender status in a variety of positive ways, including supporting their name change (47%) and supporting their transition-related medical treatment (36%). Thirty percent (30%) reported that their leadership or commanding officer ignored their transgender status or looked the other way. Approximately one-quarter (23%) reported that their leadership or commanding officer had taken actions to discharge them (Table 12.2).

One-third (33%) of these respondents wrote in responses describing additional actions their leadership or commanding officers took because they thought or knew the respondent was transgender. Their write-in responses included several positive actions, such as supporting their social transition or their use of pronouns and uniforms that were consistent with their gender identity. These respondents also offered several additional negative actions, such as forcing respondents to present in a way that was inconsistent with their gender identity, forbidding them from discussing their transgender status with anyone else, passing them over for awards and duties, and subjecting them to administrative discipline.

Table 12.2: Response of leadership and/or commanding officer to being transgender

Leadership or commanding officers' response	% of current service members whose commanding officer thought/knew they were transgender
Supported name change	47%
Supported medical treatment	36%
Ignored or looked the other way	30%
Took actions to discharge them	23%
Not listed above	33%

V. Separation from Military Service

Veterans were divided into two groups for the purposes of analysis: those who separated within the past ten years and those who separated more than ten years prior to taking the survey. The two groups were given distinct questions based on a consideration of the types of experiences a service member may have encountered during their service and the changing nature of the military.¹²

a. Type of Discharge

Respondents who separated from military service more than ten years ago¹³ were asked about the reasons for their separation from service, including the type of discharge they received. More than three-quarters (79%) of these respondents reported being honorably discharged, and the remaining 21% reported a variety of other types of discharges (Table 12.3).

Table 12.3: Type of discharge

Discharge	% of veterans who separated more than 10 years ago
Honorable	79%
General	7%
Medical	6%
Other-than-honorable	3%
Entry level separation	2%
Bad conduct	1%
Retired	1%
Dishonorable	<1%
Not listed above	2%

In Our Own Voices

“I began to accept myself as a woman. I was happier than I ever had been before. But the army didn’t share my enthusiasm. A year after returning from deployment, I was kept in under penal conditions. I was demoted from a sergeant to a private, the lowest rank in the army.”

“I am repeatedly harassed in my workplace, and am continually required to conceal my transgender status. When I sought assistance from the Equal Opportunity Office, I was told that they were unable to help because transgender individuals are not protected against harassment in the military.”

b. Discharged Because of Transgender Status

While 81% of respondents who had separated from service more than ten years prior reported that they did not believe their discharge was related to being transgender, 19% believed their discharge was either partially related (14%) or completely related (5%) to being transgender.

Respondents who indicated that their discharge was related to being transgender were less likely to have been honorably discharged. Eighty-six percent (86%) of those who said their discharge was not related to their transgender status were honorably discharged, while only 45% of those who

said their discharge was partially related to being transgender and 51% of those who indicated that it was completely related were honorably discharged.

Respondents with female on their original birth certificate (24%) were more likely to say that their discharge was partially or completely related to being transgender than those with male on their original birth certificate (17%). Latino/a (28%) and Black (24%) respondents were also more likely to report that their transgender status was a factor in their discharge, compared with white (16%) respondents.

Even though these discharges took place more than ten years ago, the experience of being discharged partly or completely because of one's transgender status was associated with a variety of negative outcomes affecting respondents at the time they took the survey. Respondents who were currently living in poverty (29%) or currently working in the underground economy (34%) were more likely to say that their discharge was completely or partially connected to their transgender status, as were respondents who were currently experiencing serious psychological distress (28%).

c. Separated to Transition or Avoid Harassment

Nearly one in ten (9%) respondents who separated from military service more than ten years ago left the service in order to transition, and an additional 19% said they left the service to avoid being mistreated or harassed as a transgender person.

Differences emerged by race, where Latino/a (28%) and Black respondents (26%) were more likely to have left to avoid mistreatment or harassment.

Approximately one-third (32%) of those who were currently living in poverty and more than one-third of those who have done sex work (38%) also left the military to avoid mistreatment or harassment.

VI. Name Change on Discharge Papers

Respondents who separated from military service more than ten years earlier were also asked if they had changed their name on their military discharge papers, known as the DD 214. Two percent (2%) applied for and received an updated DD 214 with a new name, or they received a DD 215 (an alternative form used to correct errors in a DD 214) with their new name. Six percent (6%) applied for a name change on their military discharge papers, but their request was denied. The remaining 92% had not tried to change their name on their military discharge papers.

VII. Health Care Treatment from Military Providers

Current service members and veterans who separated from military service within the ten years prior to taking the survey were asked whether they had received health care related to gender transition from a military provider, not including the Veterans Health Administration. Twelve percent (12%) had received mental health treatment related to gender transition from a military provider, and 4% had received medical treatment related to gender transition other than mental health treatment, such as hormone therapy or surgical care, from a military provider.

Even though this survey was conducted prior to the Department of Defense's announcement of plans to allow transgender people to serve openly, more than one-quarter (28%) of all current service members reported taking hormones for their gender identity or gender transition at the time they participated in the survey. Among these

current service members, 28% reported getting their hormones from an on-post medical doctor and/or pharmacy. Nearly three-quarters (74%) received their hormones through an off-post medical doctor, and 57% received them through an off-post pharmacy (Table 12.4).

Table 12.4: Source of hormones

Source of hormones	% of current service members who take hormones
Off-post medical doctor	74%
Off-post pharmacy	57%
On-post pharmacy	15%
Friends, online, or other non-licensed sources	15%
On-post medical doctor	13%

Current services members were asked whether a military medical provider, including any mental health provider, had reported to their commanding officer that they were transgender or recommended them for discharge. Of current service members whose providers knew they were transgender,¹⁴ 86% reported no action being taken by military medical or mental health providers. However, 8% said that their provider reported their transgender status to their commander, and 12% said that their provider recommended them for discharge.

VIII. Veterans Health Care

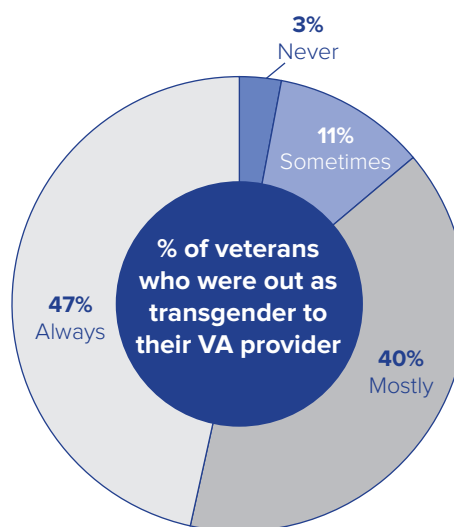
Veterans who separated from the military more than ten years ago were asked about their experiences receiving health care through the Veterans Health Administration (VA).¹⁵

Forty percent (40%) of former service members have received health care through the VA, 75% of whom were currently receiving care through the VA. Of those who received health care through the

VA at any point, more than half (56%) received care related to gender transition.

Nearly three-quarters (72%) indicated that they were out to their VA providers as transgender. Of those who were out to their VA providers as transgender, almost half (47%) reported that they were always treated respectfully as a transgender person, and 40% said that they received mostly respectful care. Eleven percent (11%) reported that they were sometimes treated respectfully, and 3% said that they were never treated respectfully (Figure 12.5).

Figure 12.5: Frequency of respectful treatment at the VA



IX. Impact of Repealing Ban on Transgender Service

At the time the survey was taken, the military had not yet announced it would let transgender people serve openly. Current military service members were asked what they would do if the military allowed transgender people to serve openly. Nearly one-quarter (24%) said that they would start to transition while still serving, and 18% said that they would finish the transition that they

had already started while continuing to serve. Additionally, 21% reported that they had already transitioned (Table 12.5).

Table 12.5: What respondent would do if open service in the military was allowed for transgender people

What they would do if allowed to serve openly	% of current service members
They would start to transition while still serving	24%
They have already transitioned	21%
They would finish the transition they already started and continue to serve	18%
They would leave the military to transition and not return	6%
They do not want to transition	6%
They would leave the military to transition and then return to service	3%
They would not finish the transition they already started and continue to serve	1%
Not listed above	21%

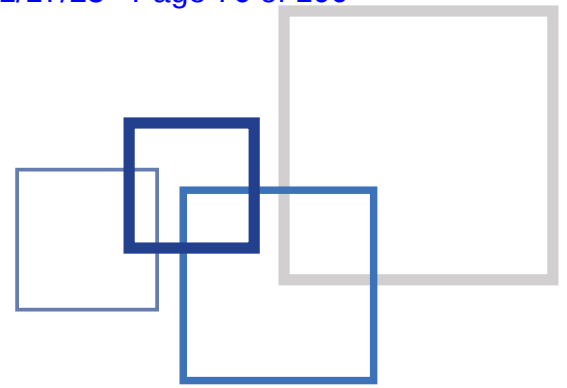
Veterans who separated from the military within the past ten years were asked whether they would return to military service if transgender people were allowed to serve. Nearly one-third (30%) of these respondents indicated that they would return, 30% said that they might return, and the remaining 39% reported that they would not return to military service. Transgender men (42%) were more likely than transgender women (25%) and non-binary people (18%) to say that they would return to service.

Conclusion

Despite a ban on transgender service members at the time the survey was administered, nearly one in five respondents reported having served in the military, and respondents were nearly twice as likely to be veterans as the general U.S. population. The findings indicated that a majority of current service members were interested in serving openly as transgender people, including those who would transition during their military service. Responses also indicated diverse experiences of acceptance and rejection of transgender people in military and veteran settings by military officials, direct superiors, and health care providers. The results suggest that lifting the ban on transgender service members and implementing new policies could lead to a substantial number of current and former service members continuing or resuming their military service.

ENDNOTES | CHAPTER 12: MILITARY SERVICE

- 1 Gates, G. J. & Herman, J. L. (2014). *Transgender Military Service in the United States*. Los Angeles, CA: Williams Institute. Available at: <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Transgender-Military-Service-May-2014.pdf>; Blosnich, J. R., Brown, G. R., Shipherd, J. C., Kauth, M., Piegari, R. I., & Bossarte, R. M. (2013). Prevalence of gender identity disorder and suicide risk among transgender veterans utilizing Veterans Health Administration care. *American Journal of Public Health, 103*(10), e27–e32; Shipherd, J. C., Mizock, L., Maguen, S., & Green, K. E. (2012). Male-to-female transgender veterans and VA health care utilization. *International Journal of Sexual Health, 24*(1), 78–87.
- 2 Although the ban is described in this chapter as being one that prevented “transgender people from serving openly in the military,” in actuality, the ban categorically barred transgender people from serving, regardless of whether or not they were open about being transgender. However, it is clear that tens of thousands of transgender people chose to serve in the military despite the ban, and many had to hide their identity to do so. Therefore, the ban is being described here as relating to open service as a transgender person.
- 3 See e.g., Rosenberg, M. (2016, June 30). Transgender people will be allowed to serve openly in military. *The New York Times*. Available at: <http://www.nytimes.com/2016/07/01/us/transgender-military.html>.
- 4 In this section of this chapter, the percentages of respondents who have served or are currently serving in the U.S. Armed Forces have been weighted to reflect the age and educational attainment of the U.S. population in addition to the standard survey weight. The USTS sample differs substantially from the U.S. population in regard to age and educational attainment, and therefore, this additional weight is applied in order to provide a more accurate comparison to the percentage of U.S. adults who have served in the armed forces, as reported in the American Community Survey. See the *Methodology* and *Portrait of USTS Respondents* chapters for more information about the application of the supplemental survey weight.
- 5 U.S. Census Bureau. (2015). *American Community Survey 1-Year Estimates: Veteran status*. Available at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_S2101&prodType=table.
- 6 U.S. Census Bureau. See note 5.
- 7 U.S. Census Bureau. See note 5.
- 8 U.S. Census Bureau. See note 5.
- 9 “Current service members” includes individuals who were (1) currently serving on active duty, (2) only on active duty for training in the Reserves or National Guard, or (3) no longer on active duty but had been in the past and were still serving in the military. See Q. 2.17.
- 10 Q. 8.9 asked, “How many people in the military (who aren’t trans) believe you are trans?” In the context of the questions in this section, this question was intended to assess how many people were out as transgender in the military by determining if other non-transgender people thought or knew that they were transgender.
- 11 This question (Q. 8.9) did not distinguish between service members who were not out or perceived as transgender because they were not living according to their gender identity, and those who were already living full time according to their gender identity but did not disclose the fact that they had previously transitioned. However, 47% of service members who said that no one in the military thought or knew they were transgender also reported that they were living full-time in Q. 1.12, suggesting that a substantial number of respondents who were not out to others in the military were living according to their gender identity without disclosing their past transition.
- 12 During the development of the survey questionnaire, the research team consulted with individuals and groups with subject-matter expertise in LGBT military service in general, and transgender military service in particular. After consultation, the research team chose to divide those who had separated from service into two groups to evaluate the experiences that each group might have had based on their time of service and separation. It was determined that those who had separated from service within the past ten years were serving in a time of changing societal and military culture and policies—including the repeal of “Don’t Ask, Don’t Tell,” permitting lesbian, gay, and bisexual (but not transgender) service members to serve openly—and may have had different experiences as a result. This group may have also had different experiences with transitioning, receiving medical care for transition- and non-transition-related health care, and eligibility to return to service. The two groups were directed to specific questions accordingly.
- 13 Those who separated within the past ten years should have received questions 8.12–8.21 (which covered the reasons for separation and the nature of their discharge, VA health care, and military discharge papers) to evaluate the differences in experiences between them and those who separated more than ten years prior to participating in the survey. However, due to a programming error, respondents who separated within the past ten years did not receive these questions. Therefore, results of questions that addressed veterans’ issues only reflected the experiences of those who separated more than ten years prior and likely underestimated certain experiences reported in this section.
- 14 Thirty-seven percent (37%) of current service members said that the question did not apply to them, as none of their military health providers knew that they were transgender, while 63% indicated that at least one military health provider knew they were transgender.
- 15 Veterans who separated from the military within the past ten years did not receive this question due to a programming error. See note 13.



CHAPTER 13

Housing, Homelessness, and Shelter Access

Housing is one of the most vital needs all people share. However, many transgender people have faced discrimination when seeking housing, and are vulnerable to actions such as eviction because of their transgender status. Such discrimination, in addition to family rejection and other risk factors, can lead to housing instability and higher rates of homelessness.¹ For transgender people who experience homelessness, shelters present additional problems and often are unsafe environments. Previous studies have found that shelters frequently turn transgender people away because of their gender identity, or require them to stay in facilities that are inappropriate for their gender, often putting them at further risk of violence and harassment.²

This chapter explores respondents' current living arrangements and their experiences with homelessness, as well as with specific forms of housing discrimination and instability occurring in the past year because of their transgender status. It also examines respondents' experiences with homelessness in the past year, including access to shelters and the treatment they received in those shelters as transgender people. Notable differences in respondents' experiences based on demographic and other characteristics are reported throughout the chapter.

KEY FINDINGS

- ▶ Only 16% of respondents owned their homes, in contrast to 63% in the U.S. population.
.....
- ▶ Nearly one-third (30%) of respondents have experienced homelessness at some point in their lives. One in eight (12%) experienced homelessness in the past year because of being transgender.
.....
- ▶ Nearly one-quarter (23%) of respondents experienced some form of housing discrimination in the past year, such as being evicted from their home or denied a home or apartment because of being transgender.
.....
- ▶ More than one-quarter (26%) of respondents who were homeless in the past year avoided staying in homeless shelters because they feared they would be mistreated as a transgender person. Additionally, six percent (6%) were denied access to a shelter, including 4% who were denied access due to being transgender.
.....
- ▶ Seventy percent (70%) of those who stayed in a shelter in the past year reported some form of mistreatment because of being transgender.
 - More than half (52%) of those who stayed at a shelter in the past year were verbally harassed, physically attacked, and/or sexually assaulted because of being transgender.
 - Nearly one in ten (9%) respondents were thrown out once the shelter staff found out that they were transgender, and 44% decided to leave the shelter because of poor treatment or unsafe conditions.
 - One-quarter (25%) decided to dress or present as the wrong gender in order to feel safe in a shelter, and 14% said that the shelter staff forced them to dress or present as the wrong gender in order to stay at the shelter.

I. Current Living Arrangements

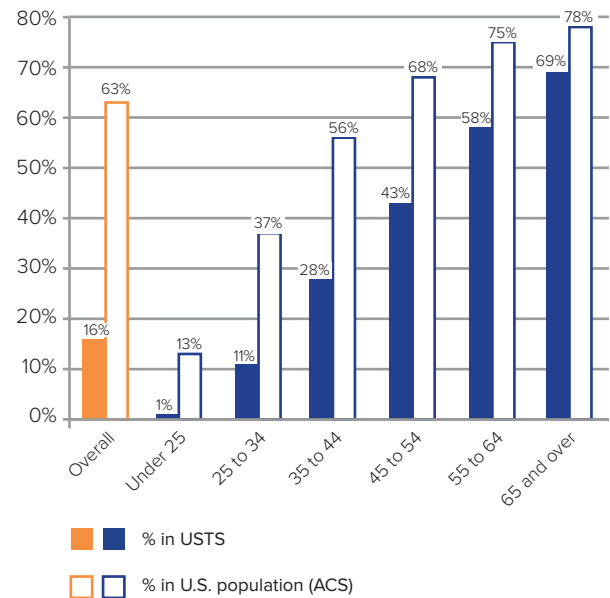
Respondents were asked what their current living arrangements were at the time they participated in the survey. Nearly half (44%) of respondents were living in a house, apartment, or condo they rented, either alone or with others, which was the most commonly reported living arrangement. Seventeen percent (17%) had not yet left home and were living with their parents or the family they grew up with (Table 13.1).

Table 13.1: Current living arrangements

Current living arrangements	% of respondents
Living in house, apartment, or condo they rent (alone or with others)	44%
Living with parents or family they grew up with because they have not yet left home	17%
Living in house, apartment, or condo they own (alone or with others)	16%
Living temporarily with friends or family because they cannot afford their own housing	9%
Living in campus or university housing	7%
Living with a partner, spouse, or other person who pays for the housing	5%
Living on the street, in a car, in an abandoned building, in a park, or a place that is NOT a house, apartment, shelter, or other housing	<1%
Living in a shelter (including homeless, domestic violence, or other type of emergency shelter) or in a hotel or motel with an emergency shelter voucher	<1%
Living in transitional housing or a halfway house	<1%
Living in a hotel or motel that they pay for	<1%
Living in military barracks	<1%
Living in a nursing home or other adult care facility	<1%
Living in a foster group home or other foster care	<1%
Living in a hospital	<1%
Not listed above	2%

In contrast to the 63% homeownership rate in the U.S. at the time of the survey,³ USTS respondents were nearly four times less likely to own a home, with only 16% reporting that they were living in a house, apartment, or condo that they owned. A large difference in the rate of homeownership was consistent across age groups (Figure 13.1).⁴

Figure 13.1: Homeownership rate CURRENT AGE (%)

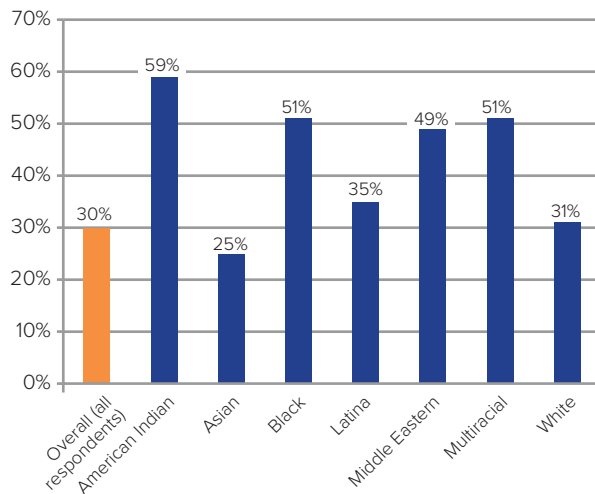


Respondents also reported substantial housing instability. Nearly one in ten (9%) respondents were living temporarily with friends or family because they could not afford their own housing. Approximately half of one percent (0.53%) of respondents were homeless at the time they participated in the survey, including those who were living in a shelter (other than a domestic violence shelter), or on the street. This was three times the rate of current homelessness among adults in the U.S. population (0.18%), as reported by the Department of Housing and Urban Development.⁵

II. Homelessness During One’s Lifetime

Nearly one-third (30%) of respondents have experienced homelessness during their lifetime, including those who have stayed in a shelter, lived on the street, lived out of a car, or stayed temporarily with family or friends because they could not afford housing. The homelessness rate was substantially higher among respondents whose immediate family had kicked them out of the house, with nearly three-quarters (74%) of these respondents experiencing homelessness. The homelessness rate was also nearly twice as high among respondents who have done sex work (59%) and those living with HIV (59%), as well as respondents who have lost their job because of their gender identity or expression (55%). Transgender women of color, including American Indian (59%), Black (51%), multiracial (51%), and Middle Eastern (49%) women, also experienced especially high rates of homelessness (Figure 13.2).

Figure 13.2: Lifetime homelessness rate among transgender women RACE/ETHNICITY (%)



III. Housing Discrimination and Homelessness in the Past Year

Respondents were asked about specific experiences with housing discrimination and instability in the past year, such as being evicted or being homeless, because they were transgender (Table 13.2).⁶

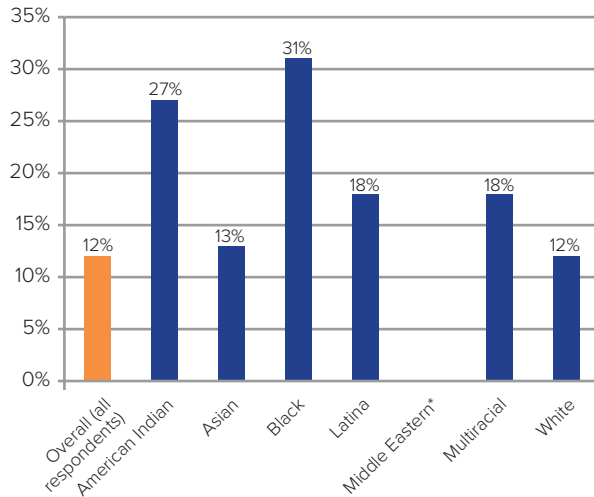
Table 13.2: Housing situations that occurred in the past year because of being transgender

Housing situation	% of people to whom situation applied
They had to move back in with family members or friends	20%
They slept in different places for short periods of time (such as on a friend’s couch)	15%
They had to move into a less expensive home or apartment	13%
They experienced homelessness	12%
They were denied a home or apartment	6%
They were evicted from a home or apartment	5%
One or more experiences listed	30%

One in eight (12%) respondents reported experiencing homelessness in the past year as a result of anti-transgender bias. Those currently working in the underground economy (such as sex work, drug sales, and other work that is currently criminalized) (37%), undocumented residents (32%), and those living with HIV (27%) were more likely to report experiencing homelessness in the past year because they were transgender. Transgender women of color, including Black (31%), American Indian (27%), multiracial (18%), and Latina (18%) women, were substantially more likely to report being homeless in the past year because of being transgender (Figure 13.3).

In Our Own Voices

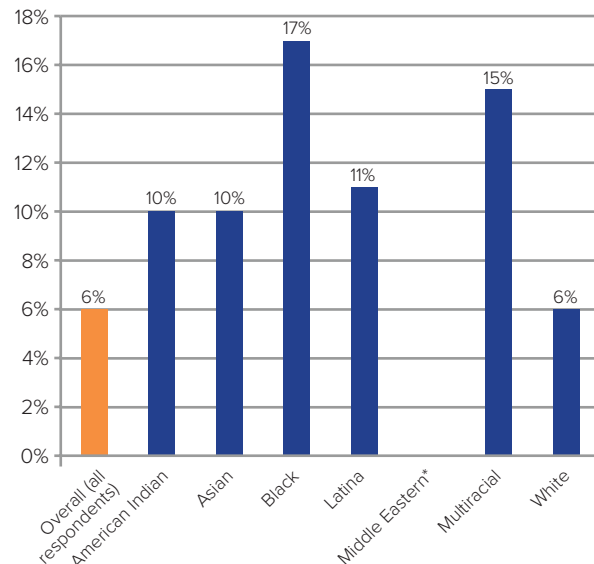
Figure 13.3: Homelessness in the past year because of being transgender among transgender women RACE/ETHNICITY (%)



*Sample size too low to report

Six percent (6%) of respondents were denied a home or apartment in the past year because they were transgender, with transgender women of color, including Black (17%), multiracial (15%), and Latina (11%) women, being more likely to have this experience (Figure 13.4).

Figure 13.4: Denial of home/apartment in the past year due to being transgender among transgender women RACE/ETHNICITY (%)



*Sample size too low to report

“I was ejected from my apartment while I was out of town after my landlord discovered I was trans. The apartment was empty when I returned home.”

“I lost my job after I came out as transgender. I became homeless for about year. I never stayed in a shelter because I feared harassment.”

“When I was 18, I ran away from my abusive parents who had been violent toward me because of my sexuality and gender expression. I became homeless for several years, traveling all over the country, stealing food and sleeping in abandoned buildings.”

“When I go to shelters, I am admonished and told that I should return to ‘being a woman’ in order to use the shelter system.”

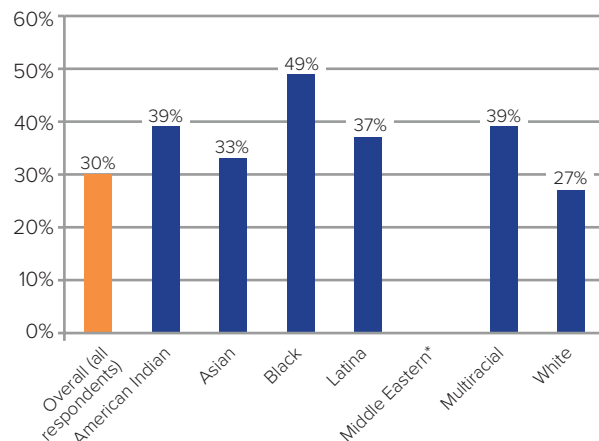
“I’ve tried shelters. The men’s ones aren’t safe for trans men: if those men find out who you are, you’re opening yourself up to physical and sexual violence. And when I turned to the women’s shelters, I was too masculine to make the women comfortable.”

Five percent (5%) of respondents were evicted from their home in the past year because of anti-transgender bias.

Five percent (5%) of respondents were evicted from their home or apartment in the past year because of anti-transgender bias. Differences emerged by demographic characteristics, where undocumented residents (18%), people with disabilities⁷ (8%), and people of color, including American Indian (9%) and Black (9%) respondents, were more likely to report this experience.

Overall, nearly one-third (30%) of respondents to whom these housing situations applied—23% of all respondents—experienced one or more forms of housing discrimination or instability in the past year because they were transgender. Respondents who were currently working in the underground economy (59%) and those who had been kicked out of the house by their family at some point in their lives because they were transgender (59%) were nearly twice as likely to report one or more of these experiences. Undocumented residents (50%) and transgender women of color were also more likely have had one or more of these experiences, including Black (49%), multiracial (39%), American Indian (39%), and Latina (37%) women (Figure 13.5).

Figure 13.5: Any housing discrimination and/or instability in past year due to being transgender among transgender women
RACE/ETHNICITY (%)



*Sample size too low to report

IV. Shelters

a. Access to Shelters

Respondents who experienced homelessness in the past year because of their transgender status were asked whether they had gone to a homeless shelter during that year (Table 13.3).

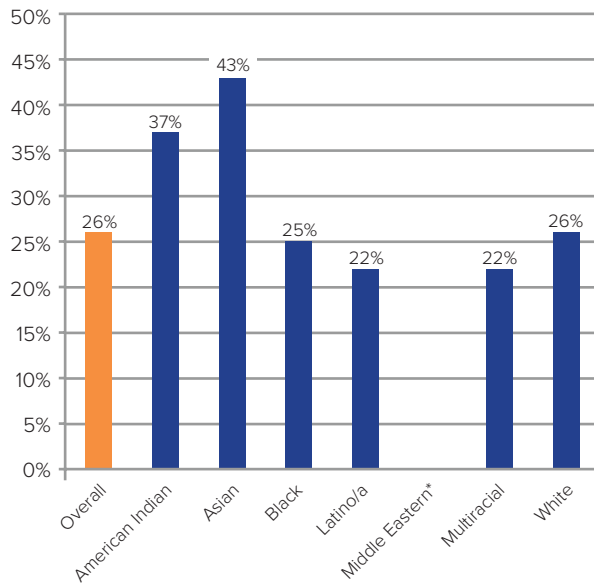
Table 13.3: Experiences with homeless shelters in the past year

Experiences with homeless shelters	% of people who were homeless
They sought shelter and stayed at one or more shelters	10%
They sought shelter and were denied access to one or more shelters	6%
They did not seek shelter, because they feared mistreatment as a transgender person	26%
They did not seek shelter for other reasons	59%

One in ten (10%) respondents sought shelter and stayed at one or more shelters in the past year. Higher percentages were noted among respondents living with HIV (22%) and American Indian (23%) and Black (15%) respondents.

More than one-quarter (26%) did not seek shelter because they feared being mistreated as a transgender person in the past year. Asian (43%) and American Indian (37%) respondents were more likely to report avoiding a shelter for this reason, in contrast to other people of color, such as Black (25%) and Latino/a (22%) respondents (Figure 13.6). Respondents currently working in the underground economy (36%), and respondents whose families had kicked them out of the house for being transgender (35%) were more likely to avoid seeking shelter for fear of being mistreated.

Figure 13.6: Did not seek shelter for fear of mistreatment as a transgender person in the past year RACE/ETHNICITY (%)



*Sample size too low to report

Six percent (6%) of respondents were denied access to a shelter in the past year. Transgender women of color were more likely to be denied access to a shelter, with multiracial women (30%) being five times as likely, and Black women (13%) being more than twice as likely. Those who were currently working in the underground economy (13%) were also more likely to be denied access to a shelter.

Respondents who were denied access to one or more shelters in the past year were asked what they believed the reasons were for that treatment, and they selected one or more reasons from a list, such as age, race or ethnicity, and gender identity. Nearly three-quarters (74%) believed that they were denied access to a shelter because of their gender identity or expression.⁸ This represents 4% of those who were homeless in the past year (Table 13.4).

Seven out of ten (70%) respondents who stayed at a shelter in the past year faced some form of mistreatment, such as being forced out, harassed, or attacked because of being transgender.

Table 13.4: Reported reasons for being denied access to one or more shelters

Reason for denial	% of those denied access to shelter
Age	7%
Disability	8%
Income level or education	5%
Gender identity or expression	74%
Race or ethnicity	4%
Religion or spirituality	4%
Sexual orientation	17%
None of the above	19%

b. Treatment in Shelters

Respondents who stayed at one or more shelters in the past year received questions about how they were treated at the shelter(s) as a transgender person. Seventy percent (70%) encountered at least one negative experience based on their transgender status in the past year, such as being forced out, harassed, or attacked because they were transgender.

Nearly one in ten (9%) respondents who stayed at a shelter in the past year were thrown out after the shelter staff found out that they were transgender. Forty-four percent (44%) decided to leave the shelter because of poor treatment or unsafe conditions, even though they had no other place to go. One-quarter (25%) of respondents decided to dress or present as the wrong gender in order to feel safe in a shelter, and 14% said that the shelter staff forced them to dress or present as the wrong gender in order to stay at the shelter (Table 13.5).

Table 13.5: Experiences while staying in homeless shelters in the past year

Experiences while staying in homeless shelters	% of people who stayed in a shelter
They left because of poor treatment or unsafe conditions, even though they had nowhere else to go	44%
They decided to dress or present as the wrong gender to feel safe in shelter	25%
The shelter required them to dress or present as the wrong gender	14%
They were thrown out after shelter staff learned they were transgender	9%
One or more experiences listed	58%

Respondents who stayed at a homeless shelter in the past year were also asked whether they were verbally harassed, physically attacked, or sexually assaulted⁹ at the shelter because they were transgender. Nearly half (49%) reported that they were verbally harassed because they were transgender. Nearly one-fifth (19%) were physically attacked, and 17% were sexually assaulted at the shelter because they were transgender (Table 13.6).

Table 13.6: Verbal harassment, physical attack, and sexual assault in homeless shelters in the past year because they were transgender

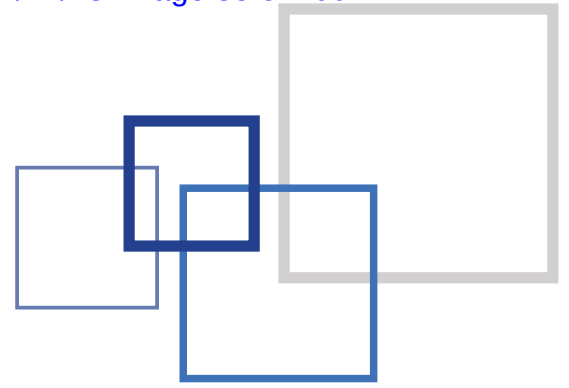
Experiences while staying in homeless shelters	% of people who stayed in a shelter
Verbally harassed	49%
Physically attacked	19%
Sexually assaulted	17%
One or more experiences listed	52%

Conclusion

Respondents reported high rates of homelessness both in their lifetime and the past year. The results also indicated that a substantial number of respondents experienced housing discrimination and housing instability in the past year based on their transgender status, with higher rates among transgender women of color, people living with HIV, people who have been kicked out of their homes by their families, and respondents currently working in the underground economy. Many of those who experienced homelessness in the past year reported that they avoided using a shelter because they feared being mistreated as a transgender person, and those who did use a shelter in the past year faced high rates of mistreatment based on their transgender status, such as being kicked out of the shelter, being verbally harassed, physically attacked, or sexually assaulted.

ENDNOTES | CHAPTER 13: HOUSING, HOMELESSNESS, AND SHELTER ACCESS

- 1 See e.g., Davidson, C. (2014). Gender minority and homelessness. *In Focus: A Quarterly Research Review of the National Health Care for the Homeless Council*, 3(1). Available at: http://www.nhchc.org/wp-content/uploads/2014/10/in-focus_transgender_sep2014_final.pdf; Durso, L. E. & Gates, G. J. (2012). *Serving Our Youth: Findings from a National Survey of Service Providers Working with Lesbian, Gay, Bisexual, and Transgender Youth who are Homeless or at Risk of Becoming Homeless*. Los Angeles, CA: Williams Institute. Available at: <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Durso-Gates-LGBT-Homeless-Youth-Survey-July-2012.pdf>; Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. (p. 112). DC: National Center for Transgender Equality & National Gay and Lesbian Task Force.
- 2 Grant, et al.; Rooney, C., Durso, L. E., & Gruberg, S. (2016). *Discrimination Against Transgender Women Seeking Access to Homeless Shelters*. DC: Center for American Progress. Available at: <https://www.americanprogress.org/issues/lgbt/report/2016/01/07/128323/discrimination-against-transgender-women-seeking-access-to-homeless-shelters/>.
- 3 U.S. Census Bureau. (2015). *American Community Survey 1-Year Estimates: Homeownership Rate by Age of Householder*. The ACS homeownership rate include ages 15 and older, in contrast to the USTS rate, which includes respondents who are 18 and older. Because the ACS includes people under 18 years of age, an exact comparison to the USTS sample could not be made. Therefore, this comparison should be interpreted with caution.
- 4 U.S. Census Bureau. (2015). *American Community Survey 1-Year Estimates: Homeownership Rate by Age of Householder*. The ACS homeownership rate for the “under 25” age group includes those who are 15–24 years of age, in contrast to the USTS rate, which includes respondents who are 18–24 years of age. See note 3.
- 5 The homelessness point-in-time estimate is based on January 2015 data. Department of Housing and Urban Development. (2015). *2015 Annual Homelessness Assessment Report (AHAR) to Congress*. Available at: <https://www.hudexchange.info/resources/documents/2015-AHAR-Part-1.pdf>. Calculation is based on the 436,921 people over the age of 18 who were homeless on a given night in 2015 and the January 2015 estimated adult population (247,492,492).
- 6 Respondents were given the choice of answering “yes,” “no,” or “does not apply to me” for each housing scenario listed in Q. 23.2. They were instructed to select “does not apply to me” if the housing situation could not have happened to them in the past year. For example, those who did not rent a home in the past year could not have been evicted, and were instructed to select “does not apply to me” for that question. The results reported in this section do not include those who answered “does not apply to me” for each of the housing situations.
- 7 “People with disabilities” here refers to respondents who identified as a person with a disability in Q. 2.20.
- 8 The survey included both “transgender status/gender identity” and “gender expression/appearance” as answer choices so that respondents could select what they felt best represented their experience. Because there was a substantial overlap of respondents who selected both reasons, and because these terms are commonly used interchangeably or with very similar meanings, responses of those who selected one or both of these reasons are collapsed for reporting as “gender identity or expression.”
- 9 Respondents were asked if they had experienced “unwanted sexual contact (such as fondling, sexual assault, or rape)” in Q. 24.4.



CHAPTER 14

Police, Prisons, and Immigration Detention

Transgender people, particularly transgender people of color, face elevated levels of negative interactions with law enforcement officers and the criminal justice system. This includes higher rates of police mistreatment,¹ incarceration,² and physical and sexual assault in jails and prisons.³ Furthermore, when navigating the United States immigration system, many transgender people, including those who are seeking asylum based on their gender identity, face the prospect of being placed into unsafe immigration detention centers. While in immigration detention, transgender people are often placed in facilities that do not match their gender identity or face extended periods of solitary confinement, leaving them vulnerable to physical and sexual abuse, denial of medical treatment, and other dangerous conditions.⁴

This chapter explores respondents' experiences with police and other law enforcement officers, in jail, prison, or juvenile detention centers, and in immigration detention, including experiences of physical and sexual assault during interactions with law enforcement and while incarcerated. Many of the questions in this section were modeled on the Bureau of Justice Statistics' National Inmate Survey. Results in this chapter are presented in three sections: (A) Interactions with Law Enforcement Officers, (B) Incarceration in Jail, Prison, or Juvenile Detention, and (C) Experiences in Immigration Detention. Notable differences in respondents' experiences based on demographic and other characteristics are reported throughout the chapter.

A. INTERACTIONS WITH LAW ENFORCEMENT OFFICERS

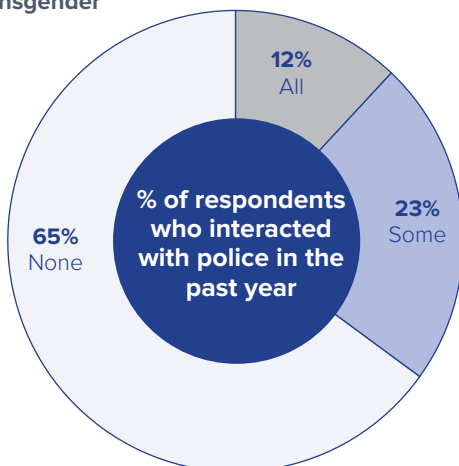
KEY FINDINGS

- ▶ Of respondents who interacted with police or law enforcement officers who thought or knew they were transgender in the past year, 57% said they were never or only sometimes treated respectfully. Further, 58% reported some form of mistreatment, such as being repeatedly referred to as the wrong gender, verbally harassed, or physical or sexually assaulted.
- ▶ More than half (57%) of respondents said they were either somewhat or very uncomfortable asking the police for help.
- ▶ Two percent (2%) of respondents were arrested in the past year, and of those arrested, 22% believed they were arrested because they were transgender.

I. Law Enforcement Interactions in the Past Year

Forty percent (40%) of respondents said that they interacted with the police or other law enforcement officers in the past year. Of those, 65% said that they believed none of the officers thought or knew they were transgender, and 35% said that some or all of the officers thought or knew they were transgender (Figure 14.1).

Figure 14.1: Interaction with officers who thought or knew respondents were transgender



Respondents who said that some or all of the law enforcement officers thought or knew they were transgender were then asked whether they were treated with respect during the interactions. More than half of these respondents (57%) said that they were never or only sometimes treated with respect, and 43% reported that they were always treated with respect (Figure 14.2).

Figure 14.2: Frequency of respectful treatment by police or other law enforcement officers in the past year



Respondents who were currently working in the underground economy (80%) were more likely to

report never or only sometimes being treated with respect, as were those who were currently living in poverty⁵ (69%). Non-binary respondents (70%) and transgender men (62%) were more likely to report having never or only sometimes been treated with respect than transgender women (51%) (Figure 14.3). People of color were also more likely to report never or only sometimes being treated with respect, particularly American Indian (72%) and Black (70%) respondents (Figure 14.4).

Figure 14.3: Never or only sometimes treated with respect by law enforcement officers in the past year GENDER IDENTITY (%)

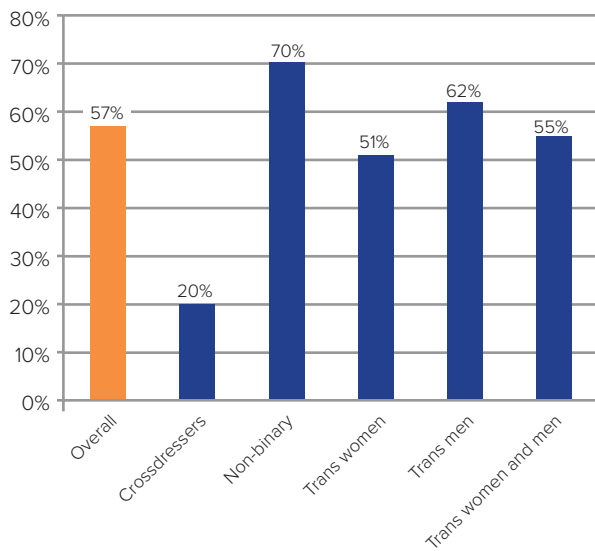
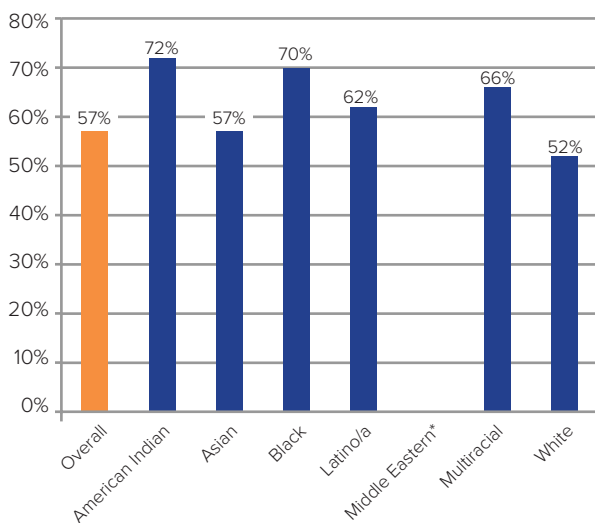


Figure 14.4: Never or only sometimes treated with respect by law enforcement officers in the past year RACE/ETHNICITY (%)



*Sample size too low to report

Respondents who said that some or all of the officers they interacted with thought or knew they were transgender were also asked whether they experienced specific forms of mistreatment in their interactions with law enforcement officers in the past year, such as being repeatedly referred to as the wrong gender, verbally harassed, or physically attacked. More than half (58%) of these respondents reported having experienced one or more forms of mistreatment (Table 14.1).

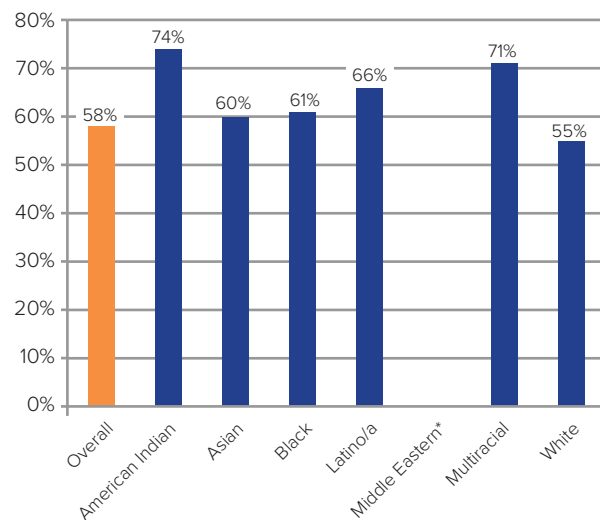
Table 14.1: Mistreatment by police or other law enforcement officers in the past year

Experiences of mistreatment in the past year	% of those who interacted with officers who thought or knew they were transgender in the past year
Officers kept using the wrong gender pronouns (such as he/him or she/her) or wrong title (such as Mr. or Ms.)	49%
Verbally harassed by officers	20%
Officers asked questions about gender transition (such as about hormones or surgical status)	19%
Officers assumed they were sex workers	11%
Physically attacked by officers	4%
Sexually assaulted by officers	3%
Forced by officers to engage in sexual activity to avoid arrest	1%
One or more experiences listed	58%

People of color, including American Indian (74%), multiracial (71%), Latino/a (66%), and Black (61%) respondents, were more likely to have experienced one or more forms of mistreatment (Figure 14.5). Respondents who were homeless in the past year (78%), those who were currently unemployed (75%), and people with disabilities⁶ (68%) were also more likely to report one or more of these experiences.

More than half (58%) of respondents who interacted with a law enforcement officer who thought or knew that they were transgender were verbally harassed, physically or sexually assaulted, or mistreated in another way in the past year.

Figure 14.5: Experienced one or more forms of mistreatment by law enforcement officers in the past year
RACE/ETHNICITY (%)



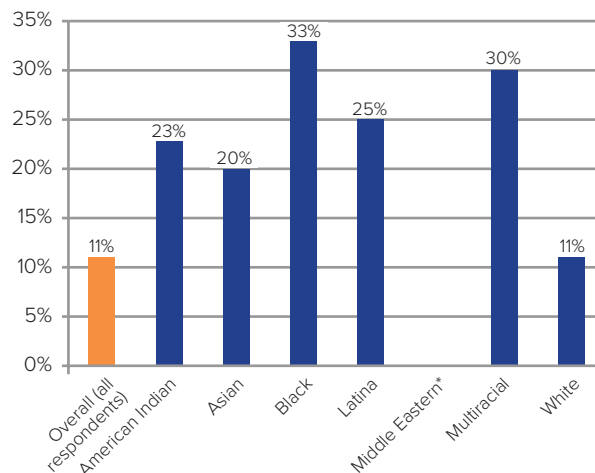
*Sample size too low to report

Verbal harassment was frequently reported by respondents who interacted with police or other law enforcement officers who thought or knew they were transgender. In the past year, one in five (20%) of these respondents reported verbal harassment by an officer. Those who had been homeless in the past year were twice as likely to

be verbally harassed by an officer (40%), and those who were currently working in the underground economy were more than twice as likely to be verbally harassed (51%).

In the past year, more than one in ten (11%) respondents who interacted with law enforcement officers who thought or knew they were transgender reported that an officer assumed that they were sex workers. Transgender women of color were more likely to report that an officer assumed they were sex workers, including Black (33%), multiracial (30%), Latina (25%), American Indian (23%), and Asian (20%) women (Figure 14.6).

Figure 14.6: Law enforcement officer assumed they were a sex worker in the past year among transgender women
RACE/ETHNICITY (%)

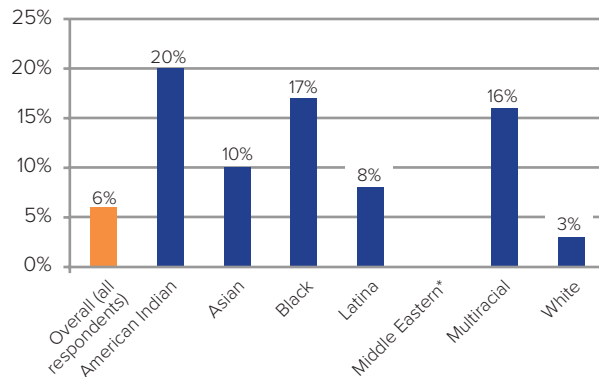


*Sample size too low to report

Respondents who interacted with law enforcement officers who thought or knew they were transgender in the past year also reported being physically or sexually assaulted. Six percent (6%) of these respondents were physically attacked, sexually assaulted,⁷ and/or forced to engage in sexual activity to avoid arrest by an officer. Respondents who were currently working in the underground economy (27%) and those who were homeless in the past year (17%) were more

likely to report one or more of these experiences. Transgender women of color, including American Indian (20%), Black (17%), and multiracial (16%) women, were also more likely to report one or more of these experiences (Figure 14.7).

Figure 14.7: Physically attacked, sexually assaulted, and/or forced to engage in sexual activity to avoid arrest in the past year among transgender women RACE/ETHNICITY (%)



*Sample size too low to report

II. Comfort Interacting with Law Enforcement Officers

All respondents were asked how comfortable they would feel asking for help from the police if they needed it. Twenty-nine percent (29%) reported that they would either be very comfortable or somewhat comfortable asking for help from the police, and 15% said they were neutral. A majority (57%) of the sample said that they were somewhat uncomfortable or very uncomfortable asking for help from the police (Figure 14.8).

In Our Own Voices

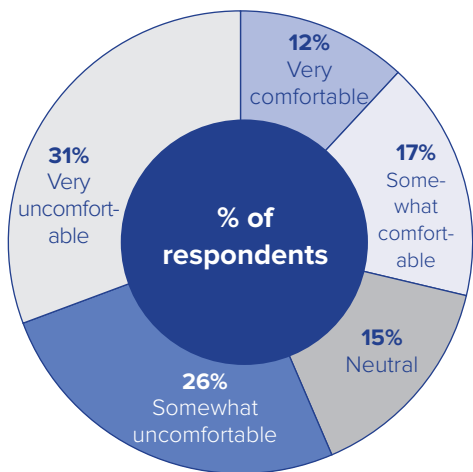
“When I began to live in my correct gender, I was stopped by police and forced to strip in public in front of them as well as being verbally harassed, threatened with arrest, and accused of being a sex worker.”

“While I was in solitary, a cop asked me about my gender. I told him I was male, and he told me I sounded female. Next thing I knew, I was being taken to the jail doctor to spread my legs and have him confirm my gender. It was humiliating.”

“I was in [jail] for 12 days housed with male detainees. Upon being booked, I was escorted to the shower area where I was forced to strip down and shower with male inmates who made sexual advances towards me while mocking me for being different. I feared for my life and the guards were of no help because they mocked me for being transgender.”

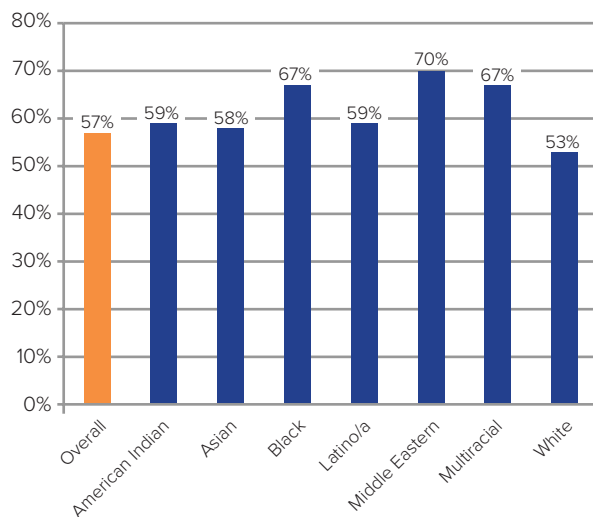
“When I was booked, the officers asked very intrusive questions about my genitalia in a very nonprofessional manner and laughed about it. They ended up booking me into an all-female solitary confinement cell, kept calling me ‘miss,’ and gave me female colors even though I pass full time as male.”

Figure 14.8: Comfort asking the police for help



Middle Eastern (70%), Black (67%), and multiracial (67%) respondents were more likely to say that they were either somewhat or very uncomfortable asking for help from the police (Figure 14.9). Respondents with disabilities (70%) and those who were living in poverty (67%) were also more likely to be somewhat or very uncomfortable asking for help from the police.

Figure 14.9: Somewhat or very uncomfortable asking the police for help RACE/ETHNICITY (%)



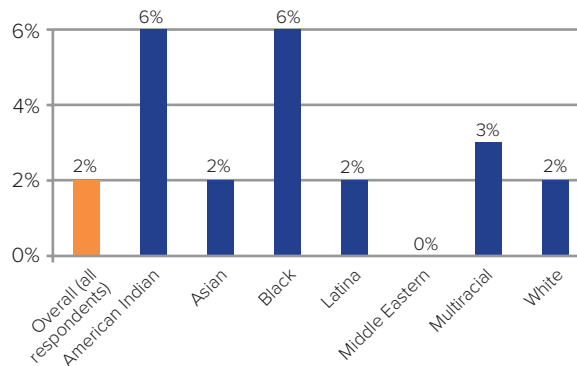
A majority (57%) of respondents said they would be somewhat or very uncomfortable asking for help from the police if they needed it.

III. Arrest

Two percent (2%) of all respondents reported having been arrested in the past year. Almost one-quarter (22%) of those who were arrested believed that they were arrested because they were transgender.

Respondents who were homeless in the past year (6%) were more likely to be arrested during that year. Transgender women of color, including Black (6%), American Indian (6%), and multiracial (3%) women, were also more likely to be arrested in the past year (Figure 14.10).

Figure 14.10: Arrested in the past year for any reason among transgender women RACE/ETHNICITY (%)



B. INCARCERATION IN JAIL, PRISON, OR JUVENILE DETENTION

KEY FINDINGS

- ▶ Two percent (2%) of respondents were held in jail, prison, or juvenile detention in the past year.

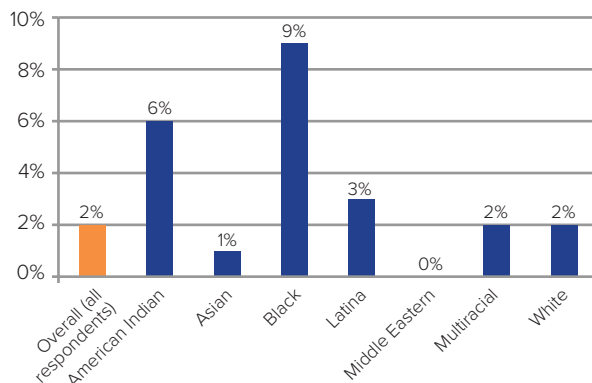
- ▶ Nearly one-third (30%) of respondents who were incarcerated were physically and/or sexually assaulted by facility staff and/or another inmate in the past year.

- ▶ During the past year, more than one-third (37%) of respondents who were taking hormones before their incarceration were prevented from taking their hormones while incarcerated.

I. Overall Incarceration Rates

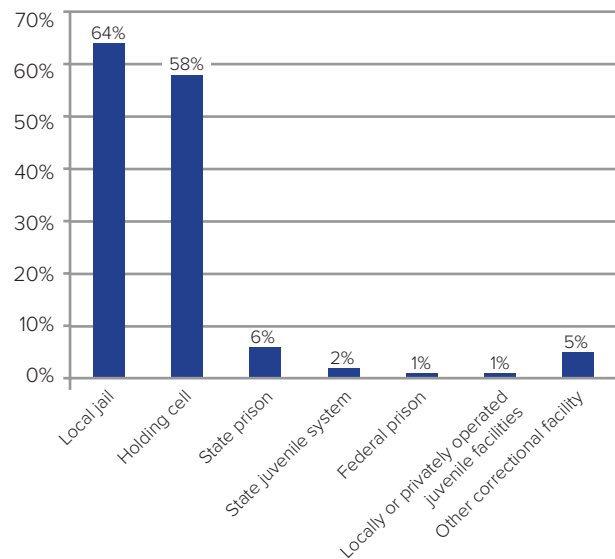
Two percent (2%) of respondents were incarcerated (held in jail, prison, or juvenile detention) in the past year. Twelve percent (12%) of undocumented respondents were incarcerated in the past year. Transgender women of color, including Black (9%) and American Indian (6%) women, were more likely to have been incarcerated in the past year (Figure 14.11), as were respondents who had been homeless in the past year (7%).

Figure 14.11: Incarcerated in the past year among transgender women RACE/ETHNICITY (%)



Respondents who were incarcerated in the past year were asked what type of jail, prison, or juvenile detention facility they were in, and they made one or more selections. Most of these respondents were incarcerated in a local jail (64%) and/or held in a holding cell (58%) (Figure 14.12).

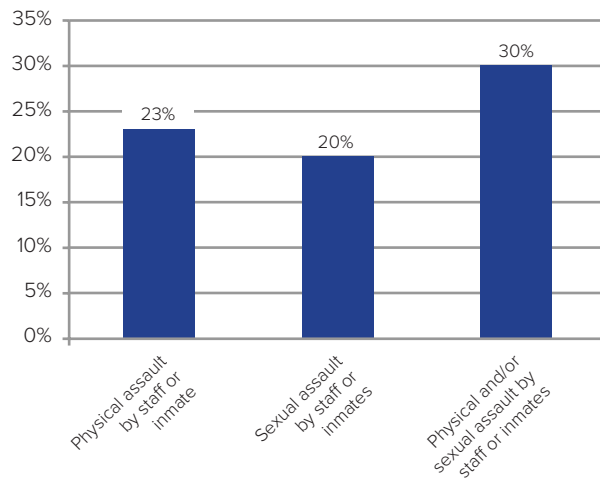
Figure 14.12: Types of incarceration facilities



II. Physical and Sexual Assault During Incarceration

Respondents who were incarcerated in jail, prison, or juvenile detention in the past year were asked whether they had been physically or sexually assaulted⁸ by facility staff or other inmates during that time period. One in five (20%) respondents reported being sexually assaulted by facility staff or other inmates. This rate was five to six times higher than the rates of sexual assault by facility staff or other inmates reported by the U.S. incarcerated population in prisons (4%) and in jails (3.2%).⁹ Nearly one-quarter (23%) were physically assaulted.¹⁰ Overall, 30% were physically and/or sexually assaulted in the past year while incarcerated (Figure 14.13). Physical and sexual assault by staff or other inmates is explored separately in the following sections.

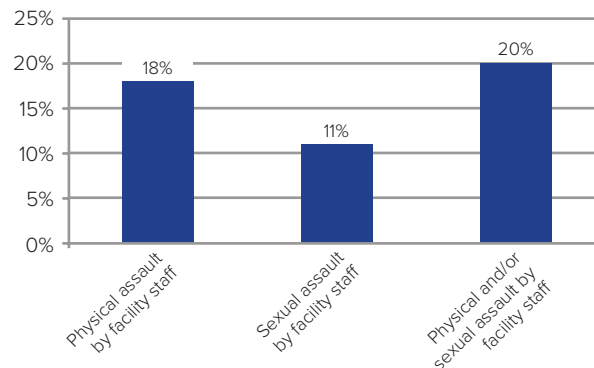
Figure 14.13: Physical and sexual assault by staff or inmates in the past year during incarceration



a. Physical and Sexual Assault by Facility Staff

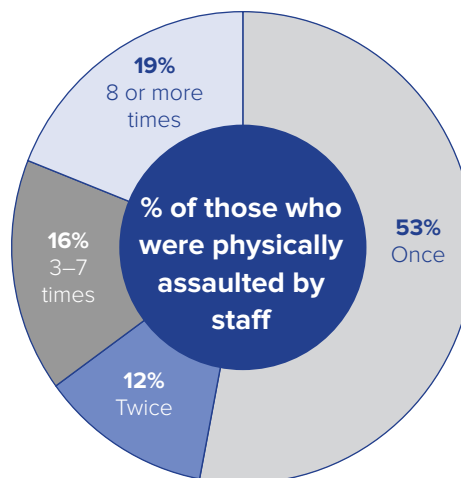
One in five (20%) respondents who were incarcerated in jail, prison, or juvenile detention in the past year were physically and/or sexually assaulted by facility staff during that time (Figure 14.14).

Figure 14.14: Physical and sexual assault by facility staff during the past year



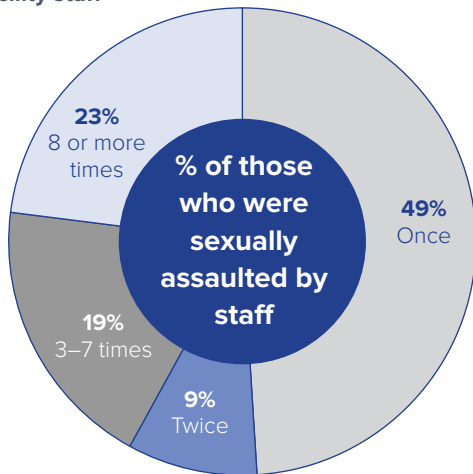
Almost one in five (18%) respondents who were incarcerated in the past year were physically assaulted by facility staff during their time in jail, prison, or juvenile detention. Respondents who were physically assaulted by facility staff in the past year were asked how many times it happened. More than half (53%) reported that they had been physically assaulted once, 12% reported that it happened twice, 16% said that it happened between three and seven times, and nearly one in five (19%) reported that it happened eight or more times (Figure 14.15).

Figure 14.15: Number of physical assaults by facility staff



Eleven percent (11%) were sexually assaulted by facility staff in the past year during their time in jail, prison, or juvenile detention. The rate among USTS respondents was five to six times higher than the rates of sexual assault by facility staff reported by the U.S. incarcerated population in prisons (2.4%) and in jails (1.8%).¹¹ Respondents who were sexually assaulted by facility staff in the past year were asked how many times it happened. Nearly half (49%) said that it happened once, 9% reported that it happened twice, 19% said it happened between three and seven times, and almost one-quarter (23%) said that it happened eight or more times (Figure 14.16).

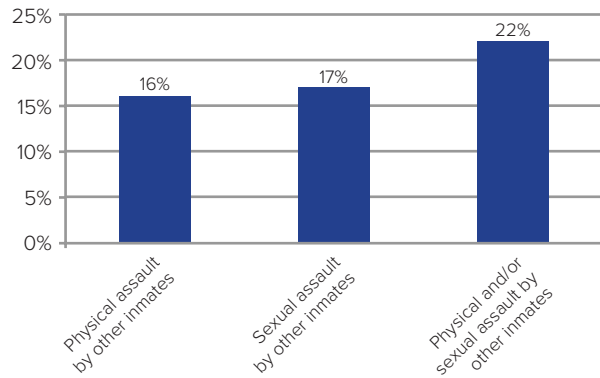
Figure 14.16: Number of sexual assaults by facility staff



b. Physical and Sexual Assault by Other Inmates

Twenty-two percent (22%) of respondents who were incarcerated in jail, prison, or juvenile detention in the past year reported that they were physically and/or sexually assaulted by other inmates during that time (Figure 14.17).

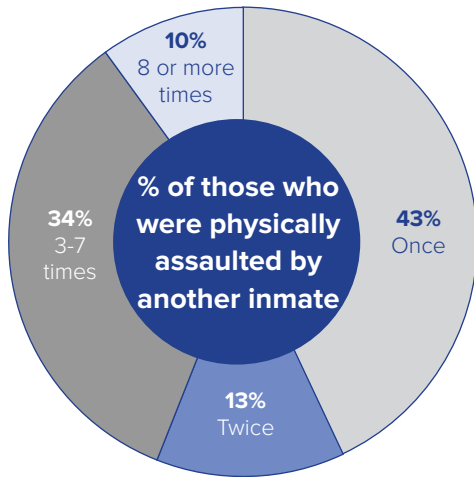
Figure 14.17: Physical and sexual assault by other inmates during the past year



One in six (16%) respondents who were incarcerated in the past year were physically assaulted by another inmate during their time in jail, prison, or juvenile detention. Respondents who were physically assaulted by another inmate in the past year were asked how many times it happened. Fewer than half (43%) of those respondents were physically assaulted once, 13% were physically assaulted twice, 34% said that it happened between three and seven times, and one in ten (10%) said that it happened eight or more times (Figure 14.18).

Respondents who were incarcerated were five to six times more likely than the general incarcerated population to be sexually assaulted by facility staff, and nine to ten times more likely to be sexually assaulted by another inmate.

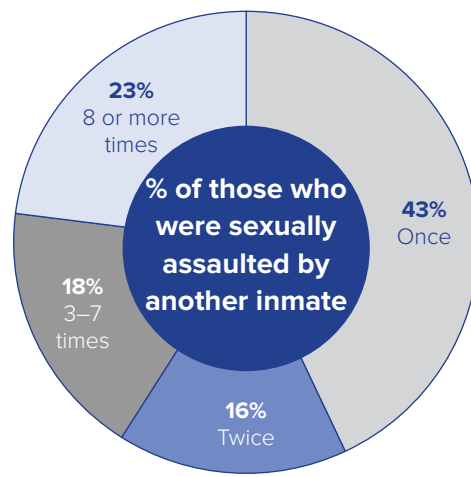
Figure 14.18: Number of physical assaults by another inmate



Seventeen percent (17%) of respondents who were incarcerated in the past year reported that they were sexually assaulted by another inmate during their time in jail, prison, or juvenile detention. The rate among USTS respondents was nine to ten times higher than the rates of sexual assault by other inmates reported by the U.S. incarcerated population in prisons (2%) and in jails (1.6%).¹²

Respondents who were sexually assaulted by another inmate in the past year were asked how many times it happened. Forty-three percent (43%) of those respondents were sexually assaulted once, and 16% were sexually assaulted twice. Nearly one in five (18%) said it happened between three and seven times, and nearly one-quarter (23%) said that it happened eight or more times (Figure 14.19).

Figure 14.19: Number of sexual assaults by another inmate



III. Hormone Therapy During Incarceration

Over half (58%) of respondents who were incarcerated in the past year had been taking hormones before their time in jail, prison, or juvenile detention. Of those, 82% had a prescription for those hormones. More than one-third (37%) of respondents who had been taking hormones before their incarceration were prohibited from taking their hormones in the past year while in jail, prison, or juvenile detention.

In the past year, more than one-third (37%) of respondents who had been taking hormones before being incarcerated were prohibited from taking those hormones while in jail, prison, or juvenile detention.

C. EXPERIENCES IN IMMIGRATION DETENTION

KEY FINDINGS

- ▶ Four percent (4%) of respondents who were not U.S. citizens by birth had been held in immigration detention at some point in their lives.

- ▶ More than half (52%) of respondents who were held in immigration detention were segregated from other people in detention, including 42% who were held in solitary confinement.

- ▶ Forty-five percent (45%) of respondents who were in immigration detention experienced some form of mistreatment, such as being physically or sexually assaulted or being denied access to hormones.

I. Placement in Immigration Detention

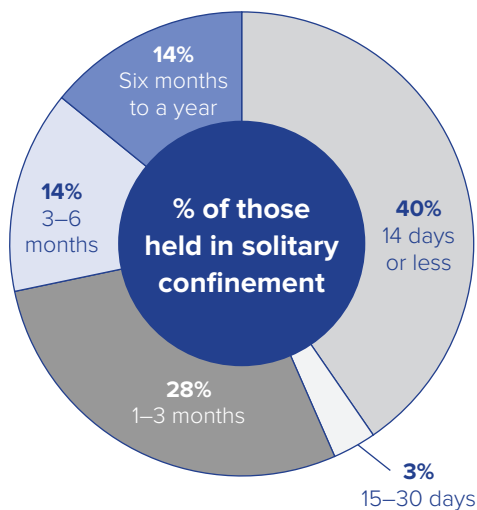
Respondents who were not U.S. citizens by birth were asked if they had ever been held in immigration detention, such as being held in an Immigration and Customs Enforcement (ICE) detention center or a local jail just for immigration court proceedings.¹³ Four percent (4%) (n=30, unweighted)¹⁴ had been held in immigration detention. More than two-thirds (69%) of those who were held in immigration detention said that staff, guards, or others thought or knew that they were transgender or lesbian, gay, or bisexual (LGB).

II. Isolation and Solitary Confinement

Respondents who were detained were asked whether they had been segregated from others who were also in detention. Of the thirty respondents who answered this question, more than half (52%) reported being isolated in one or more ways. Seventeen percent (17%) were held in a separate area for transgender and/or LGB people, such as a pod, unit, tank, or other housing area. Forty-two percent (42%) were held in solitary confinement.

Those who were held in solitary confinement were asked how long they were held in confinement. Of the nine respondents who had been in solitary confinement, forty percent (40%) were held for 14 days or less (up to two weeks). More than one-quarter (28%) were held for 1–3 months, while 14% were held in solitary confinement for over six months (Figure 14.20).

Figure 14.20: Duration of solitary confinement (n=9, unweighted)



** Due to the small sample size, these findings should be interpreted with caution.*

III. Mistreatment and Assault in Immigration Detention

Those who were placed in immigration detention were asked about any mistreatment they faced while they were there, such as being physically or sexually assaulted, threatened with sexual assault, or denied access to hormones or gender-appropriate clothing. Of the twenty-nine respondents who answered these questions, 45% reported one or more of these experiences from their time in immigration detention.

Approximately one-quarter (23%) were physically assaulted and 15% were sexually assaulted by staff or detention officers or by other detainees or inmates, while 19% were threatened with sexual assault. Nearly one-third (29%) were denied access to hormone treatment (Table 14.2).

Table 14.2: Mistreatment and assault in immigration detention

Form of mistreatment or assault (n=29, unweighted)	% of those detained
Denied access to hormones	29%
Physically assaulted	23%
Denied gender-appropriate clothing	22%
Threatened with sexual assault	19%
Sexually assaulted	15%
One or more experiences listed	45%

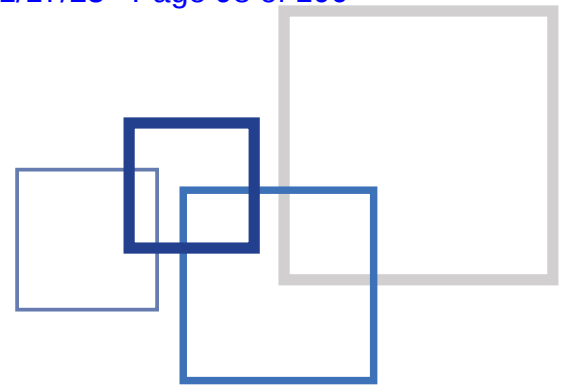
** Due to the small sample size, these findings should be interpreted with caution.*

Conclusion

Respondents reported frequent contact with the law enforcement and criminal justice systems, as well as high rates of mistreatment by police, physical and sexual abuse in jails and prisons, and denial of medical treatment while incarcerated. Experiences with law enforcement varied by demographic groups, with transgender people of color, those who have experienced homelessness, people with disabilities, and low-income transgender people reporting higher rates of discomfort with and mistreatment by police and other law enforcement officers. Results also indicated substantial levels of mistreatment and abuse in jail, prisons, and juvenile detention centers. Additionally, the experiences of respondents who were placed in immigration detention included harmful conditions and mistreatment, such as lengthy periods of solitary confinement and physical and sexual assault by detention staff and other detainees.

ENDNOTES | CHAPTER 14: POLICE, PRISONS, AND IMMIGRATION DETENTION

- 1 Center for American Progress & Movement Advancement Project. (2016). *Unjust: How the Broken Criminal Justice System Fails LGBT People*. Available at: <http://www.lgbtmap.org/file/lgbt-criminal-justice.pdf>.
- 2 Center for American Progress & Movement Advancement Project. (2016). *Unjust: How the Broken Criminal Justice System Fails LGBT People*. Available at: <http://www.lgbtmap.org/file/lgbt-criminal-justice.pdf>; Lydon, J. (2015). *Coming out of Concrete Closets: A Report on Black & Pink's National LGBTQ Survey*. Available at: <http://www.blackandpink.org/wp-content/uploads/Coming-Out-of-Concrete-Closets.-Black-and-Pink.-October-21-2015..pdf>.
- 3 Beck, A. J. (2014). *Sexual Victimization in Prisons and Jails Reported by Inmates, 2011–12: Supplemental Tables: Prevalence of Sexual Victimization Among Transgender Adult Inmates*. DC: Bureau of Justice Statistics. Available at: https://www.bjs.gov/content/pub/pdf/svpjri1112_st.pdf.
- 4 Human Rights Watch. (2016). *“Do You See How Much I’m Suffering Here?”: Abuse Against Transgender Women in US Immigration Detention*. NY, New York: Human Rights Watch. Available at: https://www.hrw.org/sites/default/files/report_pdf/us0316_web.pdf; Jeanty, J. & Tobin, H. J. (2013). *Our Moment for Reform: Immigration and Transgender People*. DC: National Center for Transgender Equality. Available at: http://www.transequality.org/sites/default/files/docs/resources/OurMoment_CIR_en.pdf.
- 5 Respondents who are “living in poverty” represent those who are living at or near the poverty line. See the *Income and Employment Status* chapter for more information about the poverty line calculation.
- 6 “Respondents with disabilities” here refers to respondents who identified as a person with a disability in Q. 2.20.
- 7 Respondents received the following answer choice in Q. 28.5: “I experienced unwanted sexual contact from an officer (such as fondling, sexual assault, or rape).”
- 8 Respondents were asked in Q. 28.10 and Q. 28.12 whether they were “physically forced, pressured, or made to feel that [they] had to have sex or sexual contact” with facility staff or with another inmate. This question was based on the language used by the Bureau of Justice’s National Inmate Survey to allow for comparison with the general incarcerated population. Beck, A. J., Berzofsky, M., Caspar, R., & Krebs, C. (2013). *Sexual Victimization in Prisons and Jails Reported by Inmates 2011–12*. DC: Bureau of Justice Statistics. Available at: <https://www.bjs.gov/content/pub/pdf/svpjri1112.pdf>.
- 9 Beck et al. See note 8. The Bureau of Justice Statistics (BJS) presents data separately for people incarcerated in state and federal prisons and people incarcerated in jails, but they do not present data for those held in juvenile detention facilities. USTS data includes the experiences of those who were incarcerated in jail, prison, and juvenile detention. Therefore, data from the U.S. incarcerated population in this section is provided as a benchmark for experiences among USTS respondents and should be interpreted with caution.
- 10 The National Inmate Survey does not ask about physical assault that does not involve sexual violence.
- 11 Beck et al. See note 8.
- 12 Beck et al. See note 8.
- 13 This section discusses the specific experiences of those held in immigration detention. General information about citizenship and immigration status, including experiences with applications for asylum, is provided in the *Portrait of USTS Respondents* chapter.
- 14 Although a small number of respondents in the sample (n=30, unweighted) had been held in an immigration detention facility, it was important to highlight their experiences in this report. Due to the small sample size, unweighted frequencies are presented alongside weighted percentages in this section to be clear that the percentages reflect the experiences of a small number of respondents. While it is important to present these experiences in this report, the findings presented in this section should be interpreted with caution due to the small sample size.



CHAPTER 15

Harassment and Violence

The freedom to participate in public life without fear of discrimination, harassment, and violence has been shown to have wide-ranging impacts on health, economic stability, and other key aspects of life.¹ Transgender people, however, are often vulnerable to mistreatment in public spaces, resulting in barriers to civic and economic participation.² Transgender people also face high rates of violence, including physical attacks, sexual assault, and intimate partner violence.³

Respondents were asked about their experiences in the past year with unequal treatment or service⁴ in businesses, government agencies, and other public places (more broadly than just in public accommodations, which are covered in the *Places of Public Accommodation and Airport Security* chapter), as well their experiences with verbal harassment.⁵ They also received questions about experiences with being physically attacked or sexually assaulted in a variety of settings. Finally, they were asked about experiences with intimate partner violence. Questions were informed by several national surveys, including the National Crime Victimization Survey and the National Intimate Partner and Sexual Violence Survey.⁶ Notable differences in respondents' experiences based on demographic and other characteristics are reported throughout the chapter.

KEY FINDINGS

- ▶ Nearly half (48%) of all respondents in the sample reported being denied equal treatment, verbally harassed, and/or physically attacked in the past year because of being transgender.
 - One in seven (14%) respondents reported that they were denied equal treatment or service in a public place in the past year because of being transgender.
 - Nearly half (46%) of respondents reported that they were verbally harassed in the past year because of being transgender.
 - Nearly one in ten (9%) respondents reported that they were physically attacked in the past year because of being transgender.

- ▶ Nearly half (47%) of respondents have been sexually assaulted at some point in their lifetime.

- ▶ One in ten (10%) respondents in the survey were sexually assaulted in the past year.

- ▶ More than half (54%) of respondents experienced some form of intimate partner violence.
 - More than one-third (35%) experienced physical violence by an intimate partner, compared to 30% of the U.S. adult population. Nearly one-quarter (24%) experienced severe physical violence by a current or former partner, compared with 18% of the U.S. population.

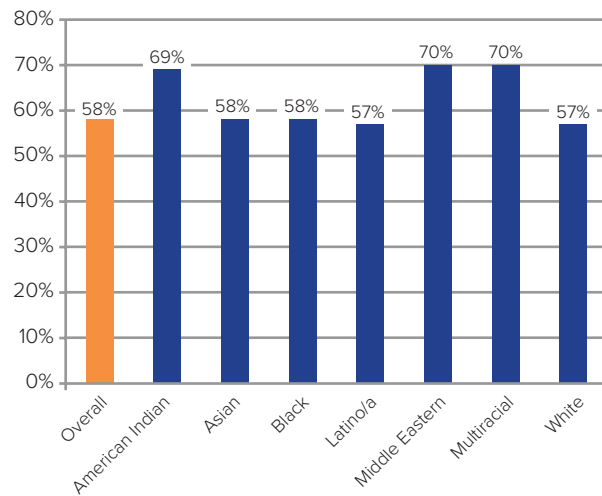
I. Overall Experiences of Unequal Treatment, Harassment, and Physical Attack

Respondents were asked if they had been denied equal treatment or service, verbally harassed, or physically attacked in the past year for any reason, regardless of whether it happened because they were transgender. This section of the chapter will examine respondents' overall experiences in the past year, and is followed by separate sections

examining denial of equal treatment, verbal harassment, and physical attacks in greater detail.

Fifty-eight percent (58%) of respondents said that they were denied equal treatment or service, verbally harassed, and/or physically attacked in the past year for any reason. Respondents who were currently working in the underground economy, such as sex work, drug sales, or other work that is currently criminalized (82%), and people with disabilities⁷ (69%) were more likely to report one or more of these experiences. Middle Eastern (70%), multiracial (70%), and American Indian (69%) respondents were also more likely to report one or more of these experiences (Figure 15.1).

Figure 15.1: Unequal treatment, verbal harassment, and/or physical attack for any reason in the past year
RACE/ETHNICITY (%)



Respondents who had one or more of these experiences were then asked what they believed the reasons were for that treatment. Eighty-four percent (84%) believed that it happened because of their gender identity or expression. This means that 48% of all respondents in the survey reported that they were denied equal treatment or service, verbally harassed, and/or physically attacked because of being transgender in the past year (Table 15.1).

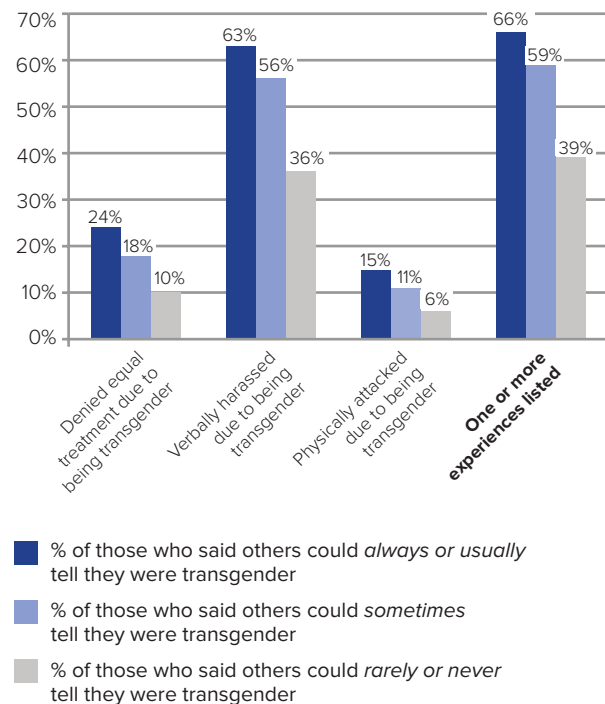
Table 15.1: Denial of equal treatment, verbal harassment, and physical attack in the past year

Experience	Had experience for any reason (% of respondents)	Had experience because of being transgender (% of respondents)
Denied equal treatment	16%	14%
Verbally harassed	54%	46%
Physically attacked	13%	9%
One or more experiences listed	58%	48%

Nearly half (48%) of respondents reported that they were denied equal treatment or service, verbally harassed, and/or physically attacked because of being transgender in the past year.

Those who said that others could usually or always tell that they were transgender (66%) were more likely to report having one or more of these experiences because of being transgender, in contrast to those who said that others could rarely or never tell that they were transgender (39%) (Figure 15.2).

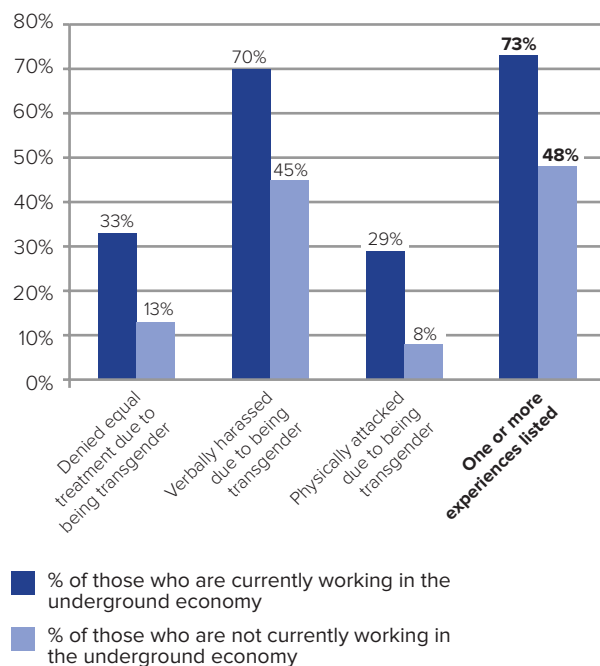
Figure 15.2: Denial of equal treatment, verbal harassment, and physical attack in the past year
OTHERS' PERCEPTION OF TRANSGENDER STATUS (%)



Almost three-quarters (73%) of respondents who were currently working in the underground economy reported being denied equal treatment, verbally harassed, and/or physically attacked in the past year because of being transgender (Figure 15.3).

EXHIBIT 8

Figure 15.3: Unequal treatment, harassment, and physical attack in the past year
CURRENT PARTICIPATION IN THE UNDERGROUND ECONOMY (%)

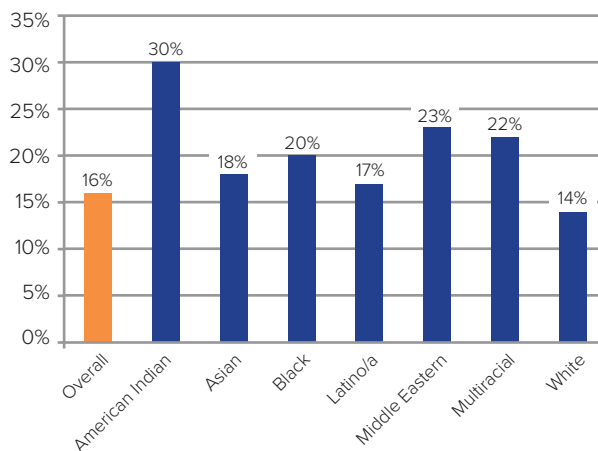


II. Unequal Treatment or Service

Sixteen percent (16%) of respondents were denied equal treatment or service in the year before taking the survey, such as at a place of business, government agency, or other public place, for any reason, regardless of whether it was related to being transgender.

People of color were more likely to have experienced unequal treatment or service. Almost one-third (30%) of American Indian respondents reported being denied equal treatment or service at a public place in the past year. Middle Eastern (23%), multiracial (22%), and Black (20%) respondents also reported higher rates (Figure 15.4). Undocumented residents (39%) were more than twice as likely to have been denied equal treatment or service as those in the overall sample, in contrast to documented non-citizens (20%) and citizens (16%).

Figure 15.4: Denial of equal treatment or service for any reason in the past year
RACE/ETHNICITY (%)



Respondents who were denied equal treatment or service were asked what they believed the reasons were for that treatment, and they selected one or more reasons from a list, such as age, race or ethnicity, and gender identity or expression (Table 15.2).

Table 15.2: Reported reasons for denial of equal treatment or service

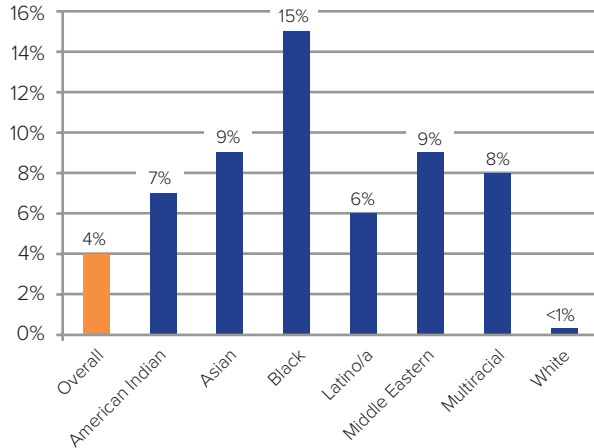
Reason for experience ⁸	% of those denied equal treatment	% of whole sample
Age	14%	2%
Disability	14%	2%
Income level or education	13%	2%
Gender identity or expression	88%	14%
Race or ethnicity	24%	4%
Religion or spirituality	5%	1%
Sexual orientation	36%	6%
None of the above	2%	<1%

Fourteen percent (14%) of all respondents said they had been denied equal treatment or service in the past year because of their gender identity or expression.⁹

Respondents also reported that they had been denied equal treatment or service because of their race or ethnicity. Among people of color, Black (15%), Asian (9%), and multiracial (8%) respondents were

most likely to report being denied equal treatment or service because of their race or ethnicity (Figure 15.5).

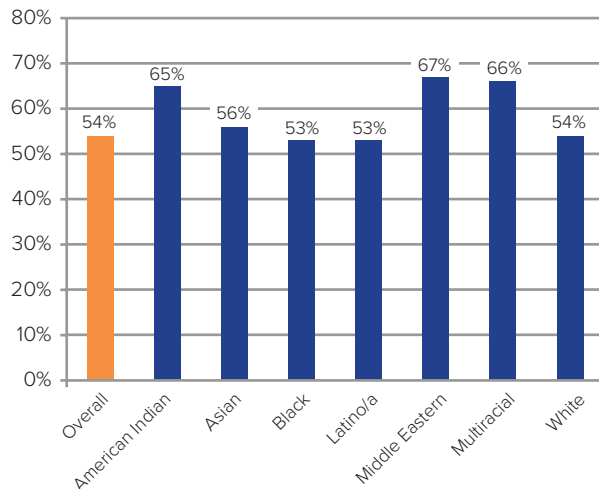
Figure 15.5: Denial of equal treatment or service in the past year because of race or ethnicity
RACE/ETHNICITY (%)



III. Verbal Harassment

Respondents were asked if anyone had verbally harassed them in the past year for any reason, regardless of whether it was related to being transgender. More than half (54%) reported that they had experienced verbal harassment. Those who were currently working in the underground economy (77%) were more likely to experience verbal harassment. Among people of color, Middle Eastern (67%), multiracial (66%), and American Indian (65%) respondents were more likely to have been verbally harassed in the past year (Figure 15.6).

Figure 15.6: Verbal harassment for any reason in the past year
RACE/ETHNICITY (%)



In Our Own Voices

“When people have tried to grope me in the street or have verbally harassed me, it’s usually either because they see me as a sexual target or because they can’t figure out whether I am a ‘man’ or a ‘woman’ and they think they have the right to demand an explanation.”

“I was sexually assaulted at my university. I was also attacked and stalked. The university didn’t do anything to help me. Instead, it threatened to punish me. I lived in terror the entire time I was on campus. I was denied a rape kit because I was transgender and the police were completely uninterested.”

“I was found in a ditch after being brutally raped for three days. I was taken to an ER. There I met an officer who told me I deserved it for attempting to be a woman and should have died. He also refused to take a report.”

“I was a victim of spousal abuse for over ten years. This grew worse when I transitioned, as [my transition] became an easy justification for verbally, emotionally and physically abusing me.”

“My trans status was used as a tool to [make me] stay with my former partner. She would say things such as ‘no one else would ever love you.’”

Respondents who were verbally harassed were asked what they believed the reasons were for that treatment (Table 15.3).

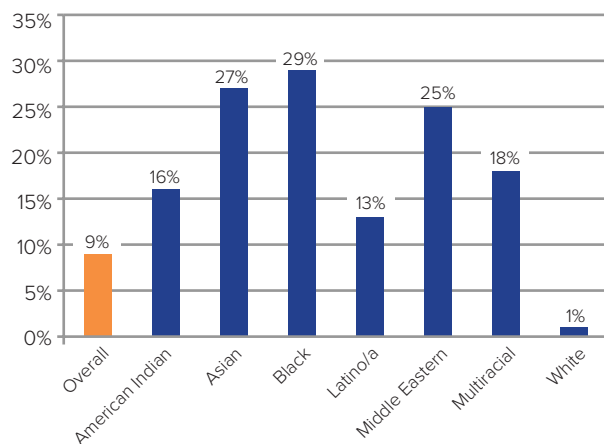
Table 15.3: Reported reasons for verbal harassment

Reason for experience	% of those verbally harassed	% of whole sample
Age	10%	5%
Disability	10%	5%
Income level or education	7%	4%
Gender identity or expression	84%	46%
Race or ethnicity	16%	9%
Religion or spirituality	5%	3%
Sexual orientation	42%	23%
None of the above	8%	4%

Nearly half (46%) of respondents in the overall sample reported they were verbally harassed in the past year because of being transgender.

Among people of color, Black (29%), Asian (27%), Middle Eastern (25%), and multiracial (18%) respondents were most likely to report being verbally harassed because of their race or ethnicity (Figure 15.7).

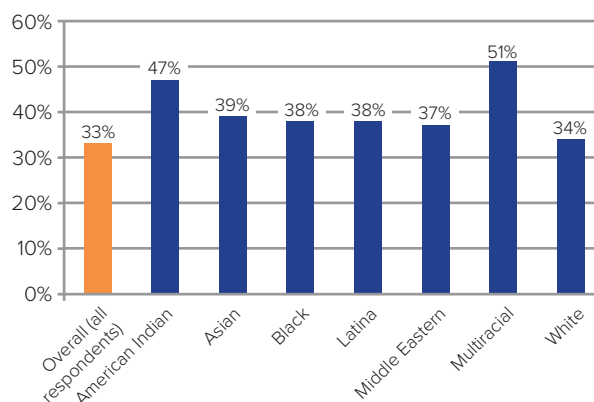
Figure 15.7: Verbal harassment in the past year because of race or ethnicity
RACE/ETHNICITY (%)



Respondents were asked if they had been verbally harassed in public by *strangers* because of being transgender in the past year.¹⁰ One-third (33%) of all respondents reported having this experience in

the past year. Transgender women of color were more likely to be harassed by strangers because of their gender identity or expression, particularly multiracial (51%) and American Indian (47%) women (Figure 15.8). Those who said that others could always or usually tell that they were transgender, even without being told (55%), were substantially more likely to have been verbally harassed by strangers, in contrast to those who said that people could rarely or never tell that they were transgender (22%).

Figure 15.8: Verbal harassment in public by strangers in the past year among transgender women
RACE/ETHNICITY (%)



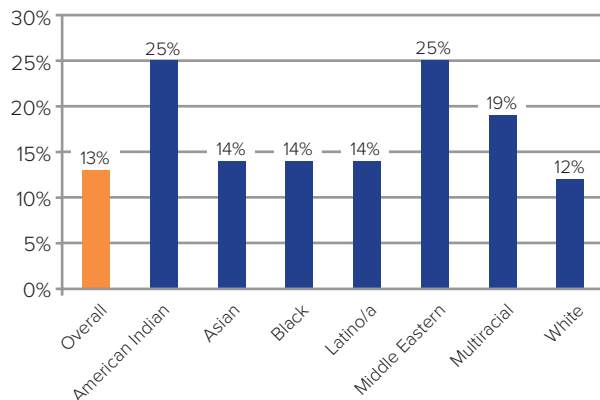
IV. Physical Attack

Thirteen percent (13%) of respondents said that someone had physically attacked them in the past year, such as by grabbing them, throwing something at them, punching them, or using a weapon against them for any reason.

Those who were currently working in the underground economy (41%) were more than three times as likely to report being physically attacked in the past year. Undocumented residents (24%) were almost twice as likely to report being physically attacked. Experiences of physical attack also varied by race and ethnicity, with American Indian (25%), Middle Eastern (25%), and multiracial

(19%) respondents being more likely to report a physically attack in the past year (Figure 15.9).

Figure 15.9: Physical attack for any reason in the past year
RACE/ETHNICITY (%)



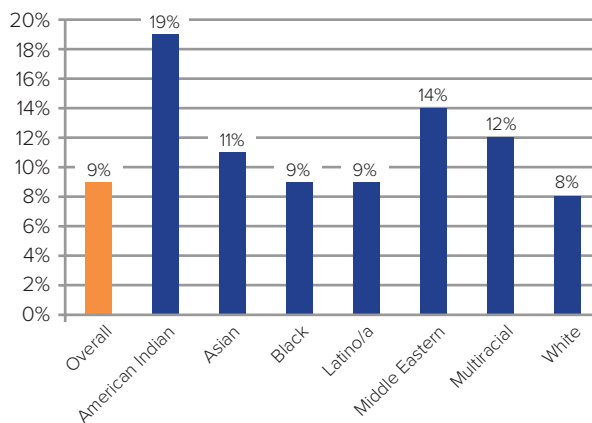
Those who had been physically attacked in the past year were asked what they believed the reasons were for that attack (Table 15.4).

Table 15.4: Reported reasons for physical attack

Reason for experience	% of those physically attacked	% of whole sample
Age	7%	1%
Disability	8%	1%
Income level or education	5%	1%
Gender identity or expression	66%	9%
Race or ethnicity	11%	1%
Religion or spirituality	3%	<1%
Sexual orientation	32%	4%
None of the above	25%	3%

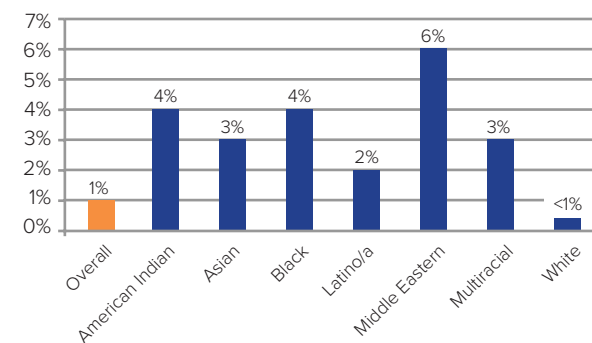
Nearly one in ten (9%) respondents in the overall sample reported being physically attacked in the past year because of being transgender. American Indian (19%), Middle Eastern (14%), multiracial respondents (12%), and Asian respondents (11%) were more likely to report being attacked because of being transgender (Figure 15.10), as were undocumented residents (23%).

Figure 15.10: Physical attack in the past year because of being transgender
RACE/ETHNICITY (%)



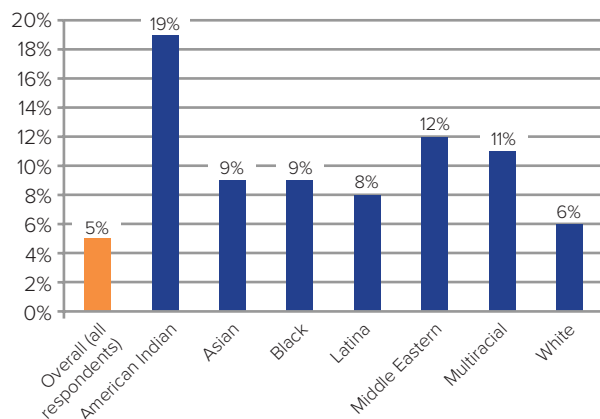
Respondents also reported that they had been physically attacked because of their race or ethnicity. Among people of color, Middle Eastern (6%), American Indian (4%), Black (4%), and Asian (4%) respondents were most likely to report being physically attacked because of their race or ethnicity (Figure 15.11).

Figure 15.11: Physical attack in the past year because of race or ethnicity
RACE/ETHNICITY (%)



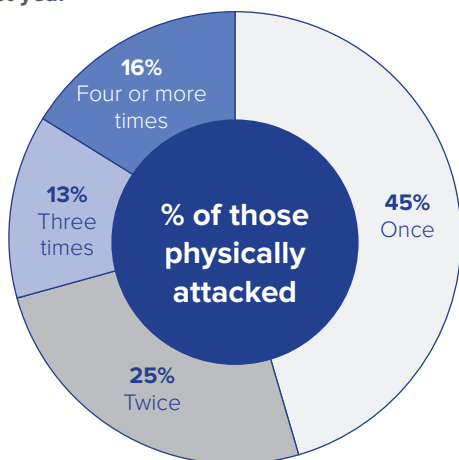
Five percent (5%) of respondents in the overall sample were physically attacked in public by strangers because of being transgender.¹¹ Undocumented residents (20%) and respondents currently working in the underground economy (20%) were four times more likely to report this experience than the overall sample. Transgender women of color were also more likely to report this experience, particularly American Indian (19%), Middle Eastern (12%), and multiracial (11%) women

Figure 15.12: Physical attack in public by strangers in the past year among transgender women RACE/ETHNICITY (%)



Respondents who were physically attacked for any reason in the past year were asked how many times they had been attacked. Forty-five percent (45%) were attacked once that year, and 25% were attacked twice. Thirteen percent (13%) were attacked three times, and 16% were attacked four or more times that year (Figure 15.13).

Figure 15.13: Number of physical attacks in the past year



These respondents were also asked to specify how they were attacked. Nearly three-quarters (73%) of those who were physically attacked in the past year reported that someone had grabbed, punched, or choked them. Twenty-nine percent (29%) reported that someone threw an object at them, like a rock or a bottle. Nearly one-third (29%)

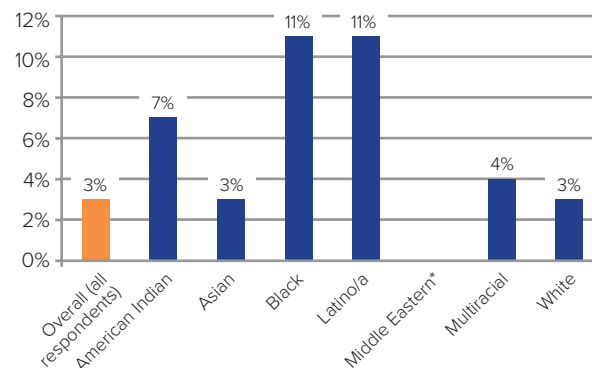
of those who reported being physically attacked were sexually assaulted.¹² (Table 15.5).

Table 15.5: Means of physical attack in the past year

Type of physical attack	% of those physically attacked
By being grabbed, punched, or choked	73%
By having something thrown at them (such as a rock or bottle)	29%
By being sexually assaulted	29%
With another weapon (like a baseball bat, frying pan, scissors, or stick)	7%
With a knife	5%
With a gun	3%
Not listed above	9%

Three percent (3%) of respondents who were physically attacked reported being attacked with a gun in the past year. Transgender women of color, particularly Black (11%) and Latina (11%) women, were nearly four times as likely to report that they were attacked with a gun (Figure 15.14). Respondents currently working in the underground economy (10%) were more than three times as likely to have been attacked with a gun, and those whose only source of income was from underground economy work (16%) were more than five times as likely to have been attacked with a gun.

Figure 15.14: Attacked with a gun among transgender women who were physically attacked in the past year RACE/ETHNICITY (%)



*Sample size too low to report

Nearly half (47%) of respondents have been sexually assaulted at some point in their lifetime.

V. Sexual Assault

In addition to questions about being physically attacked in the past year, respondents were asked questions about their experiences with sexual assault during their lifetime and in the past year,¹³ informed by questions from the National Intimate Partner and Sexual Violence Survey (NISVS).¹⁴

Nearly half (47%) of respondents have been sexually assaulted at some point in their lifetime. This included any experiences with “unwanted sexual contact, such as oral, genital, or anal contact, penetration, forced fondling, or rape.”^{15,16}

Respondents who have participated in sex work (72%), those who have experienced homelessness (65%), and people with disabilities (61%) were more likely to have been sexually assaulted in their lifetime. Among people of color, American Indian (65%), multiracial (59%), Middle Eastern (58%), and Black (53%) respondents were most likely to have been sexually assaulted in their lifetime (Figure 15.15). Experiences also varied across gender, with transgender men (51%) and non-binary people with female on their original birth certificate (58%) being more likely to have been sexually assaulted, in contrast to transgender women (37%) and non-binary people with male on their original birth certificate (41%) (Figure 15.16). Among transgender men and non-binary people with female on their original birth certificates, rates of sexual assault were higher among people of color, particularly American Indian, Middle Eastern, and multiracial people (Figure 15.17 & Figure 15.18).

Figure 15.15: Lifetime sexual assault RACE/ETHNICITY (%)

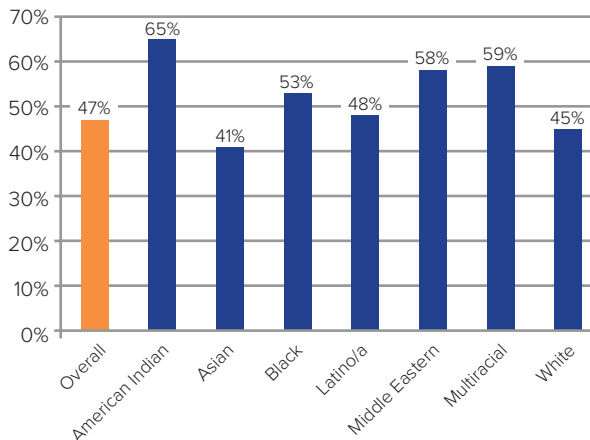


Figure 15.16: Lifetime sexual assault GENDER IDENTITY (%)

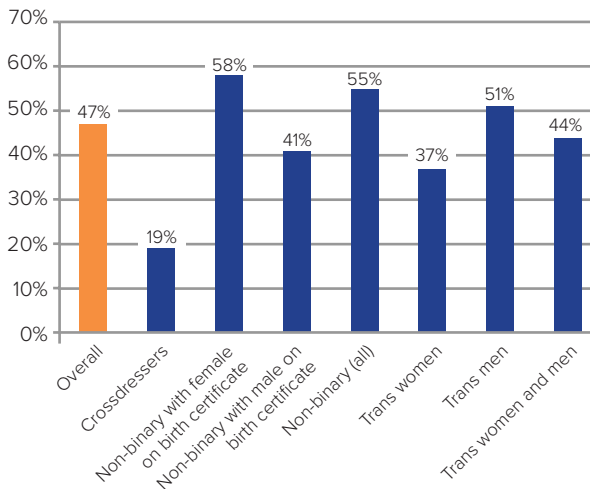


Figure 15.17: Lifetime sexual assault among transgender men RACE/ETHNICITY (%)

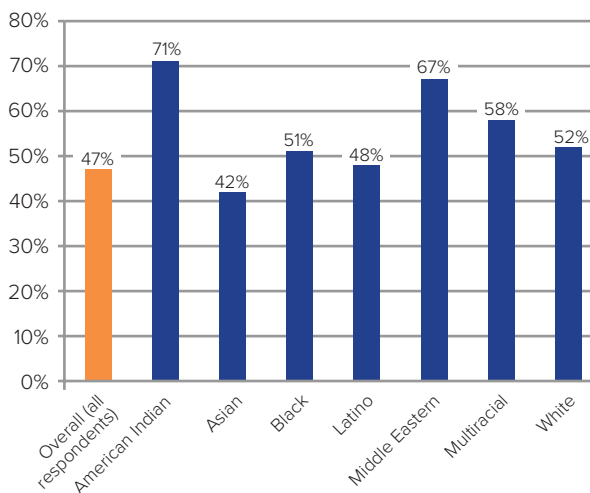


Figure 15.18: Lifetime sexual assault among non-binary people with female on their original birth certificate RACE/ETHNICITY (%)



Respondents who reported this experience were then asked who had committed the sexual assault. Approximately one-third (34%) of those who were sexually assaulted said that a current or former partner had sexually assaulted them. One-quarter (25%) of sexual assault survivors reported that a relative was the perpetrator. Nearly one-third (30%) of sexual assault survivors reported that a stranger committed the assault (Table 15.6).

Table 15.6: Person who committed sexual assault

Person who committed sexual assault	% of respondents who have been sexually assaulted
A friend or acquaintance	47%
A partner or ex-partner	34%
A stranger	30%
A relative	25%
A coworker	5%
A health care provider or doctor	4%
A teacher or school staff member	3%
A law enforcement officer	2%
A boss or supervisor	2%
A person not listed above	12%

One in ten (10%) respondents in the survey were sexually assaulted in the past year.

One in ten (10%) respondents in the survey were sexually assaulted in the past year.^{17,18} Respondents who were currently working in the underground economy (36%) were more than three times as likely to have been sexually assaulted in the past year.

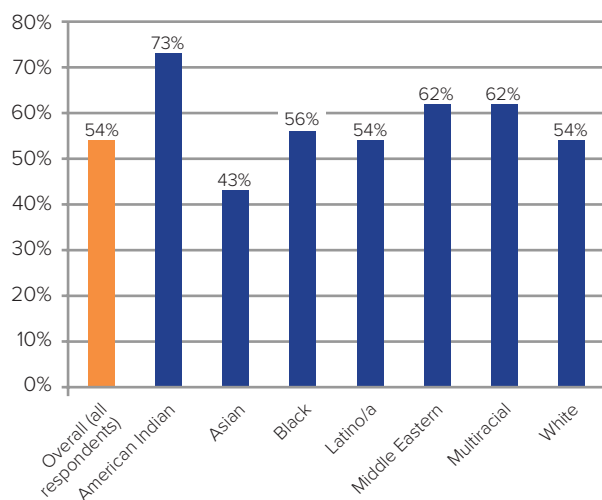
VI. Intimate Partner Violence

a. Overall Intimate Partner Violence

Respondents who reported ever having had a romantic or sexual partner received questions about their experiences with harm involving a current or former intimate partner, including physical, emotional, or financial harm, many of which were based on questions in the National Intimate Partner and Sexual Violence Survey (NISVS).¹⁹ Such acts of harm as described in the survey are defined as “intimate partner violence.”²⁰

Overall, more than half (54%) of all respondents experienced some form of intimate partner violence in their lifetime. Over three-quarters (77%) of respondents who have done sex work and nearly three-quarters (72%) of those who have been homeless experienced intimate partner violence. Undocumented residents (68%), people with disabilities (61%), and people of color, including American Indian (73%), multiracial (62%), and Middle Eastern (62%) respondents, were also more likely to report this experience (Figure 15.19).

Figure 15.19: Intimate partner violence RACE/ETHNICITY (%)



b. Intimidation, Emotional, and Financial Harm

Respondents received two sets of questions covering a range of experiences with intimate partner violence. The first set of questions involved experiences with coercive control, including intimidation, emotional and financial harm, and physical harm to others who were important to respondents. Sixteen percent (16%) of respondents reported that they had been stalked, compared to 6% in the U.S. population.²¹ One in four (25%) respondents were told that they were not a “real” woman or man by a partner, 23% were kept from seeing or talking to family or friends, and 15% were kept from leaving the house when they wanted to go (Table 15.7).

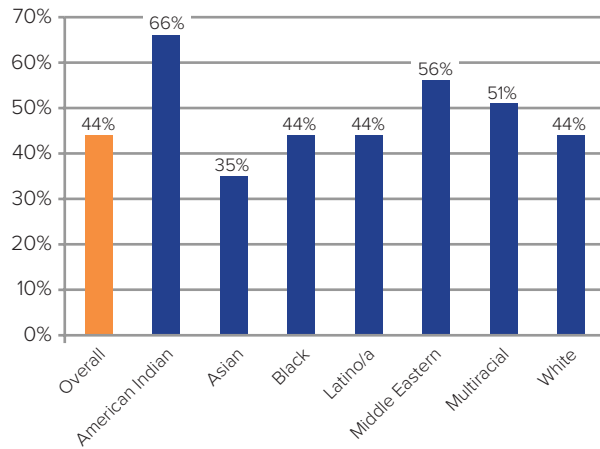
More than half (54%) of all respondents experienced some form of intimate partner violence in their lifetime.

Table 15.7: Intimate partner violence involving coercive control, including intimidation, emotional and financial harm, and physical harm to others

Type of intimate partner violence involving coercive control	% of respondents
Told them that they were not a “real” woman or man	25%
Tried to keep them from seeing or talking to family or friends	23%
Stalked	16%
Kept them from leaving the house when they wanted to go	15%
Threatened to call the police on them	11%
Threatened to “out” them	11%
Kept them from having money for their own use	9%
Hurt someone they love	9%
Threatened to hurt a pet or threatened to take a pet away	6%
Would not let them have their hormones	3%
Would not let them have other medications	3%
Threatened to use their immigration status against them	1%
One or more experiences listed	44%
One or more experiences related to being transgender listed	27%

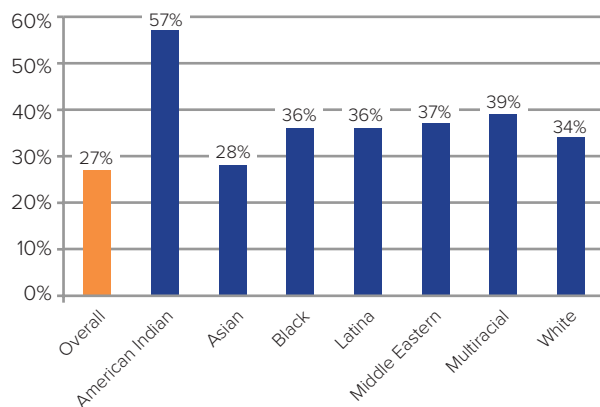
Overall, nearly half (44%) of respondents in the sample experienced some form of intimate partner violence involving coercive control, including intimidation, emotional, and financial harm. Experience with this type of intimate partner violence differed by race, with American Indian (66%), Middle Eastern (56%), and multiracial (51%) respondents reporting higher rates of these experiences (Figure 15.20). Respondents who have done sex work (66%), have experienced homelessness (62%), or were undocumented (60%) were also more likely to have experienced intimate partner violence of this form.

Figure 15.20: Intimate partner violence involving intimidation, emotional, and financial harm RACE/ETHNICITY (%)



Furthermore, more than a quarter (27%) of survey respondents reported acts of coercive control related to their transgender status, including being told that they were not a “real” woman or man, threatened with being “outed” by revealing their transgender status, or prevented from taking their hormones. Transgender women of color, including American Indian (57%) and multiracial (39%) women, were more likely to report acts of harm related to their transgender status (Figure 15.21).

Figure 15.21: Intimate partner violence related to transgender status among transgender women RACE/ETHNICITY (%)



c. Intimate Partner Violence Involving Physical Harm

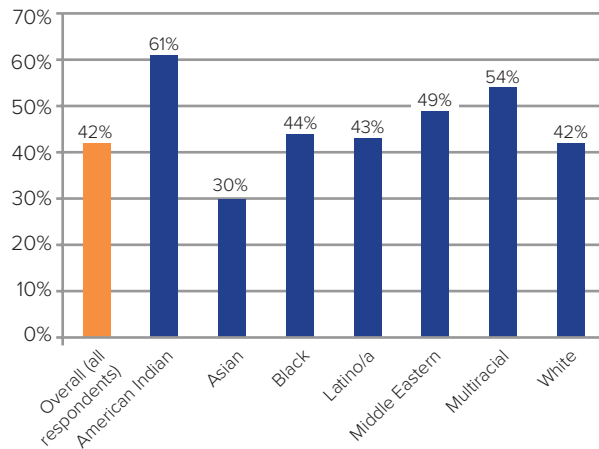
Respondents received additional questions about experiences of intimate partner violence involving physical harm inflicted on them (Table 15.8).

Table 15.8: Intimate partner violence involving physical harm

Type of intimate partner violence	% of USTS respondents	% in U.S. population (NISVS)
Pushed or shoved	30%	23%
Slapped	24%	19%
Made threats to physically harm them	20%	--
Forced them to engage in sexual activity	19%	--
Hit them with a fist or something hard	16%	12%
Slammed them against something	14%	9%
Hurt them by pulling their hair	11%	6%
Kicked	10%	6%
Tried to hurt them by choking or suffocating them	7%	9%
Beat them	6%	6%
Used a knife or gun against them	3%	3%
Burned them on purpose	2%	1%
Any physical violence	35%	30%
Any severe physical violence	24%	18%
One or more experiences listed	42%	---

Overall, 42% of all survey respondents reported experiencing some form of intimate partner violence involving physical harm, including the threat of physical violence, over their lifetime. Respondents who have done sex work (67%) or who have experienced homelessness (61%) were more likely to report intimate partner violence involving physical harm, as were undocumented (59%), American Indian (61%), multiracial (54%), and Middle Eastern (49%) respondents (Figure 15.22).

Figure 15.22: Intimate partner violence involving physical harm
RACE/ETHNICITY (%)



More than one-third (35%) experienced some form of physical violence by an intimate partner, as defined by the National Intimate Partner and Sexual Violence Survey,²² compared to 30% of the U.S. adult population.²³ Moreover, nearly one-quarter (24%) of respondents reported having experienced severe physical violence from a partner, compared to 18% in the U.S. population.²⁴

Conclusion

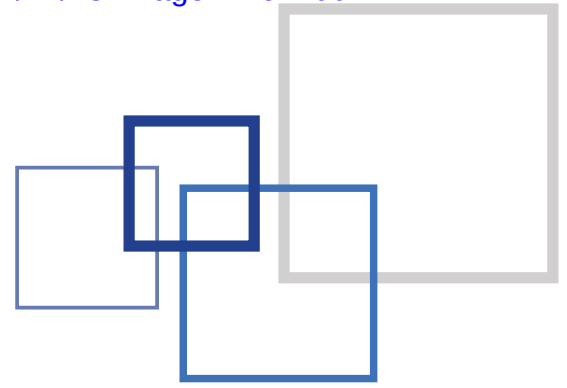
The findings indicated that respondents faced high levels of unequal treatment, harassment, and physical attacks in the past year, with higher rates of these experiences reported among people of color, respondents currently working in the underground economy, and those who reported that others can tell that they are transgender. Respondents also experienced high rates of sexual assault in their lifetime and in the past year, and were more likely than the U.S. population to experience physical intimate partner violence. People of color and undocumented residents were more likely to report experiences of sexual assault and intimate partner violence, as were respondents who have worked in the underground economy or who have experienced homelessness.

ENDNOTES | CHAPTER 15: HARASSMENT AND VIOLENCE

- Langton, L. & Truman, J. (2014). *Socio-Emotional Impact of Violent Crime*. DC: Bureau of Justice Statistics. Available at: <http://www.bjs.gov/content/pub/pdf/sivc.pdf>; Lick, D. J., Durso, L. E., & Johnson, K. L. (2013). Minority stress and physical health among sexual minorities. *Perspectives on Psychological Science*, 8(5)521. Available at: <http://pps.sagepub.com/content/8/5/521.full.pdf+html>.
- See e.g., Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. (pp. 124–135). DC: National Center for Transgender Equality & National Gay and Lesbian Task Force.
- See e.g., Grant et al., 100, 127; Beemyn, G. & Rankin, S. (2011). *The Lives of Transgender People*. New York, NY: Columbia University Press.
- This chapter discusses general experiences with unequal treatment in public places in the past year, which includes both public accommodations as well as other public spaces. For findings related to unequal treatment in specific public places, such as stores, restaurants, and government agencies, see the *Places of Public Accommodation and Airport Security* chapter.
- This chapter discusses overall experiences with verbal harassment in the past year. Findings related to verbal harassment in specific settings are discussed in other chapters, such as the *Experiences at School, Employment and the Workplace*, and *Health* chapters.

- 6 Truman, J. L. & Morgan, R. E. (2016). *Criminal Victimization, 2015*. DC: Bureau of Justice Statistics; Breiding, M. J., Smith, S. G., Basile, K. C., Walters, M. L., Chen, J., & Merrick, M. T. (2014). Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization—National Intimate Partner and Sexual Violence Survey, United States, 2011. *MMWR*, 63(8). Available at: <http://www.cdc.gov/mmwr/pdf/ss/ss6308.pdf>.
- 7 “People with disabilities” here refers to respondents who identified as a person with a disability in Q. 2.20.
- 8 Respondents were asked to select all the reasons that applied to their experience.
- 9 The survey included both “transgender status/gender identity” and “gender expression/appearance” as answer choices so that respondents could select what they felt best represented their experience. Because there was a substantial overlap of respondents who selected both reasons, and because these terms are commonly used interchangeably or with very similar meanings, responses of those who selected one or both of these reasons are collapsed for reporting as “gender identity or expression.”
- 10 Only respondents who reported that they were verbally harassed because of their transgender status, gender identity, gender expression, or appearance received this question (Q. 17.6), which asked: “In the past year, did strangers verbally harass you in public because of your trans status, gender identity, or gender expression?” Results are reported out of the full sample.
- 11 Only respondents who reported that they were physically attacked because of their transgender status, gender identity, gender expression, or appearance received this question (Q. 17.10), which asked: “In the past year, did strangers physically attack you in public because of your trans status, gender identity, or gender expression?” Results are reported out of the full sample.
- 12 In Q. 17.8, respondents were asked if they were physically attacked with “unwanted sexual contact (such as rape, attempted rape, being forced to penetrate).”
- 13 Q.18.1 asked if respondents had ever “experienced unwanted sexual contact, such as oral, genital, or anal contact, penetration, forced fondling, or rape.”
- 14 Breiding et al. See note 6.
- 15 Respondents were asked if they had ever “experienced unwanted sexual contact, such as oral, genital, or anal contact, penetration, forced fondling, or rape” in Q. 18.1. This definition of sexual assault encompassed several categories of sexual violence as outlined in the National Intimate Partner and Sexual Violence Survey (NISVS). See note 16.
- 16 Due to differences between Q. 18.1 and the NISVS questions about sexual violence, a direct comparison to the U.S. population was not feasible for this report. However, as context for USTS respondents’ experience with sexual assault, NISVS findings indicate that an estimated 11% of adults in the U.S. population have been raped in their lifetime, 19% have experienced unwanted sexual contact, 10% have experienced sexual coercion, and 4% were forced to penetrate someone. Breiding et al. See note 6. The figures for the prevalence of sexual violence during one’s lifetime in the U.S. population were calculated by the research team to present a combined percentage for the experiences of men and women using 2011 data from the NISVS, as reported by the Centers for Disease Control. Since NISVS respondents could report experiences with multiple forms of sexual violence, an NISVS respondent’s experiences could be reflected in several categories of sexual violence. The research team was unable to avoid double counting respondents who reported more than one experience in the NISVS, and therefore, were unable to combine the percentages of NISVS respondents who experienced *any* form of sexual violence to match the broader USTS category of “unwanted sexual contact,” and make a direct comparison. Therefore, findings for the U.S. population in regard to rape, unwanted sexual contact, sexual coercion, and being forced to penetrate are presented separately, and comparisons between the NISVS and USTS findings should be interpreted with caution.
- 17 The 10% rate of sexual assault in the past year reported in this section was based on Q. 18.3. This differs from the rate of sexual assault in the past year reported in the “Physical Attack” section of this chapter (4%), which was based on Q. 17.8. This difference is likely due to the number of respondents in the sample who received each question based on skip-logic patterns. While all respondents in the sample received Q. 18.3, a limited number of respondents received Q. 17.8 based on their answer to Q. 17.3. Respondents who indicated that they had been physically attacked in Q. 17.3, received a follow-up question asking how they were physically attacked (Q. 17.8), which included an answer choice of “unwanted sexual contact.” Those respondents who did not identify their experience of unwanted sexual contact as a form of physical attack would not have received the follow-up question regarding the method of the attack, if they had not reported another form of physical attack. Additionally, the difference in reporting may partly result from the more inclusive examples of unwanted sexual contact provided in Q. 18.3 (“such as oral, genital, or anal contact, penetration, forced fondling, or rape”), in contrast to the definition of unwanted sexual contact in Q. 17.8 (“such as rape, attempted rape, being forced to penetrate”).

- 18 Due to differences between Q. 18.3 (sexual assault in the past year) and the NISVS questions about sexual violence, a direct comparison to the U.S. population was not feasible for this report. However, as context for USTS respondents' experience with sexual assault, NISVS findings indicate that an estimated 1.9% of adults in the U.S. population experienced unwanted sexual contact in the past year and an estimated 1.7% experienced sexual coercion in the past year. These figures were calculated by the research team to present a combined percentage for the experiences of men and women using 2011 data from the NISVS. Additionally, an estimated 1.6% of women were raped in the past year. Due to the small number of men who reported being raped in the past year, a reliable estimate was not available for men. An estimated 1.7% of men were forced to penetrate a perpetrator in the past year, while the number of women who were forced to penetrate a perpetrator was too low to produce a reliable estimate. Breiding et al. See note 6. Since NISVS respondents could report experiences with multiple forms of sexual violence, an NISVS respondent's experiences could be reflected in several categories of sexual violence. The research team was unable to avoid double counting respondents who reported more than one experience in the NISVS, and therefore, were unable to combine the percentages of NISVS respondents who experienced *any* form of sexual violence to match the broader USTS category of "unwanted sexual contact," and make a direct comparison. Therefore, findings for the U.S. population in regard to rape, unwanted sexual contact, sexual coercion, and being forced to penetrate are presented separately, and comparisons between the NISVS and USTS findings should be interpreted with caution.
- 19 Breiding et al. See note 6.
- 20 See Q. 19.2 and Q. 19.3 for a list of acts described as forms of intimate partner violence.
- 21 Breiding et al. See note 6.
- 22 The NISVS measure for "any physical violence" includes all of the actions listed in Table 15.8, except for forced sexual activity and threats of physical violence.
- 23 The figures for the prevalence of intimate partner violence involving physical violence and/or severe physical violence in the U.S. population was calculated by the research team to present a combined percentage for the experiences of men and women using 2011 data from the NISVS, as reported by the Centers for Disease Control and Prevention. See Breiding et al. See note 6.
- 24 According to the NISVS, "severe physical violence" includes being hurt by having one's hair pulled, being hit with a fist or something hard, kicked, slammed against something, choked or suffocated, beaten, burned, or attacked with a knife or gun.



CHAPTER 16

Places of Public Accommodation and Airport Security

Public accommodations are places of business or other locations generally open to the public, which provide essential services that allow people to meet basic needs and participate in civic life, including government agencies, retail stores, and restaurants.¹ For transgender people, places of public accommodation are potentially unwelcoming or unsafe. Prior research has found that transgender people may face unequal treatment or harassment in public settings such as retail stores.² The survey explored respondents' experiences in specific types of public accommodations in the past year and found that respondents were denied equal treatment, verbally harassed, and physically attacked in several of these locations.

Respondents were also asked questions about their experiences in airports related to their gender identity or expression in the past year, given numerous reports of transgender people being subjected to excessive scrutiny and searches by Transportation Security Administration (TSA) officers when going through airport security screening.³ Widely used body scanners often flag transgender people's bodies and gender-related clothing or items for additional screening, which can lead to unnecessary searches and make them vulnerable to harassment and discriminatory treatment by TSA officers and bystanders.⁴

Notable differences in respondents' experiences based on demographic and other characteristics are reported throughout the chapter.

KEY FINDINGS

- ▶ Of respondents who said that staff or employees at a place of public accommodation they visited thought or knew that they were transgender, nearly one-third (31%) experienced at least one type of negative experience, including being denied equal treatment or service (14%), verbally harassed (24%), and/or physically attacked (2%) in the past year.
 - Among those who visited a retail store, restaurant, hotel, or theater and said that staff or employees thought or knew that they were transgender, 31% were denied equal treatment, verbally harassed, and/or physically attacked there.
 - Approximately one-third (34%) of respondents had one or more of these negative experiences in the past year when using public transportation where employees thought or knew they were transgender.
 - Nearly one-quarter (22%) of respondents had one or more of these experiences in the past year when visiting a domestic violence shelter or program or a rape crisis center where employees thought or knew they were transgender.

- ▶ One in five (20%) respondents did not use one or more places of public accommodation in the past year because they thought they would be mistreated as a transgender person.

- ▶ Additionally, 43% of respondents who went through airport security in the past year experienced a problem related to being transgender, such as being patted down or searched because of a gender-related item, having the name or gender on their ID questioned, or being detained.

I. Overall Experiences in Places of Public Accommodation

Respondents received questions about their experiences in places of public accommodation, such as hotels, restaurants, or government agencies in the past year. They were first asked whether they had visited or used services in specific kinds of public accommodations, and they then received follow-up questions based on their responses. For each type of location that they had visited in the past year, respondents were asked whether they thought that staff or employees at the location knew or thought they were transgender. They were also asked whether

they had been denied equal treatment, verbally harassed, or physically attacked at the selected type of location because they were transgender.

Nearly all respondents in the sample (96%) had visited or used services in at least one of the places of public accommodation outlined in this chapter in the past year. Of those who had visited or used services, 50% reported that they thought the staff or employees knew or thought they were transgender at one or more of the locations. Nearly one-third (31%) of those who said that staff or employees knew or thought they were transgender experienced negative treatment in at least one of the locations, including being denied equal treatment or service, verbally harassed, or physically attacked (Table 16.1).

Table 16.1: Overall experiences in any place of public accommodation in the past year because of being transgender

Experience at a place of public accommodation	% of those who believe staff knew or thought they were transgender
Denied equal treatment or service	14%
Verbally harassed	24%
Physically attacked	2%
One or more experiences listed	31%

Respondents' experiences in each type of public accommodation visited or used in the past year are described in detail throughout the chapter (Table 16.2). Those who had not visited a specific type of public accommodation were asked whether they did not visit or use services at that place because they were afraid of being mistreated as a transgender person. Overall, one in five (20%) reported that they did not visit or use services at one or more of these locations because they thought they would be mistreated as a transgender person.

Table 16.2: Negative experiences in places of public accommodation in the past year because of being transgender

Location visited	% of those who believe staff knew or thought they were transgender
Public transportation	34%
Retail store, restaurant, hotel, or theater	31%
Drug or alcohol treatment program	22%
Domestic violence shelter or program or rape crisis center	22%
Gym or health club	18%
Public assistance or government benefit office	17%
DMV (Department of Motor Vehicles)	14%
Nursing home or extended care facility	14%
Court or courthouse	13%
Social Security office	11%
Legal services from an attorney, clinic, or legal professional	6%

II. Public Transportation

Two-thirds (66%) of the sample used public transportation services in the past year, such as a bus, train, subway, or taxi. Two percent (2%) of respondents did not use public transportation in the past year for fear of mistreatment as a transgender person. Twenty-four percent (24%) of those who used public transportation believed that the employees knew or thought they were transgender. Of those, 34% reported being denied equal treatment or service, verbally harassed, or physically attacked because of being transgender while using public transportation (Table 16.3).

Table 16.3: Experiences on public transportation in the past year because of being transgender

Experience in location	% of those who believe staff knew or thought they were transgender
Denied equal treatment or service	4%
Verbally harassed	32%
Physically attacked	3%
One or more experiences listed	34%

Non-binary people (39%) were more likely to have experienced negative treatment than transgender men and women (32%) when using public transportation (Figure 16.1). These experiences also varied by race and ethnicity, with American Indian (48%), multiracial (45%), and Asian (39%) respondents being more likely to have a negative experience (Figure 16.2). Those who were currently working in the underground economy (such as sex work, drug sales, or other work that is currently criminalized) (49%) and those who were living in poverty (39%) were also more likely to report such an experience.

Figure 16.1: Negative experiences on public transportation in the past year
GENDER IDENTITY (%)

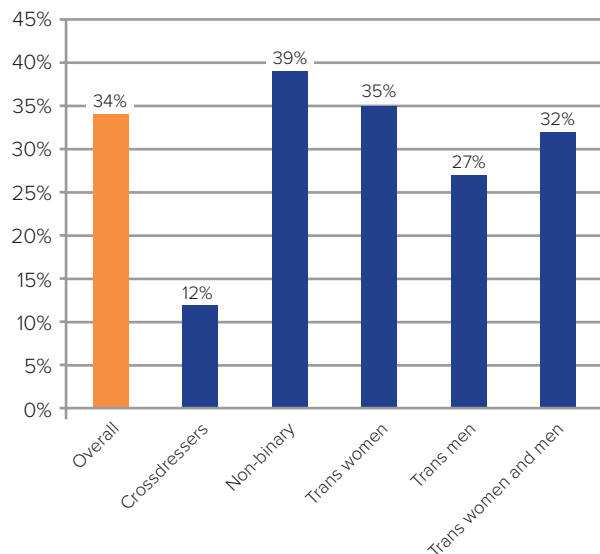
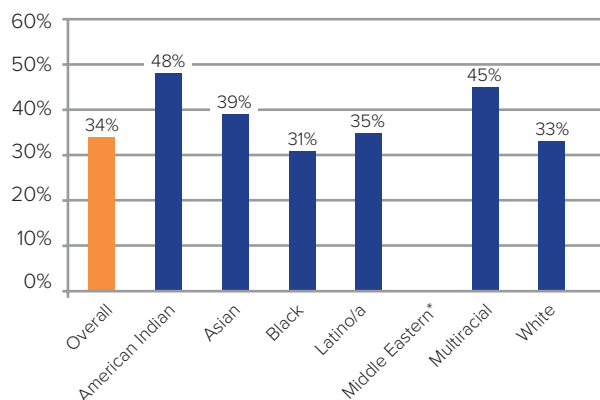


Figure 16.2: Negative experience on public transportation in the past year
RACE/ETHNICITY (%)



*Sample size too low to report

Nearly one-third (31%) of respondents who visited a store, restaurant, hotel, or theater where the staff knew or thought they were transgender were mistreated because of their gender identity or expression.

III. Retail Store, Restaurant, Hotel, or Theater

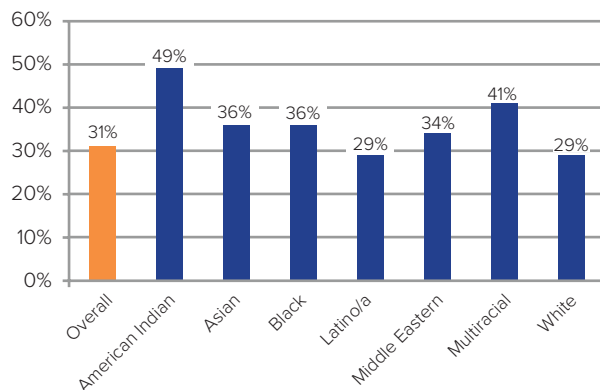
Ninety-one percent (91%) of respondents visited or used services in a retail store, restaurant, hotel, or theater in the past year. One percent (1%) of respondents reported not visiting a retail store, restaurant, hotel, or theater in the past year because they were afraid of mistreatment as a transgender person. Approximately one-third (34%) of those who visited or used services at these locations believed that the staff or employees knew or thought they were transgender. Of those, 31% reported being denied equal treatment or service, verbally harassed, or physically attacked because of being transgender (Table 16.4).

Table 16.4: Experiences in a retail store, restaurant, hotel, or theater in the past year because of being transgender

Experience in location	% of those who believe staff knew or thought they were transgender
Denied equal treatment or service	11%
Verbally harassed	24%
Physically attacked	1%
One or more experiences listed	31%

American Indian (49%), multiracial (41%), Black (36%), and Asian (36%) respondents were more likely to have a negative experience (Figure 16.3). Those who were currently working in the underground economy (52%), those who were living in poverty level (37%), and people with disabilities⁵ (39%) were also more likely to have such experiences in these locations.

Figure 16.3: Experiences in a retail store, restaurant, hotel, or theater in the past year because of being transgender
RACE/ETHNICITY (%)



IV. Drug or Alcohol Treatment Program

Two percent (2%) of the sample visited or used services at a drug or alcohol treatment program in the past year. One percent (1%) of respondents did not go to a treatment center in the past year because of fear of mistreatment as a transgender person. Of those who visited or used services at a treatment program, 58% believed that the staff or employees knew or thought they were transgender. Of those, 22% reported being denied equal treatment or service, verbally harassed, or physically attacked because of being transgender (Table 16.5).

Table 16.5: Experiences in a drug or alcohol treatment program in the past year because of being transgender

Experience in location	% of those who believe staff knew or thought they were transgender
Denied equal treatment or service	11%
Verbally harassed	13%
Physically attacked	1%
One or more experiences listed	22%

In Our Own Voices

“When I attempted to change my gender marker on my state ID, I was denied three times. All three times I was harassed. In one incident, the manager of the DMV location made fun of me and started laughing and talked so loud that other patrons at the DMV also began to laugh.”

“A year ago I had my Social Security updated to reflect my new name and gender. I was treated with respect at all times. The woman working in the Social Security office wrote ‘congratulations’ and drew a heart on my copy of the documentation.”

“A TSA officer referred to me as ‘it’ when I couldn’t walk through their security screen following top surgery. I had to argue with TSA that a male employee needed to do the pat down and I was informed that a woman would be more appropriate. I stood my ground after repeatedly being told that I was not a man.”

“I was subjected to a longer TSA screening while they searched my bag, pulled out my intimate items, and called over friends to look and laugh. I had to remove my wig to prove I was the same person. I was humiliated.”

Those who were currently working in the underground economy (34%) and those who were living in poverty (27%) were more likely to report having a negative experience in a drug or alcohol treatment program.

V. Domestic Violence Shelter, Domestic Violence Program, or Rape Crisis Center

One percent (1%) of the sample visited or used services at a domestic violence (DV) shelter, DV program, or rape crisis center in the past year. Two percent (2%) of respondents did not go to a DV shelter or program or rape crisis center in the past year because they were afraid they would be mistreated as a transgender person. Of those who went to one of these locations, more than half (59%) believed that the staff or employees knew or thought they were transgender. Of those, nearly one-quarter (22%) reported being denied equal treatment or service, verbally harassed, or physically attacked because of being transgender (Table 16.6).

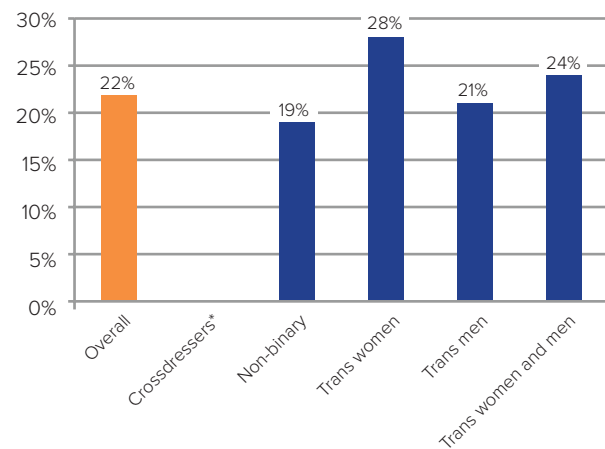
Table 16.6: Experiences in a DV shelter, DV program, or rape crisis center in the past year because of being transgender

Experience in location	% of those who believe staff knew or thought they were transgender
Denied equal treatment or service	16%
Verbally harassed	11%
Physically attacked	2%
One or more experiences listed	22%

Transgender women (28%) were more likely to report having a negative experience at a DV shelter, DV program, or rape crisis center (Figure 16.4).

Nearly one in four (22%) respondents who went to a domestic violence shelter or program or rape crisis center where staff knew or thought they were transgender experienced mistreatment of some kind.

Figure 16.4: Negative experiences in domestic violence shelter in the past year
GENDER IDENTITY (%)



*Sample size too low to report

VI. Gym or Health Club

More than one-third (35%) of the sample had visited or used services at a gym or health club in the past year. Fourteen percent (14%) of respondents did not go to a gym or health club in the past year because they were afraid of mistreatment as a transgender person. Of those respondents who had visited a gym or health club, 28% believed that the staff or employees knew or thought they were transgender. Of those, 18% reported being denied equal treatment or service, verbally harassed, or physically attacked because of being transgender (Table 16.7).

Table 16.7: Experiences in a gym or health club in the past year because of being transgender

Experience in location	% of those who believe staff knew or thought they were transgender
Denied equal treatment or service	7%
Verbally harassed	13%
Physically attacked	1%
One or more experiences listed	18%

Respondents who were currently working in the underground economy were nearly twice as likely to report having a negative experience in a gym or health club (35%).

VII. Public Assistance or Government Benefits Office

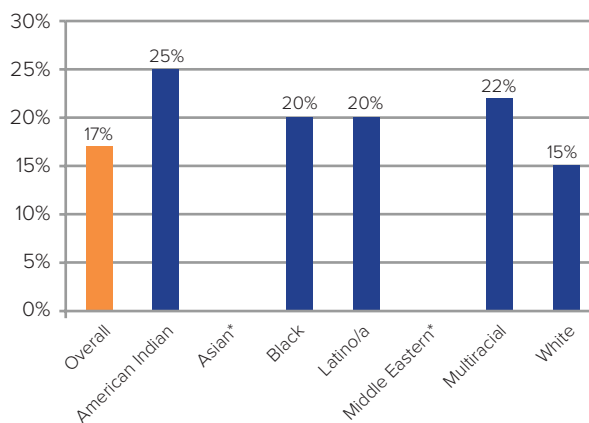
Twelve percent (12%) of the sample had visited or used services at a public assistance or government benefits office in the past year, such as for receiving Supplemental Nutrition Assistance Program (SNAP or food stamps) or Women, Infants, and Children (WIC) benefits. Two percent (2%) of respondents did not go to such an agency in the past year because they feared mistreatment as a transgender person. Over one-third (36%) of those who visited or used services at these locations believed that the staff or employees knew or thought they were transgender. Of those, 17% reported being denied equal treatment or service or being verbally harassed because of being transgender (Table 16.8).

Table 16.8: Experiences in a public assistance or government benefits office in the past year because of being transgender

Experience in location	% of those who believe staff knew or thought they were transgender
Denied equal treatment or service	11%
Verbally harassed	9%
One or more experiences listed	17%

American Indian (25%), multiracial (22%), Black (20%), and Latino/a (20%) respondents reported higher rates of mistreatment, in contrast to 15% of white respondents (Figure 16.5). People with disabilities (21%) and those who were currently working in the underground economy (24%) were also more likely to report having a negative experience in a public assistance or government benefits office.

Figure 16.5: Negative experiences in a public assistance or government benefits office in the past year
RACE/ETHNICITY (%)



*Sample size too low to report

VIII. DMV

Nearly half (44%) of the sample visited or used services at a DMV (Department of Motor Vehicles) in the past year. Three percent (3%) of respondents did not go to a DMV in the past year because of fear of mistreatment as a transgender person. More than one-third (36%) of those who visited this location believed that the staff or employees knew or thought they were transgender. Of those, 14% reported being denied equal treatment or service or being verbally harassed because of being transgender (Table 16.9).

Table 16.9: Experiences in a DMV in the past year because of being transgender

Experience in location	% of those who believe staff knew or thought they were transgender
Denied equal treatment or service	9%
Verbally harassed	7%
One or more experiences listed	14%

IX. Nursing Home or Extended Care Facility

Four percent (4%) of the sample visited or used services at a nursing home or extended care facility in the past year. One percent (1%) of respondents did not go to a nursing home or extended care facility in the past year because they were afraid of mistreatment as a transgender person. Twenty-two percent (22%) of those who visited or used services in this location believed that the staff or employees knew or thought they were transgender. Of those, 14% reported being denied equal treatment or service, verbally harassed, or physically attacked because of being transgender (Table 16.10).

Nearly one in five (18%) respondents who went to a gym or health club where staff knew or thought they were transgender experienced mistreatment of some kind.

Table 16.10: Experiences in a nursing home or extended care facility in the past year because of being transgender

Experience in location	% of those who believe staff knew or thought they were transgender
Denied equal treatment or service	6%
Verbally harassed	11%
Physically attacked	1%
One or more experiences listed	14%

X. Court or Courthouse

Approximately one in four (22%) respondents in the sample visited or used services at a court or courthouse in the past year. Two percent (2%) of respondents did not go to a court or courthouse in the past year because they were afraid of mistreatment as a transgender person. One-half (50%) of those who visited or used services there believed that court staff or employees knew or thought they were transgender. Of those, 13% reported being denied equal treatment or service, verbally harassed, or physically attacked because of being transgender (Table 16.11).

Table 16.11: Experiences in court or a courthouse in the past year because of being transgender

Experience in location	% of those who believe staff knew or thought they were transgender
Denied equal treatment or service	8%
Verbally harassed	8%
Physically attacked	<1%
One or more experiences listed	13%

Those who were currently working in the underground economy (37%) were substantially more likely to report having a negative experience in court or a courthouse, and the rate was also higher among people with disabilities (19%).

XI. Social Security Office

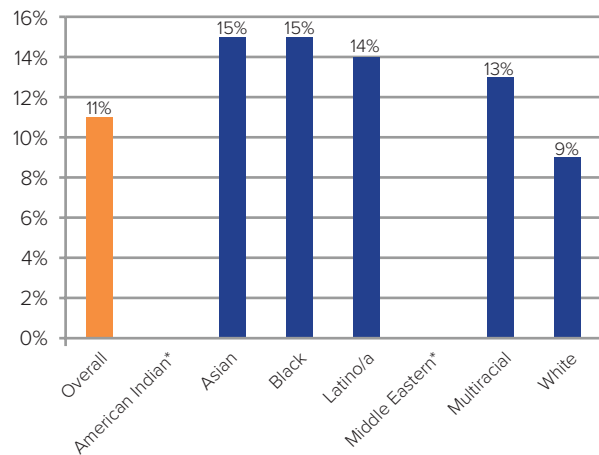
Nearly one in four respondents (19%) visited or used services at a Social Security office in the past year, such as for updating the name or gender on their records, receiving or changing a Social Security card, or accessing public benefits. Four percent (4%) of respondents did not go to a Social Security office in the past year for fear of mistreatment as a transgender person. Fifty-seven percent (57%) of those who went to a Social Security office believed that the staff or employees knew or thought they were transgender. Of those, 11% reported being denied equal treatment or service, verbally harassed, or physically attacked because of being transgender (Table 16.12).

Table 16.12: Experiences in a Social Security office in the past year because of being transgender

Experience in location	% of those who believe staff knew or thought they were transgender
Denied equal treatment or service	8%
Verbally harassed	5%
Physically attacked	<1%
One or more experiences listed	11%

Asian (15%), Black (15%), and Latino/a (14%) respondents were more likely to report having a negative experience in a Social Security office (Figure 16.6). Respondents who were currently working in the underground economy (36%) and people with disabilities (16%) were also more likely to have such an experience.

Figure 16.6: Negative experience in a Social Security office in the past year
RACE/ETHNICITY (%)



*Sample size too low to report

XII. Legal Services from an Attorney, Clinic, or Legal Professional

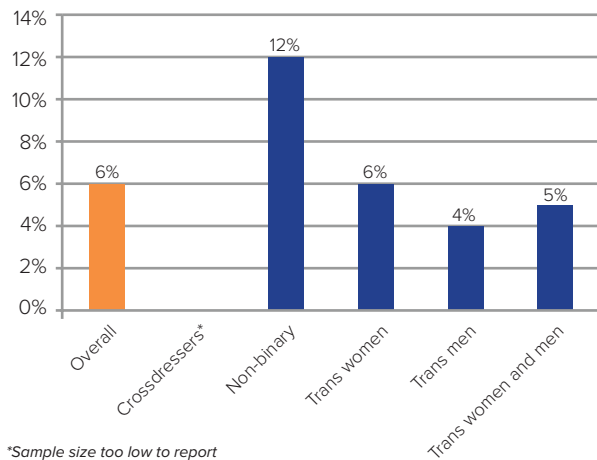
Twelve percent (12%) of the sample visited or used legal services from an attorney, clinic, or legal professional in the past year. Two percent (2%) of respondents did not visit or use such services in the past year due to fear of mistreatment as a transgender person. Fifty-seven percent (57%) of those who sought services from an attorney, legal clinic, or legal professional believed that the staff or employees knew or thought they were transgender. Of those respondents, 6% reported being denied equal treatment or service, verbally harassed, or physically attacked because of being transgender (Table 16.13).

Table 16.13: Experiences with legal services from an attorney, clinic, or legal professional in the past year because of being transgender

Experience in location	% of those who believe staff knew or thought they were transgender
Denied equal treatment or service	4%
Verbally harassed	3%
One or more experiences listed	6%

Non-binary respondents (12%) were more than twice as likely to report having a negative experience when seeking legal services, in contrast to transgender men and women (5%) (Figure 16.7). Those who were currently working in the underground economy (23%) were almost four times as likely to report a negative experience as the overall sample.

Figure 16.7: Negative experiences with legal services from an attorney, clinic, or legal professional in the past year
GENDER IDENTITY (%)



*Sample size too low to report

XIV. Experiences with Airport Security

In addition to the questions regarding mistreatment in and avoidance of public accommodations, respondents were asked about their experiences traveling through airport security in the United States in the past year. More than half (53%) of respondents reported having gone through airport security during that time period. These respondents were asked about specific experiences and interactions with Transportation Security Administration (TSA) officers during the security screening process.

Forty-three percent (43%) of those who went through airport security in the past year experienced at least one problem related to their gender identity or expression.

Forty-three percent (43%) of those who went through airport security in the past year experienced at least one issue related to their gender identity or expression, such as TSA officers using the wrong pronoun or title to refer to them, searching their bodies or belongings because of a gender-related item, or detaining them (Table 16.14).

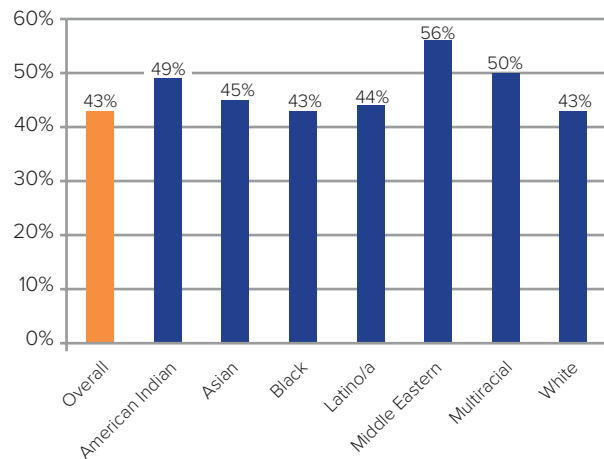
Table 16.14: Issues when going through airport security in the past year

Airport security issue	% of those who had gone through airport security
TSA officers used the wrong pronouns (such as he, she, or they) or title (such as Mr. or Ms.)	29%
They were patted down due to gender-related clothing/items (such as a binder or packer)	17%
They were patted down by TSA officers of the wrong gender	14%
TSA officers questioned the name or gender on ID	11%
TSA officers loudly announced or questioned their gender, body parts, or sensitive items (e.g., binder, packer)	6%
Their bag was searched due to a gender-related item (such as a binder or packer)	5%
They were asked to remove or lift clothing to show binder, undergarment, or other sensitive area	4%
They were taken to a separate room for questioning or examination	4%
They were verbally harassed by TSA officers	2%
They experienced unwanted sexual contact (beyond typical pat down by TSA officers)	1%
They were detained for over an hour	1%
They missed their flight due to screening	1%
TSA officers called the police about them	<1%
They were physically attacked/attacked by TSA officers	<1%
They were not allowed to fly	<1%
One or more experiences listed	43%

More than half (56%) of Middle Eastern and 50% of multiracial respondents who went through airport security in the past year reported one or more of

these experiences (Figure 16.8). Respondents who said that others can always or usually (61%) or sometimes (53%) tell that they are transgender were more likely to report one or more of these experiences, in comparison to those who said that others can rarely or never tell that they are transgender without being told (35%). Experiences also differed by gender, with transgender men (52%) being more likely to report one or more of these experiences than transgender women (31%). Respondents who said that none of their IDs reflect the name and/or gender they prefer (51%) were also more likely to report negative experiences in airport security related to their gender identity.

Figure 16.8: Negative experience in airport security in the past year
RACE/ETHNICITY (%)



Conclusion

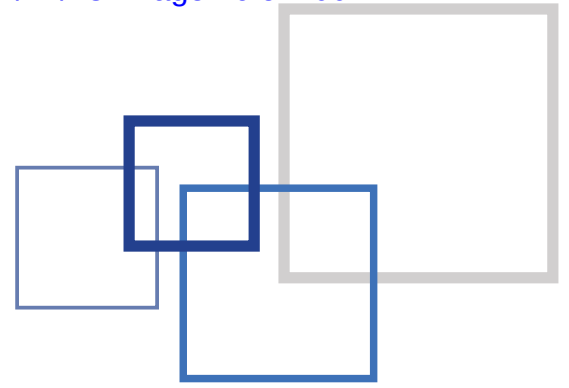
Responses indicated that many respondents faced mistreatment in places of public accommodation, including being denied equal treatment or service, verbally harassed, and/or physically attacked in one or more of the locations. People of color and respondents currently working in the underground economy were more likely to report mistreatment. A substantial number of respondents also did

not visit or use services in places of public accommodation altogether because of fear of being mistreated as a transgender person. Additionally, findings demonstrated that many transgender people experienced mistreatment

related to their gender identity when passing through airport security and, as a result, were at risk of potential harm while traveling through airports.

ENDNOTES | CHAPTER 16: PLACES OF PUBLIC ACCOMMODATION AND AIRPORT SECURITY

- 1 The legal definitions of public accommodations vary according to local, state, and federal laws, but frequently include places open to the public, such as restaurants, stores, hotels, places of public transportation, and government agencies.
- 2 See e.g., Equal Rights Center. (2016). *Room for Change*. DC: Equal Rights Center. Available at: <http://www.equalrightscenter.org/site/DocServer/Contents.pdf?docID=2681>.
- 3 See e.g., Charles, C. (2015, October 1). Dear TSA, my body is not an anomaly. *The Advocate*. Available at: <http://www.advocate.com/commentary/2015/10/01/dear-tsa-my-body-not-anomaly>; Ennis, D. (2015, October 21). Traveling while trans: Women share their stories. *The Advocate*. Available at: <http://www.advocate.com/transgender/2015/10/21/traveling-while-trans-women-share-their-stories>; Rogers, K. (2015, September 22). T.S.A. defends treatment of transgender air traveler. *New York Times*. Available at: <http://www.nytimes.com/2015/09/23/us/shadi-petosky-tsa-transgender.html>.
- 4 TSA body scanners examine each passenger's body based on the gender the officer perceives the passenger to be. As a result, transgender people's body parts, or items such as chest binders (compression garments) and prosthetics (such as packers and breast forms), may get flagged. This often causes transgender passengers to be outed or to face additional searches and scrutiny. See note 3.
- 5 "People with disabilities" here refers to respondents who identified as a person with a disability in Q. 2.20.



CHAPTER 17

Experiences in Restrooms

Safe access to public restrooms is a basic necessity and essential for most people’s participation in civic life, the workplace, and school.¹ Many transgender people, however, face harassment and violence when seeking to use public restrooms, or they are excluded from restrooms by policies or staff.² Lack of safe restroom access has been linked to medical problems such as kidney infections, urinary tract infections, and stress-related conditions.³ Transgender people who are denied equal access to restrooms consistent with their gender identity are vulnerable to harassment, violence, and poor mental health, including higher levels of suicidal thoughts and behaviors.⁴

This chapter explores respondents’ experiences in restrooms in public places, at work, and at school, including experiences with denial of access, harassment, and violence, as well as avoidance of public restrooms. Notable differences in respondents’ experiences based on demographic and other characteristics are reported throughout the chapter.

It is important to note that the survey was conducted between August and September 2015, more than six months before the state of North Carolina passed a law in March 2016 restricting transgender people’s restroom access, and before similar legislation was introduced in at least 23 other states in 2016.⁵ This legislation prompted substantial media coverage and public scrutiny of transgender people’s restroom access. Widespread anecdotal evidence suggests that this climate had an adverse effect on the experiences of transgender people in restrooms and their perceptions of safety when accessing and using public restrooms. As a result, data collected after March 2016 would likely differ from USTS survey results, with potentially higher numbers of respondents reporting negative experiences in public restrooms.

KEY FINDINGS

- ▶ Nearly one-quarter (24%) of respondents said that someone had questioned or challenged their presence in a restroom in the past year.

- ▶ Nearly one in ten (9%) respondents reported that someone denied them access to a restroom in the past year.

- ▶ One in eight (12%) respondents were verbally harassed, physically attacked, or sexually assaulted when accessing or using a restroom in the past year.

- ▶ More than half (59%) avoided using a public restroom in the past year because they were afraid of having problems.

- ▶ Nearly one-third (32%) limited the amount they ate or drank to avoid using the restroom in the past year.

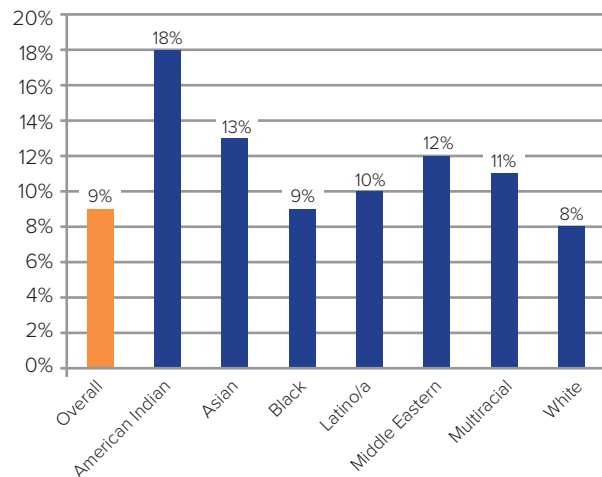
- ▶ Eight percent (8%) reported having a urinary tract infection, kidney infection, or another kidney-related problem in the past year as a result of avoiding restrooms.

I. Access to Restrooms

Nearly one-quarter (24%) of respondents said that someone told them or asked them if they were using the wrong restroom in the past year, and nearly one in ten (9%) said that someone stopped them from entering or denied them access to a restroom in the past year. American Indian (18%), Asian (13%), and Middle Eastern (12%) respondents were more likely to report that someone stopped them from entering or denied them access to a restroom in the past year (Figure 17.1).

Undocumented residents (23%) and respondents currently working in the underground economy, such as sex work, drug sales, and other work that is currently criminalized (20%), were more than twice as likely to be denied access to restrooms than those in the overall sample.

Figure 17.1: Denied access to a restroom in the past year
RACE/ETHNICITY (%)

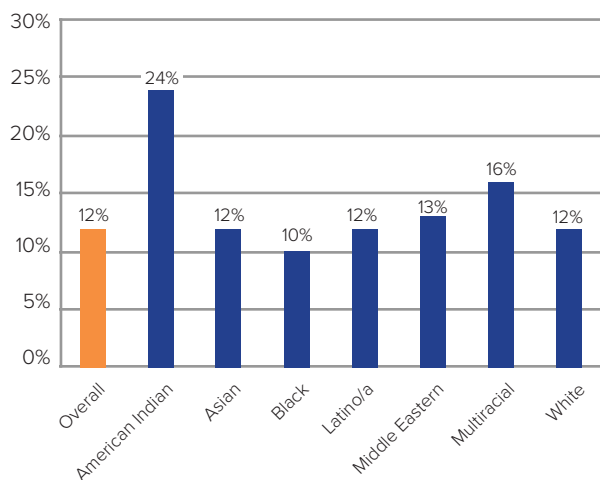


Nearly one in ten (9%) respondents said that someone stopped them from entering or denied them access to a restroom in the past year.

II. Verbal Harassment, Physical Attack, and Sexual Assault

Twelve percent (12%) of respondents reported being verbally harassed, physically attacked, and/or sexually assaulted⁶ when accessing or while using a restroom in the past year. These experiences were more frequently reported by undocumented residents (34%), respondents currently working in the underground economy (25%), and American Indian (24%) and multiracial (16%) respondents (Figure 17.2).

Figure 17.2: Verbal harassment, physical attack, and/or sexual assault in a restroom in the past year
RACE/ETHNICITY (%)



a. Verbal Harassment

One out of eight (12%) respondents were verbally harassed in a restroom in the past year.

Respondents who were verbally harassed in restrooms were asked for the places where the harassment had occurred. Eighty-nine percent (89%) were verbally harassed in a restroom at a public place, such as a restaurant, shopping mall, or movie theater, and 20% were verbally harassed in a school restroom (Table 17.1).

Table 17.1: Location of verbal harassment in restroom in past year

Restroom location	% of respondents who were verbally harassed
Public place (such as a restaurant, shopping mall, or movie theater)	89%
School	20%
Workplace	14%
Another location	5%

b. Physical Attack

One percent (1%) of the sample (228 respondents, unweighted) was physically attacked in a restroom in the past year. Undocumented residents (4%) and American Indian respondents (3%) were more likely to be physically attacked in a restroom.

Respondents who were physically attacked were asked where they had experienced the physical attack. Eighty-six percent (86%) were physically attacked in a restroom at a public place, such as a restaurant, shopping mall, or movie theater, and over one-quarter (27%) said they were physically attacked in a restroom at school (Table 17.2).

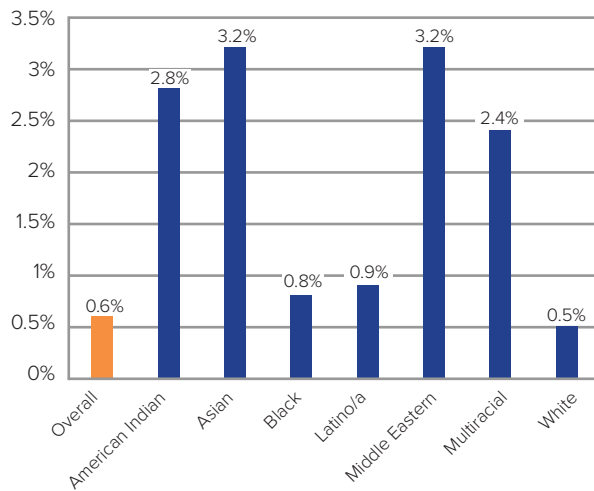
Table 17.2: Location of physical attack in restroom in past year

Restroom location	% of respondents who were physically attacked
Public place (such as a restaurant, shopping mall, or movie theater)	86%
School	27%
Workplace	14%
Another location	9%

c. Sexual Assault

Approximately one percent (0.6%) of the sample (139 respondents, unweighted) reported being sexually assaulted in a restroom in the past year. Those currently working in the underground economy were more likely to have had this experience (4%). Additionally, transgender women of color, including Asian (3.2%), Middle Eastern (3.2%), American Indian (2.8%), and multiracial (2.4%) women were more likely to have been sexually assaulted in a restroom in the past year (Figure 17.3).

Figure 17.3: Sexual assault in a restroom in the past year among transgender women
RACE/ETHNICITY (%)



More than three-quarters (78%) of respondents who were sexually assaulted reported that the sexual assault occurred in a restroom at a public place, and 19% were sexually assaulted at a school restroom (Table 17.3).

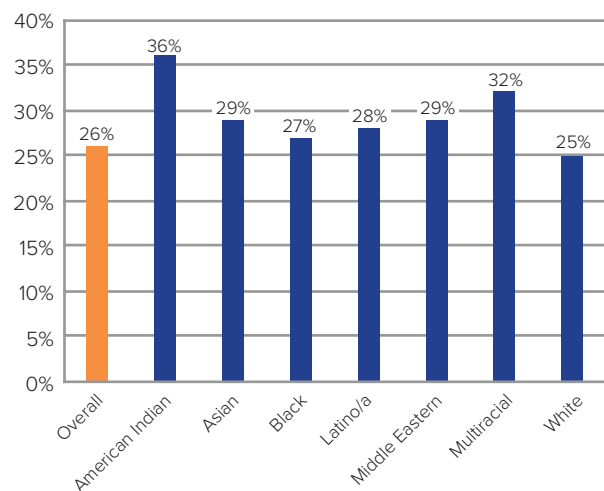
Table 17.3: Location of sexual assault in restroom in past year

Restroom location	% of respondents who were sexually assaulted
Public place (such as a restaurant, shopping mall, or movie theater)	78%
School	19%
Workplace	14%
Another location	18%

III. Overall Access to and Treatment in Restrooms

Overall, in the year prior to taking the survey, 26% of all respondents were denied access to restrooms, had their presence in a restroom questioned, and/or were verbally harassed, physically attacked, or sexually assaulted in a restroom. This was nearly twice as high for undocumented residents (50%) and was also higher for respondents currently working in the underground economy (39%). It was also higher among American Indian (36%) and multiracial (32%) respondents (Figure 17.4). Respondents who said that others could always or usually tell they were transgender without being told (45%) or sometimes tell they were transgender (38%) were more likely to report one or more of these experiences, in contrast to those who said that others could rarely or never tell that they were transgender (16%).

Figure 17.4: Any reported problem in a restroom in the past year
RACE/ETHNICITY (%)

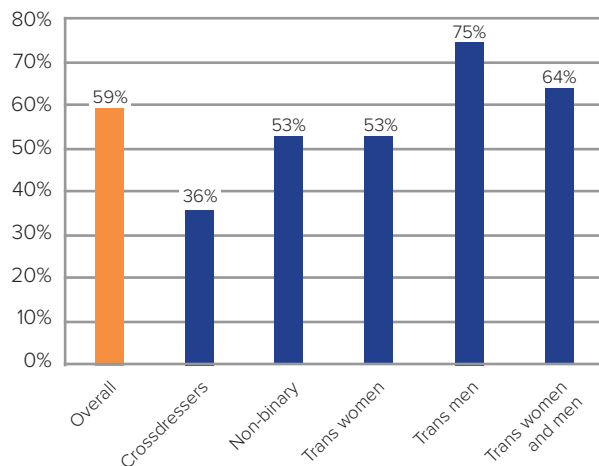


IV. Avoidance of Public Restrooms

Even prior to the increased public scrutiny and conversations in North Carolina and across the country about anti-transgender bathroom legislation in 2016, 59% of respondents reported that in the past year they had either sometimes (48%) or always (11%) avoided using a restroom, such as in public, at work, or at school, because they were afraid of confrontations or other problems.

Transgender men (75%) were far more likely to report sometimes or always avoiding using a public restroom, in contrast to transgender women (53%) and non-binary respondents (53%) (Figure 17.5). Undocumented residents were also more likely to report sometimes or always avoiding using a public restroom in the past year (72%). Eighty percent (80%) of respondents who said that others could always or usually tell that they were transgender and 72% of those who said that others can sometimes tell they are transgender reported avoiding using public restroom, in contrast to 48% of those who said that others can rarely or never tell that they are transgender.

Figure 17.5: Sometimes or always avoided bathrooms in the past year
GENDER IDENTITY (%)



In Our Own Voices

“I either have to ‘hold it’ or break down and use a male restroom in a public place. I’m not allowed to use the female restroom and have been confronted multiple times when attempting to.”

“I went into the men’s bathroom, being a man and all. I was using a stall, and I came out only to find one person who apparently thought it was okay to go after me. I was just washing my hands when he first punched me in the back and then went for my vagina. I nearly passed out due to the blow.”

“I walked into a stall to do my business like I had done so many times before. This time, though, someone recognized me. He and his buddies circled around me as I tried to exit the restroom and pushed me around between them. A police officer walked into the restroom and tried to protest their harassment. The men responded by ripping my pants down. The officer shot me a disgusted look and left the room.”

“I spent high school having to use the nurse’s bathroom, because if I used the boys’ bathroom, I would get reprimanded, and the same would happen if I went into the girls’ bathroom since I was living as a boy. Going to the nurse’s office always felt like a walk of shame, like there was no dignified place for me simply because I’m transgender.”

Nearly one-third (32%) of the sample avoided drinking or eating so that they would not need to use the restroom, and 8% reported having a urinary tract infection or kidney-related medical problem as a result of avoiding restrooms in the past year.

Respondents were also asked if they had experienced any physical problems as a result of avoiding restrooms in public places, at work, or at school. Nearly one-third (32%) of the sample avoided drinking or eating so that they would not need to use the restroom, and 8% reported having a urinary tract infection or kidney-related medical problem as a result of avoiding restrooms in the past year (Table 17.4).

Table 17.4: Physical problems due to avoiding public restrooms in the past year

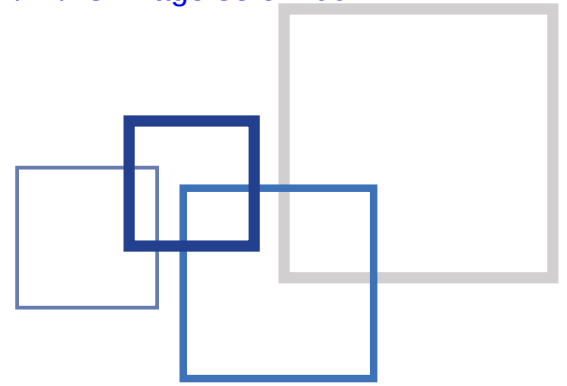
Physical problem	% of respondents who avoided using restrooms	% of all respondents
Did not use the restroom when needed to ("held it")	89%	55%
Avoided drinking or eating	52%	32%
Urinary tract infection	12%	8%
Kidney infection	2%	1%
Other kidney-related problems	2%	1%
Kidney-related problem and/or a urinary tract infection	13%	8%
A problem not listed	2%	1%

Conclusion

Responses suggest that using restrooms in public places, at work, or at school presents serious challenges for transgender people. Respondents faced numerous barriers and problems when attempting to use a public restroom, including being verbally harassed, physically attacked, sexually assaulted, or denied access to the restroom altogether. In many instances, these experiences were more frequently reported by people of color. A majority of people had avoided using public restrooms in the past year due to fear of encountering confrontations and other problems, which led to a range of health issues, including urinary tract infections and kidney-related problems.

ENDNOTES | CHAPTER 17: EXPERIENCES IN RESTROOMS

- 1 Department of Labor & Occupational Safety and Health Administration. (2015). *Best Practices: A Guide to Restroom Access for Transgender Workers*. Available at: <https://www.osha.gov/Publications/OSHA3795.pdf>.
- 2 Herman, J. L. (2013). Gendered restrooms and minority stress: The public regulation of gender and its impact on transgender people's lives. *Journal of Public Management & Social Policy*, 19(1), 65–85.
- 3 Herman, J. L. See note 2.
- 4 Seelman, K. L. (2016). Transgender adults' access to college bathrooms and housing and the relationship to suicidality. *Journal of Homosexuality*, 63(10), 1378–1399.
- 5 Movement Advancement Project, Equality Federation Institute, Freedom for All Americans, & National Center for Transgender Equality. (2016). *The Facts: Bathroom Safety, Nondiscrimination Laws, and Bathroom Ban Laws*. Available at: <http://www.lgbtmap.org/file/bathroom-ban-laws.pdf>.
- 6 Respondents were asked if they had experienced “unwanted sexual contact” when accessing or while using a bathroom in Q. 20.3 and Q. 20.6.
- 7 Movement Advancement Project et al. See note 5.



CHAPTER 18

Civic Participation and Policy Priorities

Voting and other forms of participation in the political process are important methods by which people involve themselves in their communities and can have a voice in governance at the local, state, and federal levels. They are also significant avenues by which individuals and groups can affect change and influence the policies and procedures that impact their lives.

Respondents received questions about voting in the previous national election (November 2014)¹ to assess levels of voting and determine reasons for not participating, including potential barriers to voting such as voter identification laws. Relevant questions were patterned on the November 2014 Voting and Registration Supplement of the Current Population Survey (CPS). Additionally, respondents were asked questions about their political engagement, political party affiliation, and policy priorities as they relate to issues that impact transgender people, some of which were patterned on the Gallup U.S. Daily Tracking Poll. Notable differences in respondents' experiences based on demographic and other characteristics are reported throughout the chapter.

KEY FINDINGS

- ▶ More than three-quarters (76%) of U.S. citizens of voting age in the sample reported that they were registered to vote in the November 2014 midterm election, compared to 65% of individuals in the U.S. population who reported that they were registered.
- ▶ More than half (54%) of U.S. citizens of voting age in the sample reported that they had voted in the election, compared to 42% of those who reported they had voted in the U.S. population.
- ▶ Over one-quarter (27%) of those who said they had not been registered to vote said that the main reason was that they were not interested in the election or not involved in politics.
- ▶ Three percent (3%) of those who said they were *not registered to vote* reported that the main reason was that they wanted to avoid harassment by election officials because they were transgender.
- ▶ Nineteen percent (19%) of those who reported they were registered but did not vote said that they thought their vote would not make a difference or they were not interested in the election, compared to 16% of those in the U.S. population.
- ▶ Three percent (3%) of those who reported *being registered to vote but not voting* said that the main reason was that they wanted to avoid harassment by election officials because they were transgender.
- ▶ When asked about what they believed the most important policy priorities were for transgender people, respondents most often identified addressing violence against transgender people (25%), health insurance coverage (15%), and racism (11%) as their top priorities.

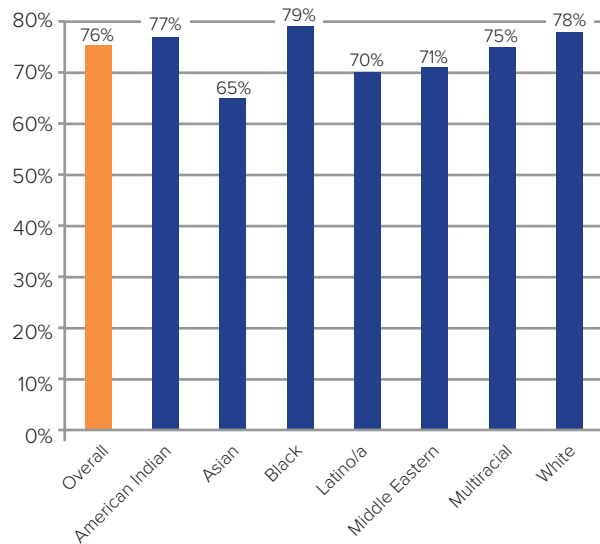
I. Voter Registration and Voting

a. Voter Registration

Survey respondents were asked about voting in relation to the November 4, 2014 midterm election, which was the national election held in closest proximity to the survey. More than three-quarters (76%) of U.S. citizens in the survey sample who

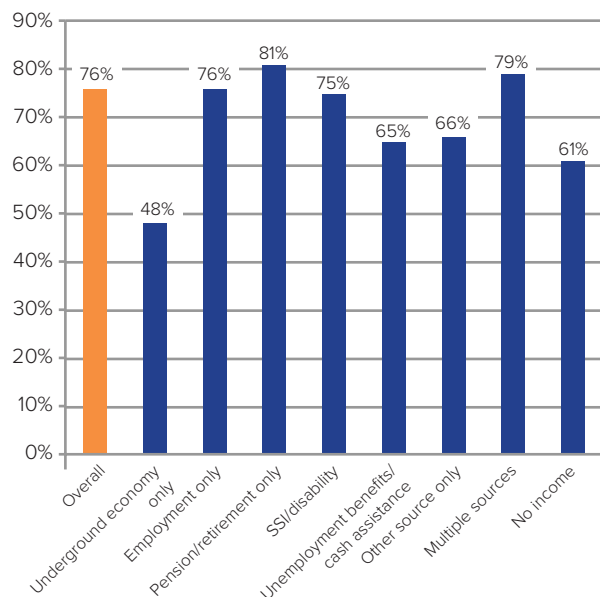
were of voting age at the time of the election² reported that they were registered to vote, compared to 65% of those individuals in the U.S. population.³ The number of reported registered voters differed by race or ethnicity, with Middle Eastern (71%), Latino/a (70%), and Asian (65%) respondents being less likely to be registered than American Indian (77%), white (78%), and Black (79%) respondents (Figure 18.1).

Figure 18.1: Registered to vote RACE/ETHNICITY (%)



Naturalized citizens (69%) were less likely to report being registered than citizens who were born in the United States (76%). There were also differences in voting registration based on respondents' sources of income, with only 48% of those whose sole source of income was from the underground economy—including sex work, drug sales, and other work that is currently criminalized—reporting being registered. Respondents whose only source of income was from unemployment benefits or other cash assistance programs such as TANF⁴ (65%) were also less likely to be registered (Figure 18.2).

Figure 18.2: Registered to vote SOURCES OF INCOME (%)



b. Reasons for Not Registering to Vote

Respondents who said they were not registered to vote in the November 4, 2014 election were asked to identify the main reason why they were not registered based on categories outlined in the Current Population Survey (CPS) and additional experiences they might have had as a transgender person. More than one-quarter (27%) of those in the sample who reported that they were not registered to vote said that they were not interested in the election or not involved in politics, which was the most frequently selected reason for not being registered. Sixteen percent (16%) did not know where or how to register, and 15% indicated that they did not meet registration deadlines. One in eight (12%) felt that their vote would not make a difference and therefore did not register (Table 18.1).⁵

Additionally, respondents reported not being registered to vote because they wanted to avoid anti-transgender harassment by election officials (3%), because they did not have their current name updated on their Social Security card (2%), and because they thought their state's voter identification law would stop them from voting (1%). Avoiding anti-transgender harassment by election officials was a more common reason for transgender men and women (5%) than for crossdressers (2%) and non-binary respondents

Three percent (3%) of respondents who were citizens and of voting age at the time of the 2014 midterm election were not registered to vote because they wanted to avoid anti-transgender harassment by election officials.

(1%) (Figure 18.3). Those who reported that people could always or usually tell they were transgender even without being told were more than twice as likely to report this reason (8%), in contrast to those who said people could rarely or never tell they were transgender without being told (3%). Black respondents (7%) were also more likely to report that they did not register to vote in order to avoid harassment by election officials (Figure 18.4).

Table 18.1: Main reason for not being registered to vote on November 4, 2014

Reasons for not being registered to vote	% of USTS citizens not registered to vote
They were not interested in the election or not involved in politics	27%
They did not know where or how to register	16%
They did not meet registration deadlines	15%
They felt their vote would not make a difference	12%
They did not live in place long enough or meet residency requirements	5%
They were not eligible to vote (due to criminal/felony conviction or other reason)	3%
Permanent illness or disability	2%
Difficulty with English	<1%
Other reasons (including):	19%
They wanted to avoid harassment by election officials because they were transgender	3%
They did not have an identity document (ID) and thought they needed one to register	2%
Their current name did not match the name on their Social Security card	2%
They thought their state's voter ID law would stop them from voting	1%
Protest or philosophical reasons (write-in response)	1%

Figure 18.3: Not registered due to avoiding anti-transgender harassment
GENDER IDENTITY (%)

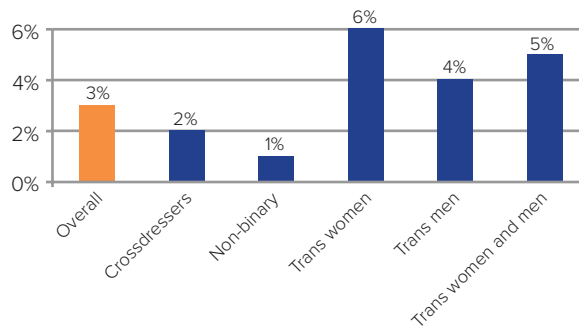
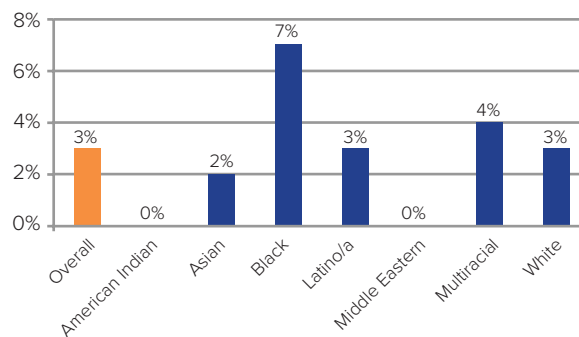


Figure 18.4: Not registered due to avoiding anti-transgender harassment
RACE/ETHNICITY (%)

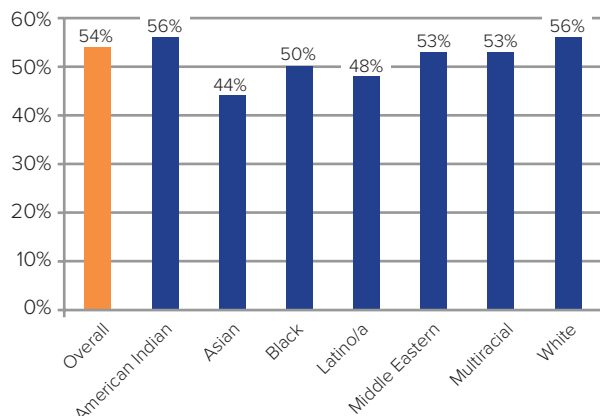


c. Voting in the 2014 Election

More than half (54%) of U.S. citizens in the sample who were of voting age at the time of the election reported that they voted in the election, compared to 42% of those in the U.S. population.⁶ Among people of color, Asian respondents (44%) were least likely to report having voted, and Latino/a (48%) and Black (50%) respondents were also less likely to report voting (Figure 18.5).

More than half (54%) of respondents who were citizens and of voting age at the time of the 2014 midterm election reported that they voted in the election, compared to 42% in the U.S. population.

Figure 18.5: Voted in election
RACE/ETHNICITY (%)



Respondents who were living in poverty⁷ (41%) were also less likely to say they had voted, as were those who were currently working in the underground economy (40%), unemployed (42%), or out of the labor force (50%).

d. Reasons for Not Voting

Respondents who reported being registered but did not vote in the November 4, 2014 election were asked to identify the main reason why they did not vote, based on categories outlined in the CPS and additional experiences they might have had as a transgender person. Nearly one in five (19%) respondents who reported they were registered but did not vote reported that they were not interested or felt their vote would not make a difference, compared to 16% of such voters in the U.S. population.⁸ Respondents were also more than twice as likely to report not voting due to registration problems, such as not receiving an absentee ballot or not being registered in the current location (5%), than registered voters in the U.S. general population (2%) (Table 18.2).

Among those who provided additional reasons for not voting that were not included in the CPS, 3% of respondents reported that they wanted to avoid harassment by election officials because they were transgender. Transgender men and women

In Our Own Voices

“Lawmakers pushed through voter ID reforms in my state, requiring every voter to present a photo ID with a gender marker. Since I was unable to do so, I was a victim of ‘de facto’ disenfranchisement and voter intimidation tactics that are now, unfortunately, all too common.”

“When changing my name on my voter registration, the DMV put in the wrong name. I don’t know how to fix it and I’m scared that if I try to vote (something I really want to do!) I won’t be able to because the voter registration has the wrong name.”

“I had to try twice to get my county to change my name in the voter registration, which is extremely embarrassing as people are essentially shouting that you’re trans in a public place. Some accused me of attempting voter fraud when all I wanted to do was try to make sure I had the best candidates who would protect my rights.”

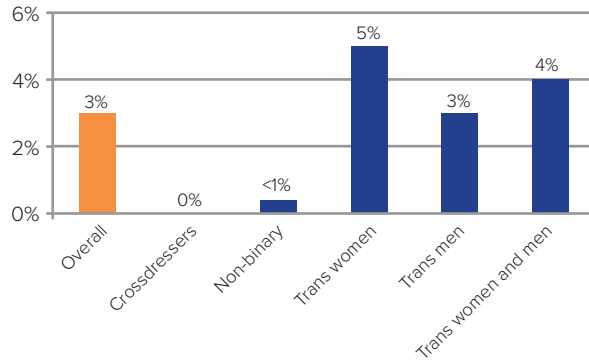
(4%) were more likely to report that they did not vote because they wanted to avoid harassment by an election official than non-binary respondents (<1%) (Figure 18.6). Two percent (2%) of those who did not vote said that the main reason was that

their ID did not match their current name or gender or that their photo did not match their appearance, and 1% said that the main reason was that their current name or gender that did not match their voter registration.

Table 18.2: Main reason for not voting on November 4, 2014

Reasons included in the Current Population Survey (CPS):	% of USTS respondents who were registered but did not vote	% in U.S. population who were registered but did not vote (CPS)
They were not interested or felt their vote would not make a difference	19%	16%
They forgot to vote or send in an absentee ballot	19%	8%
They were too busy or had a conflicting work or school schedule	16%	28%
They were out of town or away from home	12%	10%
They did not like the candidates or campaign issues	8%	8%
Registration problems (e.g., they did not receive an absentee ballot or they were not registered in their current location)	5%	2%
Illness or disability (own or family's)	5%	11%
Inconvenient hours, polling place, or hours or lines too long	3%	2%
Transportation problems	3%	2%
Bad weather conditions	<1%	<1%
Other reasons	10%	9%
Additional reasons not included in the CPS:		
They wanted to avoid harassment by election officials because they were transgender	3%	---
Their ID did not match their current name or gender, or they had an old photo	2%	---
Name or gender on ID did not match voter registration	1%	---
They did not have the ID they needed to vote	1%	---
They did not know the process for voting or did not know about the candidates (write-in response)	1%	---
Protest or philosophical reasons (write-in response)	1%	---
They were not allowed by a poll worker or election official because they were transgender	<1%	---

Figure 18.6: Did not vote due to avoiding anti-transgender harassment GENDER IDENTITY (%)



II. Political Engagement and Party Affiliation

Respondents received a question about political affairs to examine how much of an influence they believed they could have on government decisions. Specifically, they were asked to rate on five-point scale from “strongly agree” to “strong disagree” what they thought about the following statement: “Someone like me can’t really influence government decisions.” Nearly half (44%) of respondents disagreed or strongly disagreed with the statement, and approximately one-third (32%) agreed or strongly agreed with the statement (Figure 18.7). This means that there were more respondents who thought that they could

Half (50%) of respondents identified as Democrats, 48% identified as Independents, and 2% identified as Republicans, compared to 27%, 43%, and 27% in the U.S. general population, respectively.

have some influence on government decisions than those who believed they could not influence government decisions.

Figure 18.7: Perception of ability to influence government decisions



Respondents were also asked about their political party affiliation with questions that were patterned on the Gallup U.S. Daily Tracking Poll, including whether they consider themselves a Republican, Democrat, or Independent. Half (50%) of respondents identified as Democrats, 48% identified as Independents, and 2% identified as Republicans, compared to 27%, 43%, and 27% in the U.S. general population, respectively (Figure 18.8).⁹ Respondents who did not identify as Democrats or Republicans wrote in several political parties and political movements, including socialist or democratic socialist (4%), Green Party (2%), Libertarian (1%), and anarchist (1%). For comparison with the Gallup Daily Tracking Poll, these respondents are included as Independents in Figure 18.8.

Those who identified as Independents were also asked whether they lean more to the Democratic Party or the Republican Party. Overall, 79% in the sample reported that they were Democrats or lean towards the Democratic Party, 4% were Republicans or lean towards the Republican Party,

and 17% were Independents who do not lean towards the Democratic or Republican parties. This compares to 44% in the U.S. population who are Democrats or lean towards the Democratic Party, 45% who are Republicans or lean towards the Republican Party, and 11% who are Independents and do not lean towards either party (Figure 18.9).¹⁰

When asked about their political views, more than half (55%) of the sample described themselves as “very liberal,” 27% selected “liberal,” 15% selected “moderate,” 2% selected “conservative,” and only 1% described themselves as “very conservative.”

Figure 18.8: Consider themselves a Republican, Democrat, or Independent

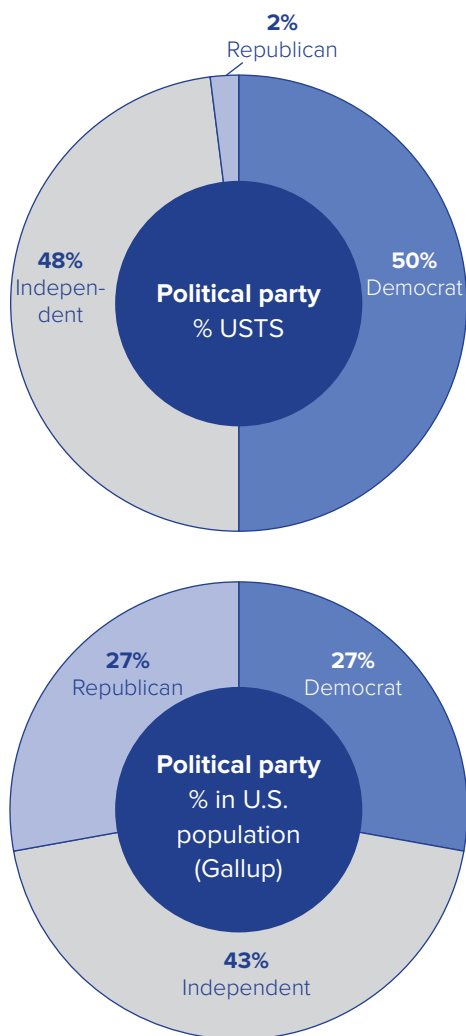
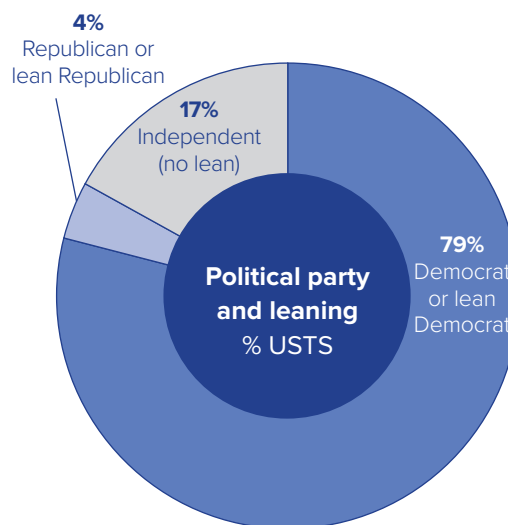


Figure 18.9: Democratic or Republican party affiliation and leaning



III. Policy Priorities

The survey explored respondents’ opinions on the most important policy priorities for transgender people in the U.S. and asked for those issues to be ranked from “very important” to “not very important.” Violence against transgender people was most widely selected as being a very important issue (94%). Insurance coverage for transgender-related health care (90%), police mistreatment of transgender people (88%), and

employment (87%) were also commonly selected as very important priorities (Table 18.3).

Table 18.3: Respondents' policy priorities

Issue	Very important	Important	Not very important
Violence against transgender people	94%	5%	1%
Insurance coverage for transgender-related health care	90%	9%	1%
Police mistreatment of transgender people	88%	11%	1%
Employment	87%	13%	1%
Training health care providers about transgender health	86%	13%	1%
Housing and homelessness	85%	14%	1%
Poverty	84%	15%	1%
Bullying and discrimination in schools	84%	15%	1%
Racism	83%	15%	3%
Mistreatment in prisons or jails	82%	16%	2%
Identity documents	79%	20%	1%
HIV/AIDS	68%	29%	3%
Parenting and adoption rights	68%	28%	4%
Conversion therapy	68%	22%	10%
Immigration reform	60%	30%	10%
Marriage recognition	55%	32%	13%
Military (open service for transgender people)	49%	33%	18%

Respondents were also asked for their top three policy priorities. One-quarter (25%) reported that violence against transgender people was the top policy priority for them, and more than half (54%) reported that it was one of their top three priorities. Fifteen percent (15%) reported that health insurance coverage was the most important priority for them, and 11% reported that racism was the most important policy priority for them (Table 18.4).

Table 18.4: Top policy priorities

Respondents' most important priority	% of respondents
Violence against transgender people	25%
Insurance coverage for transgender-related health care	15%
Racism	11%
Employment	7%
Identity documents	7%
Poverty	6%
Bullying and discrimination in schools	5%
Training health care providers about transgender health	5%
Police mistreatment of transgender people	5%
Housing and homelessness	4%
Mistreatment in prisons or jails	2%
HIV/AIDS	1%
Conversion therapy	1%
Military (open service for transgender people)	1%
Immigration reform	1%
Parenting and adoption rights	1%
Marriage recognition	1%

Conclusion

Participation in the political process through activities such as voting is a vital component of influencing policies that impact lives and communities at the local, state, and national levels throughout the U.S. However, the process may be inaccessible at times or may otherwise present a difficult avenue through which policy priorities and day-to-day needs can be expressed. The results indicate that while a majority of eligible respondents had registered to vote in the most recent national election, only half had engaged in the process by voting, providing reasons such as not believing their vote would make a difference or

wanting to avoid potential harassment by election officials as a transgender person. Respondents were substantially more likely to identify with the Democratic Party or lean towards the Democratic Party than other political parties. Policy priorities that respondents identified as most important are

those directly related to the safety and wellbeing of transgender people, including violence against transgender people, health insurance and health care, police treatment of transgender people, racism, employment, and housing.

ENDNOTES | CHAPTER 18: CIVIC PARTICIPATION AND POLICY PRIORITIES

- 1 Questions referred to the midterm elections held on Tuesday, November 4, 2014, and respondents received the explanation that “[t]his was the election in November 2014 to elect members of the U.S. Congress and state-level offices.” See Q. 29.1 and 29.2.
- 2 Voter registration and voting results reported in this chapter are based on the responses of U.S. citizens in the sample who were aged 18 or older at the time of the election to provide the most appropriate comparison to Current Population Survey data on registration and voting in the U.S. population.
- 3 Reported voter registration in the U.S. is among U.S. citizens aged 18 and over. U.S. Census Bureau, (2014, November). *Current Population Survey: Reported Voting and Registration, by Sex and Single Years of Age: November 2014*. Available at: <https://www.census.gov/data/tables/time-series/demo/voting-and-registration/p20-577.html>.
- 4 TANF (the Temporary Assistance for Needy Families program) is a federal cash assistance program.
- 5 Although the Current Population Survey asked about the main reason for not registering to vote on November 4, 2014, U.S. population data for that question was not available at the time of this report.
- 6 The number of USTS respondents who voted represents 70% of those in the sample who were registered to vote in the election. According to the CPS, 42% of citizen voters aged 18 and older voted in the 2014 election, which represents 65% of registered voters. U.S. Census Bureau. (2014, November). *Current Population Survey. Reported Voting and Registration, by Sex and Single Years of Age: November 2014*. Available at: <https://www.census.gov/data/tables/time-series/demo/voting-and-registration/p20-577.html>.
- 7 Respondents who are “living in poverty” represent those who are living at or near the poverty line. See the *Income and Employment Status* chapter for more information about the poverty line calculation.
- 8 U.S. Census Bureau. (2014, November). *Current Population Survey. Voting and Registration in the Election of November 2014*. Available at: <https://www.census.gov/data/tables/time-series/demo/voting-and-registration/p20-577.html>.
- 9 This data is based on Gallup Poll results from September 9–13, 2015, the poll in closest proximity to when the survey was in the field. Gallup Poll. (2015, September 9–13). *Party Affiliation*. Available at: <http://www.gallup.com/poll/15370/party-affiliation.aspx>.
- 10 Gallup Poll. (2015, September 9–13). *Party Affiliation*. Available at: <http://www.gallup.com/poll/15370/party-affiliation.aspx>.

About the Authors

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As Survey Project Manager at the National Center for Transgender Equality, Sandy led the research team in developing, fielding, analyzing, and presenting the 2015 U.S. Transgender Survey. After a decade-long career as a forensic toxicologist, Sandy launched a new career as a civil rights advocate focused on law, research, and policy to advance transgender rights. He has worked on numerous projects involving trans-related legislation, policy, and research, including extensive work with data from the 2008–09 National Transgender Discrimination Survey. Sandy has been published in *The Georgetown Journal of Gender and the Law* and the *LGBTQ Policy Journal at the Harvard Kennedy School*. Sandy received a J.D and M.A in American Government from Georgetown University, where he is also currently pursuing his Ph.D.

Jody L. Herman

Jody L. Herman is a Scholar of Public Policy at the Williams Institute at the UCLA School of Law. She holds a Ph.D. in Public Policy and Public Administration in the field of Gender and Social Policy from the George Washington University, where she also earned her M.A. in Public Policy with a concentration in Women's Studies. Her doctoral dissertation focused on the problems transgender and gender non-conforming people face when using public restrooms and the development of anti-discrimination protections in public accommodations based on gender identity and expression. She has worked on issues of poverty, women's rights, voting rights, and anti-discrimination policy development with non-profit research, advocacy, and direct-service organizations in the United States and Mexico. She served as a co-author on the groundbreaking report *Injustice at Every Turn*, based on the National Transgender Discrimination Survey conducted by the National Gay and Lesbian Task Force and the National Center for Transgender Equality. Her research at the Williams Institute focuses on the prevalence and impact of interpersonal and structural discrimination based on gender identity or expression.

Sue Rankin

Sue Rankin is the principal of Rankin & Associates Consulting. She retired from the Pennsylvania State University in 2013 after 36 years, where she most recently served as an Associate Professor of Education, and Associate in the Center for the Study of Higher Education. Sue earned her B.S. from Montclair State University in 1978, and an M.S. and Ph.D. from the Pennsylvania State University. She has presented and published widely on the impact of sexism, racism, and heterosexism in the academy and in intercollegiate athletics. Her current research focuses on the assessment of institutional climate and providing program planners and policymakers with recommended strategies to improve the campus climate for under-served communities. Her recent publications include *The State of Higher Education for LGBT People* and *The Lives of Transgender People* in 2010 and an *NCAA Student-Athlete Climate Study* in 2011. In addition to serving as a consultant for the National Transgender Discrimination Survey in 2011, she has collaborated with over 170 institutions in implementing assessments and developing strategic plans regarding social justice issues.

Mara Keisling

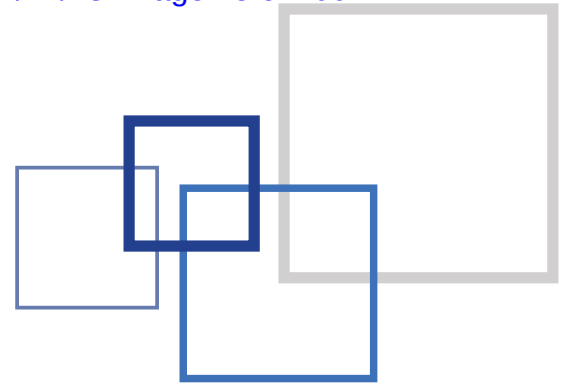
Mara Keisling is the founding Executive Director of the National Center for Transgender Equality, one of the nation's leading social justice organizations winning life-saving change for transgender people. After a 25-year career in survey research, Mara helped found NCTE and quickly became one of the nation's foremost authorities on transgender issues. Mara has led organizational and coalition efforts that have won significant advances in transgender equality throughout the country, especially in federal law and policy. Under her leadership, NCTE has won well over 100 federal policy changes that have improved the lives of transgender people. Mara was a co-author of *Injustice at Every Turn: The Report of the National Transgender Discrimination Survey*. A native of Pennsylvania and a transgender woman, Mara holds a B.A. from Pennsylvania State University and conducted her graduate studies in American Government at Harvard University.

Lisa Mottet

Lisa Mottet joined the National Center for Transgender Equality as the Deputy Executive Director in 2013, helping to grow NCTE from 5 staff to now 15 staff. She helps guide the organization's local, state, and federal policy advocacy, while also helping to oversee communications and development. In her previous position as Director of the Transgender Civil Rights Project at the National LGBTQ Task Force (formerly the National Gay and Lesbian Task Force), where she served for 12 years, she was a member of the research team for the National Transgender Discrimination Survey, and co-authored the report of its findings, *Injustice at Every Turn* (2011). As a long-time ally to the transgender community, Lisa was a major figure in promoting trans-inclusion in the LGBT movement and, while at the Task Force, she helped engineer the addition of "gender identity" to the Matthew Shepard and James Byrd, Jr. Hate Crimes Prevention Act, which became law in 2009, and to the Employment Non-Discrimination Act. Her thoughts and guidance on trans-inclusion were recorded in the 2008 publication, *Opening the Door to Transgender Inclusion: The Nine Keys to Making LGBT Organizations Fully Transgender-Inclusive*. Also while at the Task Force, Lisa co-authored *Transitioning Our Shelters: A Guide to Making Homeless Shelters Safe for Transgender People*. Lisa graduated from the University of Washington in 1998 and received her J.D. from the Georgetown University Law Center in 2001.

Ma'ayan Anafi

Ma'ayan Anafi is a Policy Counsel at the National Center for Transgender Equality. As part of the NCTE team, Ma'ayan has worked to strengthen and preserve nondiscrimination protections for transgender communities, with a focus on efforts to defeat anti-transgender state legislation and the implementation of federal nondiscrimination laws in health care, employment, education, and housing. Ma'ayan obtained a J.D. from Harvard Law School and a B.A. from the University of Toronto. An Autistic and non-binary transgender person, Ma'ayan is the co-leader of the DC chapter of the Autistic Self-Advocacy Network.



Appendix A

Demographic Description and Other Characteristics of the Sample

Throughout the report, findings were presented with the standard or supplemental survey weight applied. These weights adjusted the sample to reflect the U.S. population in regard to age, race, and educational attainment and also adjusted for disproportionate representation of 18-year-olds in the sample. In this appendix, unweighted tabulations of selected demographic and other variables are presented to provide a description of the sample before weights were applied. This includes recoded variables, which are indicated as such. See the *Methodology* chapter and *Appendix C: Detailed Methodology* for a description of the weights used in this report.

Q1.4. What U.S. state or territory do you currently live in?	Unweighted frequency	Unweighted %
U.S. military base outside of the U.S.	32	0.1%
Alabama	228	0.8%
Alaska	84	0.3%
American Samoa	2	0.0%
Arizona	537	1.9%
Arkansas	222	0.8%
California	3453	12.5%
Colorado	669	2.4%
Connecticut	319	1.2%
Delaware	84	0.3%
District of Columbia	214	0.8%
Florida	1099	4.0%
Georgia	614	2.2%
Guam	2	0.0%
Hawai'i	69	0.3%
Idaho	155	0.6%
Illinois	1082	3.9%
Indiana	452	1.6%
Iowa	219	0.8%
Kansas	197	0.7%
Kentucky	274	1.0%
Louisiana	274	1.0%
Maine	182	0.7%
Maryland	662	2.4%
Massachusetts	1195	4.3%
Michigan	894	3.2%
Minnesota	670	2.4%
Mississippi	82	0.3%
Missouri	509	1.8%
Montana	72	0.3%
Nebraska	165	0.6%
Nevada	206	0.7%
New Hampshire	225	0.8%
New Jersey	550	2.0%
New Mexico	213	0.8%
New York	1779	6.4%
North Carolina	686	2.5%
North Dakota	46	0.2%
Ohio	941	3.4%
Oklahoma	215	0.8%

Q1.4. What U.S. state or territory do you currently live in? (continued)	Unweighted frequency	Unweighted %
Oregon	1152	4.2%
Pennsylvania	1171	4.2%
Puerto Rico	27	0.1%
Rhode Island	119	0.4%
South Carolina	233	0.8%
South Dakota	43	0.2%
Tennessee	416	1.5%
Texas	1490	5.4%
Utah	270	1.0%
Vermont	163	0.6%
Virginia	723	2.6%
Washington	1667	6.0%
West Virginia	83	0.3%
Wisconsin	541	2.0%
Wyoming	44	0.2%
Total	27715	100%

Q1.4. U.S. region of current residence (recode based on Census regions)	Unweighted frequency	Unweighted %
Northeast	5703	21%
Midwest	5759	21%
South	7599	27%
West	8591	31%
Total	27652	100%

Q1.10. Do you think of yourself as transgender?	Unweighted frequency	Unweighted %
No	3270	12%
Yes	24445	88%
Total	27715	100%

Q1.11. Do you identify as more than one gender or as no gender?	Unweighted frequency	Unweighted %
No	14362	52%
Yes	13353	48%
Total	27715	100%

Q1.12. Do you currently live full-time in a gender that is different from the one assigned to you at birth?	Unweighted frequency	Unweighted %
No	11135	40%
Yes	16580	60%
Total	27715	100%

Q1.14. Someday do you want to live full time in a gender that is different from the one assigned to you at birth?*	Unweighted frequency	Unweighted %
No	770	7%
Yes	6497	58%
Not sure	3862	35%
Total	11129	100%

*Asked of those who responded "No" to Q1.12.

Q1.16. Have you seriously thought about living in a gender that is different from the one assigned to you at birth (transitioning gender)?*	Unweighted frequency	Unweighted %
No	251	33%
Yes	519	67%
Total	770	100%

*Asked of those who responded "No" to Q1.12 and Q1.14.

Q1.17. Do you consider yourself to be a cross-dresser?	Unweighted frequency	Unweighted %
No	25225	91%
Yes	2490	9%
Total	27715	100%

Q1.18. Do you live part of the time in one gender and part of the time in another gender?	Unweighted frequency	Unweighted %
No	19063	69%
Yes	8652	31%
Total	27715	100%

Q2.1. What sex were you assigned at birth, on your original birth certificate?	Unweighted frequency	Unweighted %
Female	15858	57%
Male	11857	43%
Total	27715	100%

Q2.1 & Q2.3. Gender categories used for analysis (recode)	Unweighted frequency	Unweighted %
Crossdressers	758	3%
Transgender women	9238	33%
Transgender men	7950	29%
Non-binary people, assigned female at birth	7844	28%
Non-binary people, assigned male at birth	1925	7%
Total	27715	100%

Q2.1 & Q2.3. Gender categories (collapsed recode)	Unweighted frequency	Unweighted %
Transgender men and women	17188	64%
Non-binary people	9769	36%
Total	26957	100%

Q2.4. How comfortable are you with the word "transgender" being used to describe you?	Unweighted frequency	Unweighted %
Very comfortable	12189	44%
Somewhat comfortable	7413	27%
Neutral	4129	15%
Somewhat uncomfortable	3116	11%
Very uncomfortable	830	3%
Total	27677	100%

Q2.5. What gender pronouns do you ask people to use to refer to you?	Unweighted frequency	Unweighted %*
He, his	9981	36%
She, hers	10138	37%
They, their	8026	29%
Ze, hir	466	2%
No pronouns. I ask people only to use my name.	1095	4%
I don't ask people to use specific pronouns.	5619	20%
Pronouns not listed above	1162	4%

*Multiple choices were allowed, so percentages do not add to 100%.

Q2.6. What gender do you currently live in on a day-to-day basis?	Unweighted frequency	Unweighted %
Man	9418	34%
Woman	8271	30%
Neither man nor woman/ Genderqueer/Non-binary	5721	21%
Part time one gender/part time another gender	4305	16%
Total	27715	100%

Q2.7. People can tell I am trans even if I don't tell them.	Unweighted frequency	Unweighted %
Always	549	2%
Most of the time	2629	10%
Sometimes	9139	33%
Rarely	8986	33%
Never	6346	23%
Total	27649	100%

Q2.8. What best describes your current sexual orientation?	Unweighted frequency	Unweighted %
Asexual	2984	11%
Bisexual	4129	15%
Gay	1316	5%
Heterosexual/Straight	3363	12%
Lesbian	3037	11%
Same-gender loving	264	1%
Pansexual	5056	18%
Queer	5706	21%
Demisexual*	287	1%
A sexual orientation not listed above	1573	6%
Total	27715	100%

*Added to the response list from write-in responses.

Q2.9-Q2.11. Race/ethnicity (recode)	Unweighted frequency	Unweighted %
Alaska Native alone	17	0.1%
American Indian alone	302	1.1%
Asian/Asian American alone	721	2.6%
Biracial/Multiracial	1513	5.5%
Black/African American alone	796	2.9%
Latino/a/Hispanic alone	1473	5.3%
Middle Eastern/North African alone	132	0.5%
Native Hawaiian/Pacific Islander alone	62	0.2%
White/European American alone	22658	81.8%
A racial/ethnic identity not listed above	41	0.2%
Total	27715	100%

Q2.12. Religious/spiritual identity (recode)	Unweighted frequency	Unweighted %
Not religious/spiritual	10460	38%
Religious/spiritual	17195	62%
Total	27655	100%

Q2.13. Age ranges (recode)	Unweighted frequency	Unweighted %
18 to 24	11840	43%
25 to 44	10987	40%
45 to 64	4085	15%
65 and over	803	3%
Total	27715	100%

Q2.15. What is your current relationship status?	Unweighted frequency	Unweighted %
Partnered, living together	8762	31.6%
Partnered, not living together	4630	16.7%
Single	13219	47.7%
Not listed above	404	1.5%
Aromantic/not active/platonic*	67	0.2%
Open relationship*	53	0.2%
Poly*	535	1.9%
Single, divorced*	11	0.0%
Single, widowed*	28	0.1%
Total	27709	100%

*Added to the response list from write-in responses.

Q2.16. What is your current legal marital status?	Unweighted frequency	Unweighted %
Married	4671	16.9%
Legally recognized civil union	67	0.2%
Registered domestic partnership	238	0.9%
Widowed	216	0.8%
Divorced	2538	9.2%
Separated	456	1.7%
Single, never married	19463	70.4%
Total	27649	100%

Q2.17. Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?	Unweighted frequency	Unweighted %
Never served in the military	25263	91.3%
Only active duty for training in the Reserves or National Guard	298	1.1%
Now on active duty	129	0.5%
On active duty in the past, but not now	1976	7.1%
Total	27666	100%

Q2.18. What is your citizenship or immigration status in the U.S.?	Unweighted frequency	Unweighted %
U.S. citizen, birth	26684	96.3%
U.S. citizen, naturalized	555	2.0%
Permanent Resident	249	0.9%
A visa holder (such as F-1, J-1, H1-B, and U)	115	0.4%
DACA (Deferred Action for Childhood Arrival)	16	0.1%
DAPA (Deferred Action for Parental Accountability)	1	0.0%
Refugee status	6	0.0%
Other documented status not mentioned above	40	0.1%
Currently under a withholding of removal status	3	0.0%
Undocumented resident	46	0.2%
Total	27715	100%

Q2.20. Disability (questions based on American Community Survey, with the exception of the last question)	Unweighted frequency	Unweighted %*
Are you deaf or have serious difficulty hearing?	1072	4%
Are you blind or have serious difficulty seeing even when wearing glasses?	679	2%
Because of a physical mental or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	8471	31%
Do you have serious difficulty walking or climbing stairs?	1729	6%
Do you have difficulty dressing or bathing?	924	3%
Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping?	6200	23%
Do YOU identify as a person with a disability?	7764	28%

*Multiple choices were allowed, so percentages do not add to 100%.

Q2.20. Any disability (recode) (based on American Community Survey questions only, not including self-identification)	Unweighted frequency	Unweighted %
No	16305	60%
Yes	10913	40%
Total	27218	100

Q2.21. What is the main language that people speak in your home?	Unweighted frequency	Unweighted %
English only	24958	90.1%
Language(s) other than English	285	1.0%
English and other language(s)	2461	8.9%
Total	27704	100%

Q2.22. What is the highest level of school or degree you have completed?	Unweighted frequency	Unweighted %
Less than 8th grade	48	0.2%
8th grade	54	0.2%
Some high school, no diploma or GED	804	2.9%
GED	661	2.4%
High school graduate	2806	10.1%
Some college, no degree (including currently in college)	10486	37.8%
Associate degree in college—Occupational/vocational program	858	3.1%
Associate degree in college—Academic program	1475	5.3%
Bachelor's degree	5291	19.1%
Some graduate work, no graduate degree	1652	6.0%
Master's degree (M.A, M.S., MBA)	2562	9.2%
Doctoral degree (e.g., Ph.D., Ed.D.)	504	1.8%
Professional degree (e.g., MD, JD)	514	1.9%
Total	27715	100%

Q2.23. What are your current living arrangements?	Unweighted frequency	Unweighted %
Living in house/apartment/condo I OWN alone or with others (with a mortgage or that you own free and clear)	4697	17.0%
Living in house/apartment/condo I RENT alone or with others	11507	41.5%
Living with a partner, spouse, or other person who pays for the housing	1443	5.2%
Living temporarily with friends or family because I can't afford my own housing	2229	8.0%
Living with parents or family I grew up with because I have not yet left home	5149	18.6%
Living in a foster group home or other foster care	10	0.0%
Living in campus/university housing	1821	6.65%
Living in a nursing home or other adult care facility	9	0.0%
Living in a hospital	2	0.0%
Living in military barracks	31	0.1%
Living in a hotel or motel that I pay for myself	37	0.1%
Living in a hotel or motel with an emergency shelter voucher	6	0.0%

Q2.23. What are your current living arrangements? (continued)	Unweighted frequency	Unweighted %
Living in transitional housing/halfway house	48	0.2%
Living on the street, in a car, in an abandoned building, in a park, or a place that is NOT a house, apartment, shelter, or other housing	91	0.3%
Living in a homeless shelter	36	0.1%
Living in a domestic violence shelter	6	0.0%
Living in a shelter that is not a homeless shelter or domestic violence shelter	3	0.0%
A living arrangement not listed above	126	0.5%
Mobile housing (RV, camper, etc.)*	40	0.1%
A place owned/rented by someone else*	176	0.6%
A group home or treatment facility*	13	0.1%
At home/with family for other reasons*	186	0.7%
Nomadic*	16	0.1%
Commune/co-op/collective*	28	0.1%
Total	27710	100%

*Added to the response list from write-in responses.

Q2.24. Is there at least one telephone INSIDE your home that is currently working and is not a cell phone?	Unweighted frequency	Unweighted %
No	18255	66%
Yes	9313	34%
Total	27568	100%

Q2.24. Do you have a cell phone?	Unweighted frequency	Unweighted %
No	882	3%
Yes	26744	97%
Total	27626	100%

Q14.1 & Q14.2 HIV status (recode)	Unweighted frequency	Unweighted %
HIV positive	179	0.7%
HIV negative	13869	50.2%
Don't know/not tested	13606	49.2%
Total	27654	100%

Q7.7 Employment status	Unweighted frequency	Unweighted %*
Work for pay from sex work, selling drugs, or other work that is currently considered illegal	516	1.9%
Work full-time for an employer	9560	34.5%
Work part-time for an employer	6735	24.3%
Self-employed in your own business, profession or trade, or operate a farm (not including sex work, selling drugs, or other work that is currently considered illegal)	3868	14.0%
Unemployed but looking for work	3991	14.4%
Unemployed and have stopped looking for work	1247	4.5%
Not employed due to disability	2255	8.1%
Student	8639	31.2%
Retired	1107	4.0%
Homemaker or full-time parent	549	2.0%
Not listed above	1240	4.5%
Seasonal work/odd jobs/other part-time work*	136	0.5%
Volunteer*	76	0.3%
Internship*	66	0.2%

*Multiple choices were allowed, so percentages do not add to 100%.

Q7.8. Respondent is member of a union (recode)	Unweighted frequency	Unweighted %
No	25997	94%
Yes	1691	6%
Total	27688	100%

Q7.8 & Q7.9. Respondent is a union member or under a union contract (recode)	Unweighted frequency	Unweighted %
No	25623	92%
Yes	2082	8%
Total	27705	100%

Q7.10. Do you currently receive assistance from food stamps (SNAP) or WIC?	Unweighted frequency	Unweighted %
No	25060	91%
Yes	2606	9%
Total	27666	100%

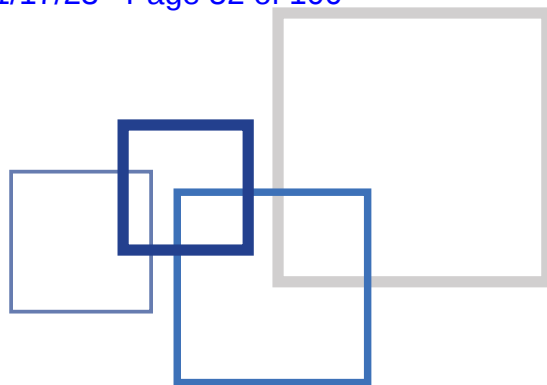
Q7.11. Current sources of income (recode)	Unweighted frequency	Unweighted %
Pay from sex work, selling drugs, or other work that is currently considered illegal only	143	0.6%
Pay from employment only	10519	40.4%
Pay from pension or retirement only	227	0.9%
SSI or disability income only	903	3.5%
Unemployment benefits or cash assistance only	207	0.8%
Other income source only	1165	4.5%
Multiple income sources	12183	46.8%
No income	664	2.6%
Total	26011	100%

Q7.12. Individual income in 2014 (includes all income sources except food stamps (SNAP) or WIC)	Unweighted frequency	Unweighted %
No income	3913	14.4%
\$1 to \$5,000	4647	17.1%
\$5,000 to \$7,499	1665	6.1%
\$7,500 to \$9,999	1444	5.3%
\$10,000 to \$12,499	1743	6.4%
\$12,500 to \$14,999	1184	4.4%
\$15,000 to \$17,499	843	3.1%
\$17,500 to \$19,999	772	2.9%
\$20,000 to \$24,999	1568	5.8%
\$25,000 to \$29,999	1071	4.0%
\$30,000 to \$34,999	1163	4.3%
\$35,000 to \$39,999	888	3.3%
\$40,000 to \$49,999	1355	5.0%
\$50,000 to \$59,999	1049	3.9%
\$60,000 to \$74,999	1070	3.9%
\$75,000 to \$99,999	1118	4.1%
\$100,000 to \$149,999	998	3.7%
\$150,000 or more	636	2.3%
Total	27127	100%

Q7.12 - Q7.14 Household income in 2014 (recode)	Unweighted frequency	Unweighted %
No income	996	3.9%
\$1 to \$5,000	1433	5.7%
\$5,000 to \$7,499	811	3.2%
\$7,500 to \$9,999	869	3.4%
\$10,000 to \$12,499	1109	4.4%
\$12,500 to \$14,999	897	3.6%
\$15,000 to \$17,499	725	2.9%
\$17,500 to \$19,999	725	2.9%
\$20,000 to \$24,999	1571	6.2%
\$25,000 to \$29,999	1220	4.8%
\$30,000 to \$34,999	1367	5.4%
\$35,000 to \$39,999	1224	4.8%
\$40,000 to \$49,999	1872	7.4%
\$50,000 to \$59,999	1806	7.1%
\$60,000 to \$74,999	2096	8.3%
\$75,000 to \$99,999	2360	9.3%
\$100,000 to \$149,999	2418	9.6%
\$150,000 or more	1797	7.1%
Total	25296	100%

Q29.1 & Q29.2 Registered to vote on November 4, 2014 (recode)	Unweighted frequency	Unweighted %
No	8468	31%
Yes	19215	69%
Total	27683	100%

Q29.1. Did you vote in the election held on Tuesday, November 4, 2014?	Unweighted frequency	Unweighted %
No	13846	50%
Yes	13805	50%
Total	27651	100%



Appendix B

Survey Instrument (Questionnaire)

The survey was offered online only. The questionnaire has been reproduced here to best reflect what respondents saw when completing the survey. Programming notes are indicated in italics.

QUESTIONNAIRE:

The National Center for Transgender Equality welcomes you to the 2015 U.S. Trans Survey, the follow up to the National Transgender Discrimination Survey: Injustice At Every Turn. We thank you for participating in this survey. Every voice counts in documenting and better understanding the lives and experiences of trans people in the United States, and we appreciate yours.

Sincerely,

The National Center for Transgender Equality Survey Team



UNIVERSITY OF CALIFORNIA LOS ANGELES

Study information sheet

2015 U.S. Trans Survey

This study has been commissioned by the National Center for Transgender Equality (NCTE). A research team made up of Jody L. Herman, Ph.D. and Susan Rankin, Ph.D. are conducting this study. Your participation in this study is voluntary.

WHY IS THIS STUDY BEING DONE?

This study is being conducted to better understand the demographics, health, and experiences of trans people in the United States. The findings of this study will be used for the benefit of the trans community and the research community.

WHAT WILL HAPPEN IF I TAKE PART IN THIS RESEARCH STUDY?

If you volunteer to participate in this study, the researchers ask that you participate in an online survey. The purpose of the survey is to gather information about you and your experiences as a trans person in the United States. You will be one of over 700,000 possible participants who may take part in this survey, which is the current best estimate of the total number of trans-identified adults in the United States.

HOW LONG WILL I BE IN THE RESEARCH STUDY?

Participation in the study will take between 30 and 60 minutes.

ARE THERE ANY RISKS OR DISCOMFORTS THAT I CAN EXPECT FROM THIS STUDY?

Participating in this study poses no risks that are not ordinarily encountered in daily life. Any information you provide in the survey will be confidential. Some of the questions asked of you as part of this survey may make you feel uncomfortable. You may refuse to answer questions posed to you by skipping the question. You may stop your participation in this study at any time by exiting the survey. Should you need them, there will be a list of resources, including hotlines, provided at the end of the survey.

ARE THERE ANY BENEFITS IF I PARTICIPATE?

The results of the research will be used for the benefit of the trans community in the United States and the research community. You will not directly benefit from your participation in the research.

WILL I BE PAID FOR MY PARTICIPATION?

You will receive no payment for your participation. You will have the option to voluntarily enter a drawing to win one of three cash prizes: one prize of \$500 and two prizes of \$250.

HOW WILL INFORMATION ABOUT ME AND MY PARTICIPATION BE KEPT CONFIDENTIAL?

Your survey response will be anonymous, so no information that can be used to identify you will be collected unless you voluntarily provide it. Any information that is obtained in connection with this study and that can identify you will remain confidential. If you do voluntarily provide any information that could be used to identify you, the research team will maintain your confidentiality by taking precautions to minimize any risk to your privacy from participating in this survey.

You will be given the option at the end of the survey to be directed to a separate page on a secure website if you wish to provide your contact information to receive survey results from NCTE, be entered into the drawing for one of three cash prizes, or share your personal story with NCTE. NCTE will NOT be provided with any responses from your survey in connection with your contact information. NCTE will only know that you have participated in the survey. NCTE will not provide to the research team any information that could be used to identify you, such as your name. Therefore, you will remain anonymous to the research team.

Results of this research study that are reported in published form will not name you or identify you as a participant. If you choose to self-identify anywhere on the survey and provide a written response, a different name will be created and used instead of your name if quoting you directly in any publication and any content of quotes that could be used to identify you will be removed.

CAN THE RESEARCHERS REMOVE ME FROM THIS STUDY?

The researchers will not remove you from the study. You may remove yourself from the study by exiting the survey. If you exit the survey, your responses will not be recorded or used in the study.

WHAT ARE MY RIGHTS IF I TAKE PART IN THIS STUDY?

Taking part in this study is your choice. You can choose whether or not you want to participate. Whatever decision you make, there will be no penalty to you.

- You have a right to have all of your questions answered before deciding whether to take part in the study.
- If you decide to take part in the study, you have the right to exit the study at anytime by exiting the survey.
- If you decide at any point to stop participating in this study, you have the right to exit the study at any time by exiting the survey.

WHO CAN I CONTACT IF I HAVE QUESTIONS ABOUT THIS STUDY?

The Research Team:

You may contact Jody L. Herman at (310) 267-4382 or Susan Rankin at (814) 625-2780 with any questions or concerns about the research or your participation in this study.

UCLA Office of the Human Research Protection Program (OHRPP):

If you have questions about your rights while taking part in this study, or you have concerns or suggestions and you want to talk to someone other than the researchers about the study, you may contact the UCLA OHRPP by phone: (310) 825-7122 or U.S. mail: UCLA OHRPP, 11000 Kinross Ave., Suite 102, Box 951694, Los Angeles, CA 90095-1694.

If you agree to take part in this study, as described in detail above, please click on the “**I AGREE**” button below. By clicking on the “**I AGREE**” button, you will indicate your consent to participate in this study.

If you do not agree to take part in this study, as described above, please click on the “**I DO NOT AGREE**” button below.

I AGREE

I agree and give my consent to participate in this study.

I DO NOT AGREE

I do not agree to participate in this study.

Respondents who selected “do not agree” were sent a disqualification page #2.¹

Survey Instructions

Please read and answer each question carefully. For each answer, click on the appropriate oval and/or fill in the appropriate blank. If you want to change an answer, click on the oval of your new answer and/or edit the appropriate blank, and your previous response will be erased.

You may decline to answer specific questions. The survey will take between 30-60 minutes to complete.

There will be several places in the survey where you will see a word or phrase that is underlined and bolded. You can click on those words or phrases and a definition or additional information will be offered.

In order to clear a response choice, please use the back button on your browser.

WARNING: If you use the back button on your browser to return to a previous question, the responses you have entered for each page you clicked back on will be erased. For instance, if you click back three pages in the survey, your answers on those three pages will be erased. Responses before those three pages would stay the same.

In the survey, please do not provide any information that could be used to identify you, such as your name or contact information. All of your answers are confidential and cannot be used against you.

You must hit the “submit” button on the last page of the survey for your responses to be included in the final analyses.

Section 1

1.1 Please make an ID in question 1.1. The research team will use the ID for their analysis. It will not be used to identify you.

Enter the first and last letter of your preferred first name. For example, if your first name is “Robert”, enter “RT”.

[Text box]

Enter the first letter of your preferred last name. For example, if your last name is “Smith”, enter “S”.

[Text box]

1.2 It is important that people only complete this survey one time so that we can gather accurate information. You will only be entered into the prize drawing once, even if you complete this survey more than once. Have you already completed this survey before? *[Must answer to continue.]*

No

Yes *[Sent to disqualification page #1]²*

1.3 Are you 18 years of age or older? *[Must answer to continue.]*

No *[Sent to disqualification page #2]³*

Yes

1.4 What U.S. state or territory do you currently live in? *[Must answer to continue.]*

[Drop-down list of all U.S. states and territories.]

I do not live in a U.S. state or territory. *[Sent to disqualification page #1]⁴*

1.5 How did you hear about this survey? **(Mark all that apply.)**

Email from an organization (listserv, e-newsletter)

Social networking site (such as Facebook)

Organization website (such as NCTE)

I was told about it in person (at an organization, event, or support group)

Flier or print advertisement

Word of mouth (e-mail from a friend, a friend told you about it)

Not listed above (please specify) _____

1.6 Are you taking this survey at a survey event or meeting, such as one hosted by an LGBTQ or Trans organization or meeting?

No

Yes

1.7 How are you taking this survey?

On my home computer/laptop

On my work computer

On a public computer (such as in a computer lab or library)

On my mobile phone or tablet

On a friend's or family member's mobile phone, tablet, or computer

Not listed above (please specify) _____

1.8 Not including for this survey, do you use the internet or email, at least occasionally? **(Mark all that apply.)**

No *[Respondents could not select "No" in combination with any other option.]*

Yes, the internet

Yes, email

1.9 If a national survey company, like Gallup, asked you the following question: "We are asking only for statistical purposes: Do you, personally, identify as lesbian, gay, bisexual, or transgender?" How would you answer?

I would answer No

I would answer Yes

I would not answer the question

PLEASE READ AND RESPOND CAREFULLY TO THE FOLLOWING QUESTIONS.

This is a survey for people who are transgender, trans, or non-binary. It doesn't matter if you have transitioned gender or if you plan to. To see if this survey is for you, please answer the following questions.

1.10 Do you think of yourself as transgender? *[Must answer to continue.]*

No

Yes

1.11 Do you identify as more than one gender or as no gender (such as genderqueer or non-binary)? *[Must answer to continue.]*

No

Yes

1.12 Do you currently live full-time in a gender that is different from the one assigned to you at birth? *[Must answer to continue.]*

No *[Skip to 1.14]*

Yes

1.13 How old were you when you started to live full-time in a gender that is different from the one assigned to you at birth? *[Only respondents who selected "Yes" in response to 1.12 received this question.]*

[Drop-down list of all ages from "1" through "99," and "100 and above" as final response choice]

1.14 Someday do you want to live full-time in a gender that is different from the one assigned to you at birth? *[Respondents who selected "No" in response to 1.12 must answer to continue.]*

No *[Skip to 1.16]*

Yes

Not sure

1.15 What are the main reasons that you don't live full-time in a gender that is different from the one assigned to you at birth? **(Mark all that apply.)** *[Only respondents who selected "Yes" or "Not sure" in response to 1.14 received this question.]*

My spouse and/or kids might reject me.

My parents might reject me.

I might lose my job or not be able to get a job.

I might face mistreatment at school.

My friends might reject me.

I might not get the medical care I need.

I might be hurt financially.

I might become homeless.

My church or faith community might reject me.

I might face violence.
 I am not ready to transition.
 A reason not listed above
 (please specify) _____

1.16 Have you seriously thought about living in a gender that is different from the one assigned to you at birth (transitioning gender)? *[Respondents who selected “No” in response to 1.13 must answer to continue.]*

No
 Yes

1.17 Do you consider yourself to be a cross-dresser? *[Must answer to continue.]*

No
 Yes

1.18 Do you live part of the time in one gender and part of the time in another gender? *[Must answer to continue.]*

No
 Yes

[Respondents who answered “No” to 1.10, 1.11, 1.12, 1.14, 1.16, 1.17, and 1.18 were sent to disqualification page #1.]⁵

Section 2

2.1 What sex were you assigned at birth, on your original birth certificate? *[Must answer to continue.]*

Female
 Male

2.2 Which of these terms do you identify with? **(Mark all that apply.)**

A.G. or aggressive
 Agender
 Androgynous
 Bi-gender
 Butch
 Bulldagger
 Cross dresser
 Drag performer (king/queen)
 Fa’afafine
 Gender non-conforming or gender variant
 Genderqueer
 Gender fluid/fluid
 Intersex
 Mahu
 Multi-gender
 Non-binary

Third gender
 Stud
 Transgender
 Trans
 Trans man (FTM, female to male)
 Transsexual
 Trans woman (MTF, male to female)
 Travesti
 Two-spirit
 A gender not listed above
 (please specify)_____

2.3 If you had to choose only one of the following terms, which best describes your current gender identity? **(Please choose only one answer.)**

Cross-dresser
 Woman
 Man
 Trans woman (MTF)
 Trans man (FTM)

Non-binary/Genderqueer *[Respondents who selected this answer received questions 2.3_1, 2.3_2, and 2.3_3.]*

2.3_1 For people in your life who don’t know that you’re non-binary/genderqueer, what gender do they usually think you are? *[Only respondents who selected “Non-binary/Genderqueer” in response to 2.3 received this question.]*

Man
 Woman
 Trans Man
 Trans Woman
 Non-Binary/Genderqueer
 They can’t tell
 It varies

2.3_2 When people in your life assume you are something other than non-binary/genderqueer (such as a man or a woman), how do you respond? *[Only respondents who selected “Non-binary/Genderqueer” in response to 2.3 received this question.]*

I **usually** let them assume I am a man or a woman
 I **sometimes** tell them I identify as non-binary/genderqueer (or whatever words I use)
 I **always** tell them I identify as non-binary/genderqueer (or whatever words I use) *[Skip to 2.4.]*

2.3_3 What are the main reasons that you don't tell people you identify as non-binary/genderqueer? **(Mark all that apply).** *[Only respondents who selected "Non-binary/Genderqueer" in response to 2.3 and either selected "I usually let them assume I am a man or a woman" or "I sometimes tell them I identify as non-binary genderqueer" in response to 2.3_2 received this question.]*

- Most people don't understand so I don't try to explain it.
- Most people dismiss it as not being a real identity or a "phase."
- It is just easier not to say anything.
- I am not ready to tell people I identify as non-binary/genderqueer.
- I might lose my job or not be able to get a job.
- I might face mistreatment at school.
- My friends might reject me.
- I might not get the medical care I need.
- I might be hurt financially.
- I might become homeless.
- My church or faith community might reject me.
- I might face violence.
- A reason not listed above (please specify) _____

2.4 How comfortable are you with the word "transgender" being used to describe you?

- Very comfortable
- Somewhat comfortable
- Neutral
- Somewhat uncomfortable
- Very uncomfortable

[All respondents received the following message.] We know that not everyone is comfortable with the word "transgender," but for this survey, we must use one word to refer to all trans and non-binary identities. Because of this we will use the word "trans" in this survey to refer to all trans and non-binary identities.

2.5 What gender pronouns do you ask people to use to refer to you? *[Respondents could mark all answers that applied.]*

- He, his
- She, hers
- They, their
- Ze, hir
- No pronouns. I ask people only to use my name.
- I don't ask people to use specific pronouns.
- Pronouns not listed above (please specify) _____

2.6 What gender do you currently live in on a day-to-day basis?

- Man
- Woman
- Neither man nor woman/Genderqueer/Non-binary
- Part time one gender/part time another gender

2.7 People can tell I am trans even if I don't tell them.

- Always
- Most of the time
- Sometimes
- Rarely
- Never

2.8 What best describes your current sexual orientation?

- Asexual
- Bisexual
- Gay
- Heterosexual/Straight
- Lesbian
- Same-gender loving
- Pansexual
- Queer
- A sexual orientation not listed above (please specify)_____

2.9 Although the choices listed below may not represent your full identity or use the language you prefer, for this survey please select the choice that most accurately describes your racial/ethnic identity. **(Please choose only one answer.)**

- Alaska Native
 - Enter your enrolled or principal corporation: _____ *[required]*
- American Indian
 - Enter your enrolled or principal tribe: _____ *[required]*
- Asian/Asian American
- Biracial/Multiracial *[respondents received follow-up question 2.10]*
- Black/African American
- Latino/a/Hispanic
- Middle Eastern/North African
- Native Hawaiian/Pacific Islander
- White/European American
- A racial/ethnic identity not listed above (please specify) _____ *[respondents received follow-up question 2.11]*

2.10 You said that you are biracial or multiracial. Please choose the racial/ethnic identities that best describe you. **(Mark all that apply.)**

[Only respondents who selected "Biracial/Multiracial" in 2.9 received this question.]

Alaska Native

Enter your enrolled or principal corporation:
_____ *[required]*

American Indian

Enter your enrolled or principal tribe:
_____ *[required]*

Asian/Asian American

Black/African American

Latino/a/Hispanic

Middle Eastern/North African

Native Hawaiian/ Pacific Islander

White/European American

A racial/ethnic identity not listed above
(please specify) _____

2.11 You said that you had a racial/ethnic identity that was not listed above. Please choose the racial/ethnic identities that best describe you. **(Mark all that apply.)**

[Only respondents who selected "A racial/ethnic identity not listed above" in 2.9 received this question.]

Alaska Native

Enter your enrolled or principal corporation:
_____ *[required]*

American Indian

Enter your enrolled or principal tribe:
_____ *[required]*

Asian/Asian American

Black/African American

Latino/a/Hispanic

Middle Eastern/North African

Native Hawaiian/ Pacific Islander

White/European American

2.12 What is your current religious or spiritual identity? **(Mark all that apply.)**

Agnostic

Atheist

Baha'i

Buddhist

Christian (Please click here to specify) *[Respondents received the following drop-down list.]*

African Methodist Episcopal

African Methodist Episcopal Zion

Assembly of God

Baptist

Catholic/Roman Catholic

Church of Christ

Church of God in Christ

Christian Orthodox

Christian Methodist Episcopal

Christian Reformed Church (CRC)

Episcopalian

Evangelical

Greek Orthodox

Lutheran

Mennonite

Moravian

Nondenominational Christian

Pentecostal

Presbyterian

Protestant

Protestant Reformed Church (PR)

Quaker

Reformed Church of America (RCA)

Russian Orthodox

Seventh Day Adventist

The Church of Jesus Christ of Latter-day Saints

United Methodist

Unitarian Universalist

United Church of Christ

A Christian affiliation not listed above
(please specify) _____

Confucianist

Druid

Hindu

Jain

Jehovah's Witness

Jewish (Please click here to specify) *[Respondents received the following drop-down list.]*

Conservative

Orthodox

Reform

Muslim (Please click here to specify) *[Respondents received the following drop-down list.]*

Ahmadi

Shi'ite

Sufi

Sunni

Native American Traditional Practitioner or Ceremonial

Pagan

- Rastafarian
- Scientologist
- Secular Humanist
- Shinto
- Sikh
- Taoist
- Tenrikyo
- Wiccan
- Spiritual, but no religious affiliation
- No affiliation
- A religious affiliation or spiritual identity not listed above (please specify) _____

2.13 What is your current age?

[Drop-down list of all ages from "18" through "99," and "100 and above" as final response choice]

2.14 What month and year were you born?

Month *[Drop-down list of all months]*

Year *[Drop-down list with years 1997–1915, and earlier as final response choice]*

2.15 What is your current relationship status?

- Partnered, living together
- Partnered, not living together
- Single
- Not listed above (please specify) _____

2.16 What is your current legal marital status?

- Married
- Legally recognized civil union
- Registered domestic partnership
- Widowed
- Divorced
- Separated
- Single, never married

2.17 Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? **As a reminder, your answers are confidential and cannot be used against you.**

- Never served in the military
- Only on active duty for training in the Reserves or National Guard
- Now on active duty⁶
- On active duty in the past, but not now

2.18 What is your citizenship or immigration status in the U.S.? **As a reminder, your answers are confidential and cannot be used against you.**

- U.S. citizen, birth *[Respondents directed to 2.19]*
- U.S. citizen, naturalized
- Permanent Resident
- A visa holder (such as F-1, J-1, H1-B, and U)
- DACA (Deferred Action for Childhood Arrival)
- DAPA (Deferred Action for Parental Accountability)
- Refugee status
- Other documented status not mentioned above
- Currently under a withholding of removal status
- Undocumented resident

2.19 In what U.S. state or territory were you born? *[Only respondents who selected "U.S. citizen, birth" in 2.18 received this question.]*

I was not born in a U.S. state or territory.

[Drop-down list for all U.S. states and territories for other response choices. Respondents who selected "New York" received an additional drop-down choice for "New York City."]

2.20 Please answer each question below. **(Please provide an answer in each row.)**

	No	Yes
Are you deaf or have serious difficulty hearing?	<input type="radio"/>	<input type="radio"/>
Are you blind or have serious difficulty seeing even when wearing glasses?	<input type="radio"/>	<input type="radio"/>
Because of a physical mental or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	<input type="radio"/>	<input type="radio"/>
Do you have serious difficulty walking or climbing stairs?	<input type="radio"/>	<input type="radio"/>
Do you have difficulty dressing or bathing?	<input type="radio"/>	<input type="radio"/>
Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping?	<input type="radio"/>	<input type="radio"/>
Do YOU identify as a person with a disability?	<input type="radio"/>	<input type="radio"/>

2.21 What is the main language that people speak in your home?

- English only
- Language(s) other than English
 - Armenian
 - Chinese
 - French
 - German
 - Greek

- Italian
- Japanese
- Korean
- Persian
- Polish
- Portuguese or Portuguese Creole
- Russian
- Serbo-Croatian
- Spanish or Spanish Creole
- Tagalog
- Vietnamese
- Yiddish
- A language not listed above
(_____)

English and other language(s)

- Armenian
- Chinese
- French
- German
- Greek
- Italian
- Japanese
- Korean
- Persian
- Polish
- Portuguese or Portuguese Creole
- Russian
- Serbo-Croatian
- Spanish or Spanish Creole
- Tagalog
- Vietnamese
- Yiddish
- A language not listed above
(_____)

2.22 What is the highest level of school or degree you have completed?

- Less than 8th grade
- 8th grade
- Some high school, no diploma or GED
- GED
- High school graduate
- Some college, no degree (including currently in college)
- Associate degree in college – Occupational/vocational program
- Associate degree in college – Academic program
- Bachelor’s degree

- Some graduate work, no graduate degree
- Master’s degree (M.A, M.S., MBA)
- Doctoral degree (e.g., Ph.D., Ed.D.)
- Professional degree (e.g., MD, JD)

2.23 What are your current living arrangements?

- Living in house/apartment/condo I OWN alone or with others (with a mortgage or that you own free and clear)
- Living in house/apartment/condo I RENT alone or with others
- Living with a partner, spouse, or other person who pays for the housing
- Living temporarily with friends or family because I can’t afford my own housing
- Living with parents or family I grew up with because I have not yet left home
- Living in a foster group home or other foster care
- Living in campus/university housing
- Living in a nursing home or other adult care facility
- Living in a hospital
- Living in military barracks
- Living in a hotel or motel that I pay for myself
- Living in a hotel or motel with an emergency shelter voucher
- Living in transitional housing/halfway house
- Living on the street, in a car, in an abandoned building, in a park, or a place that is NOT a house, apartment, shelter, or other housing [Skip to 2.25]
- Living in a homeless shelter [Skip to 2.25]
- Living in a domestic violence shelter [Skip to 2.25]
- Living in a shelter that is not a homeless shelter or domestic violence shelter [Skip to 2.25]
- A living arrangement not listed above (please specify) _____

2.24 Is there at least one telephone INSIDE your home that is currently working and is not a cell phone?

- No
- Yes

2.25 Do you have a cell phone?

- No
- Yes

2.26 What is the zip code where you currently live? _____

Section 3

3.1 At about what age did you begin to feel that your gender was “different” from your assigned birth sex?

[Drop-down list of ages]

3.2 At about what age did you start to think you were trans (even if you did not know the word for it)?

[Drop-down list of ages]

3.3 At about what age did you first start to tell others that you were trans (even if you did not use that word)?

I have not told others that I am trans.

[Drop-down list of ages for other responses]

3.4 How do you socialize with other trans people? **(Mark all that apply.)**

- In political activism
- Socializing in person
- Socializing on-line (such as Facebook or Twitter)
- In support groups
- I don't socialize with other trans people *[Respondents could not select this answer in combination with any other option.]*
- Not listed above (please specify) _____

Section 4

These are questions about the people in your life and whether they know you are trans.

4.1 Have any of your spouses/partners known that you are trans during your relationship with them? **(Mark all that apply).**

- I have never had a spouse/partner *[Respondents could not select this answer in combination with any other option. Skip to 4.3 if selected.]*
- No *[Respondents could not select this answer in combination with any other option. Skip to 4.3 if selected.]*
- Yes, my current spouse/partner knows I am trans
- Yes, at least one of my former spouses or partners knew I was trans

4.2 Have any of your spouses/partners ended your relationship because you are trans? *[Only respondents who indicated that at least one of their past or current spouses knew they were trans in 4.1 received this question.]*

- No
- Yes, only because I was trans.
- Yes, because I was trans and other reasons.

4.3 Do any of your children know you are trans?

I do not have any children *[Skip to 4.5]*

No *[Skip to 4.5]*

Yes

4.4 Have any of your children ever stopped speaking to you or spending time with you because you are trans?

- No
- Yes

4.5 How many people in each group below currently know you are trans? **(Please provide an answer in each row.)**

	I currently have no people like this in my life	All know that I am trans	Most know that I am trans	Some know that I am trans	None know that I am trans
Immediate family you grew up with (mother, father, sisters, brothers, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extended family (aunts, uncles, cousins, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lesbian, gay, bisexual, or trans (LGBT) friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Straight, non-trans (non-LGBT) friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current boss/manager/supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current coworkers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current classmates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current health care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4.6 You said some or all of your immediate family you grew up with (mother, father, sisters, brothers, etc.) know that you are trans. On average, how supportive are they of you being trans? *[Only respondents who said in response to 4.5 that some, most, or all of their immediate family members knew they were trans received this question.]*

- Very supportive
- Supportive
- Neither supportive nor unsupportive
- Unsupportive
- Very unsupportive

4.7 Did any of your immediate family members you grew up with (mother, father, sisters, brothers, etc.) do any of these things to you because you are trans? **(Mark all that apply.)** *[Only respondents who said in response to 4.5 that some, most, or all of their immediate family members knew they were trans received this question.]*

- Stopped speaking to you for a long time or ended your relationship
- Were violent towards you
- Kicked you out of the house

Did not allow you to wear the clothes that matched your gender

Sent you to a therapist, counselor, or religious advisor to stop you from being trans

None of the above *[Respondents could not select this answer in combination with any other option.]*

4.8 Did any of your immediate family members you grew up with (mother, father, sisters, brothers, etc.) do any of these things to **support** you? **(Mark all that apply.)** *[Only respondents who said in response to 4.5 that some, most, or all of their immediate family members knew they were trans received this question.]*

Told you that they respect and/or support you

Used your preferred name

Used your correct pronouns (such as he/she/they)

Gave you money to help with any part of your gender transition

Helped you change your name and/or gender on your identity documents (ID), like your driver's license (such as doing things like filling out papers or going with you to court)

Did research to learn how to best support you (such as reading books, using online information, or attending a conference)

Stood up for me with family, friends, or others

Supported you in another way not listed above (please specify) _____

None of the above *[Respondents could not select this answer in combination with any other option.]*

4.9 Did you ever run away from home because you are trans? *[Only respondents who said in response to 4.5 that some, most, or all of their immediate family members knew they were trans received this question.]*

No *[Skip to 4.11]*

Yes

4.10 At what age did you run away from home because you are trans? *[Only respondents who selected "Yes" in 4.9 received this question.]*

[Drop-down list of ages]

4.11 On average, how supportive are your co-workers with you being trans? *[Only respondents who said in response to 4.5 that some, most, or all of their coworkers knew they were trans received this question.]*

Very supportive

Supportive

Neither supportive nor unsupportive

Unsupportive

Very unsupportive

4.12 On average, how supportive are your classmates with you being trans? *[Only respondents who said in response to 4.5 that some, most, or all of their classmates knew they were trans received this question.]*

Very supportive

Supportive

Neither supportive nor unsupportive

Unsupportive

Very unsupportive

Section 5

These questions are about your experiences with your church, synagogue, mosque, or other faith community.

5.1 Have you ever been part of a spiritual/religious community (such as a church, synagogue, mosque, or other faith community)?

No *[Skip to 6.1]*

Yes

5.2 Have you ever left your spiritual/religious community because you **were afraid** they might reject you because you are a trans person?

No

Yes

5.3 Have you ever left your spiritual/religious community because they **did reject** you because you are a trans person?

No *[Skip to 5.5]*

Yes

5.4 After you stopped attending, did you find a spiritual/religious community that welcomed you as a trans person? *[Only respondents who selected "Yes" in 5.4 received this question.]*

No

Yes

5.5 **Now just thinking about the past year**, have you been part of a spiritual/religious community?

No *[Skip to 6.1]*

Yes

5.6 **In the past year**, did any leaders or other members of your spiritual/religious community think or know you were trans?

No *[Skip to 6.1]*

Yes

5.7 In the past year, how often did leaders or other members of your spiritual/religious community... **(Please provide an answer in each row.)**

In the past year...	Never	Once or twice	A few times	Many times
Make you feel welcome as a trans person attending services/faith community functions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accept you for who you are as a trans person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tell you that your religion/faith accepts you as a trans person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tell you that your being trans is a sin or that your religion does not approve of your being trans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ask you to meet with spiritual/religious leaders to stop you from being trans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ask you to seek medical/psychological help to stop you from being trans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ask you to stop coming to services or faith community functions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 6

These are questions about work for pay in the sex industry and sex work. As a reminder, your answers are confidential and cannot be used against you.

6.1 Have you ever engaged in sex or sexual activity **for money** (sex work) or worked in the sex industry (such as erotic dancing, webcam work, or porn films)?

No *[Skip to 6.4]*

Yes

6.2 Now just thinking about the past year, have you engaged in sex or sexual activity for money (sex work) or worked in the sex industry (such as erotic dancing, webcam work, or porn films) in the past year? *[Only respondents who selected "Yes" in 6.1 received this question.]*

No

Yes

6.3 What type of sex work or work in the sex industry have you **ever done?** **(Mark all that apply).** *[Only respondents who selected "Yes" in 6.1 received this question.]*

Street-based sex work

Sex work advertised online

Sex work advertised in magazines or newspapers

Informal sex work through word of mouth, occasional hook ups with dates in my networks, or things like that

Escort/call girl/rent boy with an agency

Pornography/picture or video

Phone sex

Webcam work

Erotic dancer/stripper

Fetish work (Domme, sub, switch)

Not listed above (please specify) _____

6.4 Have you engaged in sex or sexual activity for any of the following? **(Please mark all that apply in each row.)** *[Respondents could not select "No" in combination with any other option.]*

	No	Yes, within the past year	Yes, but more than a year ago
I engaged in sex or sexual activity for food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I engaged in sex or sexual activity for a place to sleep in someone's bed, at their home, or in their hotel room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I engaged in sex or sexual activity for drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For something not listed above (please specify) _____			
<i>[Response recorded as "No" if text left blank.]</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6.5 Did you ever interact with the police while doing sex work or **when police thought** you were doing sex work? *[Respondents could select multiple answer choices, but could not select "No" in combination with any other option.]*

No *[Skip to 6.11]*

Yes, while I was doing sex work.

Yes, when police thought I was doing sex work.

6.6 When you interacted with police while doing sex work or when police thought you were doing sex work, did you experience any of the following? **(Please provide an answer in each row.)**

	No	Yes
Officers kept calling me by the wrong gender pronouns (such as he/him or she/her) or the wrong title (such as Mr. or Ms.).	<input type="radio"/>	<input type="radio"/>
Officers asked me questions about my gender transition (such as hormones and surgical status).	<input type="radio"/>	<input type="radio"/>
Officers verbally harassed me.	<input type="radio"/>	<input type="radio"/>
Officers physically attacked me.	<input type="radio"/>	<input type="radio"/>
Officers forced me to have sex or sexual activity to avoid arrest.	<input type="radio"/>	<input type="radio"/>
I experienced unwanted sexual contact from an officer (such as fondling, sexual assault, or rape).	<input type="radio"/>	<input type="radio"/>
I was arrested for drugs in my possession when police stopped me for doing sex work.	<input type="radio"/>	<input type="radio"/>

6.7 Have you ever been arrested for doing sex work or **when police thought** you were doing sex work? *[Only respondents who selected "Yes, while I was doing sex work" and/or "Yes, when police thought I was doing sex work" in 6.5 received this*

question. Respondents could select multiple answer choices but could not select “No” in combination with any other option.]

No [Skip to 6.11]

Yes, while I was doing sex work

Yes, when the police thought I was doing sex work

6.8 How many times have you been arrested for doing sex work or when police thought you were doing sex work?

[Drop-down list of 1–10 and “11 or more”]

6.9 When police arrested you, did they consider things in your possession such as condoms or sex toys as “evidence of prostitution”? [Respondents could select multiple answer choices.]

No

Yes, condoms

Yes, sex toys

Yes, items not listed above (please specify)

I don't know

6.10 Did any of these things happen when you were arrested? (Mark all that apply.)

The charges were dropped.

I pled guilty.

I went to trial and was found not guilty.

I went to trial and was found guilty.

Something not listed above (please specify) _____

6.11 Have you ever been paid for selling drugs or other work that is currently considered illegal? (Mark all that apply.)

[Respondents could not select “No” in combination with any other option.]

No [Skip to 7.1]

Yes, selling drugs

Yes, other work (please specify) _____

6.12 Now just thinking about the past year, were you paid for selling drugs or other work that is currently considered illegal in the past year? (Mark all that apply.) [Only respondents who selected an answer choice other than “No” received this question. Respondents could not select “No” in combination with any other option.]

No

Yes, selling drugs

Yes, other work (please specify) _____

Section 7

These questions are about your household, your income, and your current job. As a reminder, your answers are confidential and cannot be used against you. These questions are based on national surveys that we will use to compare with the U.S. population.

7.1 How many adults (age 18 or older) live in your household,⁷ including yourself? (Do not include neighbors or others who do not live with you in your house, apartment, or single housing unit.) For more information, click on **household** above.

1 [Skip to 7.5]

2

3

4

5

6

7

8

9 or more

7.2 How are the other adults (age 18 or older) who live in your household related to you? (Mark all that apply).

Spouse (legally married)

Partner (not legally married)

Child or children

Grandchild or grandchildren

Parent(s) (Mother/Father/Step-Parent(s))

Brother(s)/Sister(s)/Step-Brother(s)/Step-Sister(s)

Other relative(s) (Aunt, Cousin, Nephew, Mother-in-law, etc.)

Foster child or foster children

Housemate(s)/Roommate(s)

Roomer(s)/Boarder(s)

Other non-relative(s)

Not listed above (please specify) _____

7.3 How many adults in your household are related to you⁸ by birth (blood relatives), adoption, or legal marriage? Don't include partners who aren't legally married to you or adults who aren't related to you. We will ask about them later.

0 [Skip to 7.5]

1

2

3

4

5

6

7

8

9 or more

7.4 Is any person aged 65 or older named on the lease, mortgage, or deed⁹ for your household?

- No
- Yes

7.5 How many babies and other children under age 18 live in your household?

- 0 *[Skip to 7.7]*
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9 or more

7.6 How many of the children under age 18 who live in your household are related to you¹⁰ by birth (blood relatives) or adoption? Don't include children who aren't related to you by birth or legal adoption. We will ask about them later.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9 or more

7.7 What is your current employment status? **(Mark all that apply.)**

Work for pay from sex work, selling drugs, or other work that is currently considered illegal

[Respondents who selected this answer choice received the following question.] Are you actively looking for legal work outside sex work, selling drugs, or other work that is currently considered illegal

- No
- Yes

Work full-time for an employer

[Respondents who selected this answer choice received the following question.] Do you have more than one full-time job?

- No
- Yes

Work part-time for an employer

[Respondents who selected this answer choice received the following question.] Do you have more than one part-time job?

- No
- Yes

Self-employed in your own business, profession or trade, or operate a farm (not including sex work, selling drugs, or other work that is currently considered illegal)

- Unemployed but looking for work
- Unemployed and have stopped looking for work
- Not employed due to disability
- Student
- Retired
- Homemaker or full-time parent
- Not listed above (please specify) _____

7.8 On any of your full-time or part-time jobs, are you a member of a labor union or of an employee association similar to a union? *[Only respondents who selected "Work full-time for an employer" and/or "Work part-time for an employer" in 7.7 received this question. Respondents could select multiple answer choices but could not select "No" in combination with any other option.]*

- No
- Yes in a part-time job *[Skip to 7.10]*
- Yes in a full-time job *[Skip to 7.10]*

7.9 On any of your full-time or part-time jobs, are you covered by a union or employee association contract? *[Only respondents who selected "Work full-time for an employer" and/or "Work part-time for an employer" in 7.7 AND selected "No" in 7.8 received this question. Respondents could select multiple answer choices but could not select "No" in combination with any other option.]*

- No
- Yes in a part-time job
- Yes in a full-time job

7.10 Do you currently receive assistance from FOOD STAMPS (SNAP)¹¹ or WIC¹²? **(Mark all that apply.)** *[Respondents could not select "No" in combination with any other option.]*

- No
- Yes, assistance from food stamps (SNAP)¹³
- Yes, assistance from WIC^{14,15}

7.11 What are your current sources of income? **(Mark all that apply.)**

- Pay from sex work, selling drugs, or other work that is currently considered illegal
- Pay from your full-time or part-time job
- Pay from your partner's/spouse's full-time or part-time job

Self-employment income from your own business, profession or trade, or farm (not including underground economy)

Income from dividends, estates or trusts, royalties, or rental income

Interest income (on savings or bonds)

Cash assistance from welfare (such as TANF) or other public cash assistance program (DO NOT include food stamps (SNAP) or WIC)

Unemployment benefits

Child support or alimony

Social security retirement or railroad retirement income

Private pension or government employee pension

Other retirement income

Social security disability benefits (SSDI)

Supplemental security income (SSI)

Workers' comp or other disability

Veteran's disability benefits and other Veteran's benefits

Regular contributions from people who don't live in the household

Income not listed above, (please specify) _____

7:12 What was your total combined **Individual Income**¹⁶ (before taxes) **in 2014**? This includes all income sources **except** food stamps (SNAP) or WIC.

No income

1 to 5,000

5,000 to 7,499

7,500 to 9,999

10,000 to 12,499

12,500 to 14,999

15,000 to 17,499

17,500 to 19,999

20,000 to 24,999

25,000 to 29,999

30,000 to 34,999

35,000 to 39,999

40,000 to 49,999

50,000 to 59,999

60,000 to 74,999

75,000 to 99,999

100,000 to 149,999

150,000 or more

7:13 What was your total combined **Family Income**¹⁷ (before taxes) **in 2014**? This includes all income from all family members who are related to you by legal marriage, birth, or adoption and who have lived with you during the last 12

months. **Don't include** food stamps (SNAP) or WIC. *[Only respondents who selected an answer choice other than "0" in 7.3 (related adults in household) and/or selected an answer choice other than "0" in 7.6 (related children in household) received this question.]*

No income

1 to 5,000

5,000 to 7,499

7,500 to 9,999

10,000 to 12,499

12,500 to 14,999

15,000 to 17,499

17,500 to 19,999

20,000 to 24,999

25,000 to 29,999

30,000 to 34,999

35,000 to 39,999

40,000 to 49,999

50,000 to 59,999

60,000 to 74,999

75,000 to 99,999

100,000 to 149,999

150,000 or more

7:14 How much was your total combined **HOUSEHOLD INCOME**¹⁸ (before taxes) **in 2014**? This includes income from all members of your household from all sources **except** food stamps (SNAP) or WIC. *[Only respondents with non-related adults and/or non-related children in their household received this question. Respondents received this question if they indicated that they had non-related adults in their household (they selected "2" or more in 7.1 and selected a higher number in response to 7.3 than in response to 7.1) and/or they indicated that they had non-related children in the household (they selected "1" or more in 7.5 and selected a higher number in response to 7.6 than in response to 7.5).]*

No income

1 to 5,000

5,000 to 7,499

7,500 to 9,999

10,000 to 12,499

12,500 to 14,999

15,000 to 17,499

17,500 to 19,999

20,000 to 24,999

25,000 to 29,999

30,000 to 34,999

35,000 to 39,999

40,000 to 49,999

50,000 to 59,999

60,000 to 74,999
 75,000 to 99,999
 100,000 to 149,999
 150,000 or more

Section 8

[Only respondents who selected an answer choice other than “never served in the military” in 2.17 received question in this section.]

You said earlier that you currently serve or have served on active duty in U.S. Armed Forces, Reserves, or National Guard. These are questions about your military service. As a reminder, your answers are confidential and cannot be used against you.

8.1 What is your current or most recent branch of service?

Air Force
 Air Force Reserve
 Air National Guard
 Army
 Army Reserve
 Army National Guard
 Coast Guard
 Coast Guard Reserve
 Marine Corps
 Marine Corps Reserve
 Navy
 Navy Reserve

8.2 Are you still serving in the military? *[Only respondents who selected “on active duty in the past, but not now” in 2.17 received this question.]*

No
 Yes *[Skip to 8.4]*

8.3 Did you separate from military service within the last 10 years? *[Only respondents who selected “on active duty in the past, but not now” in 2.17 received this question.]*

Yes
 No *[Skip to 8.12]*

8.4 While serving in the military, have you ever received **mental health** treatment related to a gender transition from a military provider (do not include VA)? *[Only respondents who selected “Yes” in 8.2 or selected “Yes” in 8.3 received this question.]*

No
 Yes

8.5 While serving in the military, have you ever received **medical** treatment related to a gender transition from a military provider (do not include VA)? *[Only respondents who selected “Yes” in 8.2 or selected “Yes” in 8.3 received this question.]*

No
 Yes

8.6 Has any military medical or mental health provider reported to your commanding officer that you are trans or recommended you for discharge? **(Mark all that apply.)** *[Only respondents who selected “Yes” in 8.2 received this question. Respondents could not select “No” in combination with any other option.]*

No
 Yes, reported that I was trans
 Yes, recommended me for discharge
 Does not apply to me, none of these providers knew that I was trans

8.7 If trans people were allowed to serve openly, which of these would apply to you? *[Only respondents who selected “Yes” in 8.2 received this question.]*

I would start to transition while still serving
 I would finish the transition that I have already started while still serving
 I would not finish the transition that I have already started while still serving
 I would leave military service so that I could transition, and not return.
 I would leave military service so that I could transition, then return to service after transition
 I do not want to transition
 I have already transitioned
 None of the options listed above

8.8 If trans people were allowed to serve openly, I would return to service: *[Only respondents who selected “Yes” in 8.3 received this question.]*

Yes
 No
 Maybe

8.9 How many people in the military (who aren’t trans) believe you are trans? *[Only respondents would selected “Yes” in 8.2 received this question.]*

None *[Skip to 9.1]*
 A few
 Some
 Most
 All

8.10 Does your leadership or commanding officer (or both) think or know you are trans? *[Only respondents who selected "Yes" in 8.2 and an answer choice other than "None" in 8.9 received this question.]*

No *[Skip to 9.1]*

Yes

8.11 How has your leadership or commanding officer (or both) reacted to you being trans? **(Mark all that apply.)** *[Only respondents who selected "Yes" in 8.10 received this question.]*

Supported my name change

Supported my medical treatment

Ignored it or looked the other way

Took actions to discharge me

Not listed above (please specify) _____

[Only respondents who selected "No" in 8.2 and "No" in 8.3 received questions 8.12–8.21]

8.12 What was your character of discharge?

Entry Level Separation

Honorable

General

Medical

Other-than-honorable

Bad Conduct

Dishonorable

None of the options listed above
(please specify) _____

8.13 Do you believe your discharge was related to being trans?

No

Yes, partially

Yes, completely

8.14 Did you leave the service in order to transition?

No

Yes

8.15 Did you leave the service to avoid mistreatment/harassment?

No

Yes

8.16 Did any military medical or mental health provider tell your commander that you are trans or recommend you for discharge? **(Mark all that apply.)** *[Respondents could not select "No" in combination with any other option.]*

No

Yes, reported that I was trans.

Yes, recommended me for discharge.

Does not apply to me, none of these providers knew that I was trans.

8.17 Did you ever get any type of health care through the VA?

No *[Skip to 8.21]*

Yes

8.18 Did you ever get health care related to a gender transition through the VA?

No

Yes

8.19 Do you currently get any type of health care through the VA?

No

Yes

8.20 As a trans person, have you received respectful care at the VA?

Never

Sometimes

Mostly

Always

Does not apply to me, the VA staff do not know I'm trans

8.21 Have you changed your name on your DD214 military discharge papers?

Yes, I received an updated DD214 with new name.

Yes, I received a DD215 (amended) with new name.

No, I was denied.

No, I never tried.

Section 9

[Only respondents who selected any answer choice other than "U.S. citizen, birth" in 2.18 received questions in this section.]

You said earlier that you are not a U.S. citizen by birth. These are questions about immigration experiences you may have had. As a reminder, your answers are confidential and cannot be used against you.

9.1 Have you ever been held in immigration detention (such as being held in an Immigration and Customs Enforcement (ICE) detention center or local jail just for immigration court proceedings)?

No *[Skip to 9.6]*

Yes

9.2 While you were in immigration detention, do you believe staff, guards, or others thought or knew you were trans or lesbian, gay, or bisexual (LGB)?

- No
- Yes

9.3 When you were in immigration detention, separated from others who were also in detention? **(Mark all that apply.)** *[Respondents could not choose “No” in combination with any other option.]*

- No *[Skip to 9.5]*
- Yes, in solitary confinement
- Yes, in a separate area for trans or LGB people (such as a pod, unit, tank, or other housing area) *[Skip to 9.5]*
- Not listed above (please specify) _____ *[Skip to 9.5]*

9.4 In total, how long were you held in solitary confinement? *[Only respondents who selected “Yes, in solitary confinement” received this question.]*

- Up to 14 days (up to two weeks)
- 15 days to 30 days (three or four weeks)
- 31 days to 90 days (1-3 months)
- 91 days to 180 days (3-6 months)
- 181 days to one year (more than 6 months up to a year)
- More than 1 year

9.5 When you were in immigration detention, did any of these things happen to you? **(Mark all that apply.)** *[Respondents could not select “None of these things happened to me” in combination with any other option.]*

- I was physically assaulted.

[Respondents who selected this answer choice received the following question.] Were you physically assaulted by:

 - Staff or detention officers
 - Other detainees or inmates
- I was sexually assaulted.

[Respondents who selected this answer choice received the following question.] Were you sexually assaulted by:

 - Staff or detention officers
 - Other detainees or inmates
- I was threatened with sexual assault

[Respondents who selected this answer choice received the following question.] Were you threatened with sexual assault by:

 - Staff or detention officers
 - Other detainees or inmates
- I was denied access to hormones that I use.
- I was denied gender-appropriate clothing.
- None of these things happened to me.

9.6 Have you ever applied for asylum in the United States? *[Respondents could select multiple answer choices but could not select “No” in combination with any other answer choice.]*

- No *[Skip to 9.8]*
- Yes, because I am trans or LGB
- Yes, for another reason

9.7 Did you receive asylum in the United States? *[Only respondents who selected “Yes, because I am trans or LGB” or “Yes, for another reason” received this question.]*

- Yes *[Skip to 10.1]*
- No *[Skip to 9.9]*
- No, but I received a “withholding of removal” status. *[Skip to 10.1]*

9.8 Why didn’t you apply for asylum? *[Only respondents who selected “No” in 9.6 received this question.]*

- I didn’t know how to apply.
- I have access to other legal statuses.
- I didn’t want to apply.
- I was afraid to apply.
- I believed I was past the 1 year deadline.
- A reason not listed above (please specify) _____

9.9 Why didn’t you receive asylum? *[Only respondents who selected “No” in 9.7 received this question.]*

- I was past the 1 year deadline.
- The immigration official decided that I didn’t face danger in my country.
- A reason not listed above (please specify) _____

Section 10

These are questions about legal name change and your current identification documents, such as your birth certificate or driver’s license.

10.1 Did you ever try **OR** complete the process to get a legal name change to match your gender identity?

- No *[Skip to 10.12]*
- Yes

10.2 How did you try to change your name?

- With a court order
- During the immigration/naturalization process *[Skip to 10.13]*
- By another method (Please tell us what method) _____ *[Skip to 10.13]*

10.3 For your legal name change, did you interact with judges or court staff? *[Only respondents who selected "With a court order" in 10.2 received this question.]*

No *[Skip to 10.7]*

Yes

10.4 Do you believe the judges or court staff you interacted with thought or knew you were trans? *[Only respondents who selected "Yes" in 10.3 received this question.]*

No *[Skip to 10.7]*

Yes

10.5 When you interacted with judges or court staff, were you treated with respect? *[Only respondents who selected "Yes" in 10.4 received this question.]*

I was never treated with respect

I was sometimes treated with respect

I was always treated with respect

10.6 When you interacted with judges or court staff, did you experience any of the following? **(Please provide an answer in each row.)** *[Only respondents who selected "Yes" in 10.4 received this question.]*

	No	Yes
I was verbally harassed.	<input type="radio"/>	<input type="radio"/>
I received unequal treatment/service.	<input type="radio"/>	<input type="radio"/>
They kept calling me by the wrong gender pronouns (such as he/him or she/her) or a wrong title (Mr. or Ms.).	<input type="radio"/>	<input type="radio"/>
I was asked questions about my gender transition (such as hormones and surgical status).	<input type="radio"/>	<input type="radio"/>

10.7 Did the court grant your name change? *[Only respondents who selected "With a court order" in 10.2 received this question.]*

Yes, the court granted my name change. *[Skip to 10.9]*

No, the court denied my name change.

No, I ran out of money to complete the process. *[Skip to 10.9]*

No, I gave up. *[Skip to 10.9]*

Not sure yet. I am still in the process of getting my court ordered name change. *[Skip to 10.9]*

Not listed above (please specify) _____ *[Skip to 10.9]*

10.8 Why did the court deny your name change? *[Only respondents who selected "No, the court denied my name change" in 10.7 received this question.]*

[Text box]

10.9 How old were you when you went to court to get your legal name change? *[Only respondents who selected "With a court order" in 10.2 received this question.]*

[Drop-down list of ages]

10.10 Did you get legal help to change your name? *[Only respondents who selected "With a court order" in 10.2 received this question.]*

No

Yes, I got legal help from a paid attorney.

Yes, I got help for free from a legal clinic or non-profit organization.

Yes, I got help from a friend.

Yes, I got help from some other source.

10.11 How much did your legal name change cost? Please include the cost of legal help, court fees, newspaper publication, etc. *[Only respondents who selected "Yes, the court granted my name change" in 10.7 received this question.]*

\$0

\$1 - \$99

\$100 - \$249

\$250 - \$499

\$500 - \$749

\$750 - \$999

\$1,000 - \$2,000

More than \$2,000

I do not remember the cost of my legal name change.

10.12 Why you have not tried to legally change your name? **(Mark all that apply.)** *[Only those who selected "No" in 10.1 received this question.]*

I feel like my name doesn't conflict with my gender identity or expression.

I am not ready.

I cannot afford it.

I don't know how.

I believe I am not allowed (for example, because of my criminal record, immigration status, or residency).

I am worried that changing my name would out me.

A reason not listed above (please specify) _____

10.13 Thinking about how your **NAME** is listed on all of your IDs and records that list your name, such as your birth certificate, driver's license, passport, etc. Which of the statements below is most true? *[All respondents received this question.]*

All of my IDs and records list the name I prefer.

Some of my IDs and records list the name I prefer.

None of my IDs and records list the name I prefer. *[Skip to 10.15]*

10.14 Which of these IDs/records have you changed to list your preferred **NAME**? **(Please provide an answer in each row.)** *[Only respondents who selected "All of my IDs and records list the name I prefer" or "Some of my IDs and records list the name I prefer" in 10.13 received this question.]*

	I do not have this ID/record	I changed my NAME on this ID/record	I was denied a NAME change on this ID/record	I am in the process of changing my NAME on this ID/record	I have not tried to change my NAME on this ID/record but I want to	I do not want to change my NAME on this ID/record
Birth certificate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driver's license and/or state issued non-driver ID	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Security records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Passport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student records (current or last school attended)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work ID	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10.15 Thinking about how your **GENDER** is listed on all of your IDs and records that list your gender, such as your birth certificate, driver's license, passport, etc. Which of the statements below is most true? *[All respondents received this question.]*

- All of my IDs and records list the gender I prefer.
- Some of my IDs and records list the gender I prefer.
- None of my IDs and records list the gender I prefer. *[Skip to 10.17]*

10.16 Which of these IDs/records have you changed to list your preferred **GENDER**? **(Please provide an answer in each row.)** *[Only respondents who selected "All of my IDs and records list the gender I prefer" or "Some of my IDs and records list the gender I prefer" in 10.15 received this question.]*

	I do not have this ID/record	I changed my GENDER on this ID/record	I was denied a GENDER change on this ID/record	I am in the process of changing my GENDER on this ID/record	I have not tried to change my GENDER on this ID/record but I want to	I do not want to change my GENDER on this ID/record
Birth certificate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driver's license and/or state issued non-driver ID	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Security records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Passport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student records (current or last school attended)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10.17 You said that none of your IDs or records list the gender you prefer. Why haven't you changed your gender on your IDs or records? **(Mark all that apply.)** *[Only respondents who selected "None of my IDs and records list the gender I prefer" in 10.15 received this question.]*

- The gender options that are available (male or female) do not fit my gender identity.
- I have not tried yet.
- My request was denied.
- I am not ready.
- I cannot afford it.
- I do not know how.
- I believe I am not allowed. (For example, I have not had the medical treatment needed to change my gender on ID. Or I can't get a doctor's letter or other letter that is needed to update the gender.)
- I am worried that if I change my gender, I might not be able to get some benefits or services. These might include medical, insurance, employment, etc.
- I am worried that changing my gender would hurt me.
- A reason not listed above (please specify) _____

10.18 When I have shown IDs with my name or gender that do not match the gender I present as... **(Mark all that apply.)** *[All respondents received this question. Respondents could not select "I have had none of the above problems" or "This does not apply to me. I have only shown IDs that match" in combination with any other option.]*

- I have been verbally harassed.
- I have been assaulted/attacked.
- I have been asked to leave.
- I have been denied services or benefits.
- I have had none of the above problems.
- This does not apply to me. I have only shown IDs that match.

Section 11

These are questions about your current health insurance coverage, your health care providers, and the health insurance marketplace (such as healthcare.gov).

11.1 Are you currently covered by any health insurance or health coverage plan?

- No *[Skip to 11.4]*
- Yes

11.2 What type of health insurance or health coverage plan do you have? **(Mark all that apply.)**

- Insurance through my current or former employer or union
- Insurance through someone else's current or former employer or union
- Insurance I or someone else purchased through

- HealthCare.Gov or a Health Insurance Marketplace (sometimes called “Obamacare”)
- Insurance I or someone else purchased directly from an insurance company
- Medicare (for people 65 and older, or people with certain disabilities)
- Medicaid (government-assistance plan for those with low incomes or a disability)
- TRICARE or other military health care
- VA (including those who have ever used or enrolled for VA health care)
- Indian Health Service
- Any other type of health insurance or health coverage plan (please specify) _____

11.3 In the past year, did any of these things happen with your health insurance company? (**Please provide an answer in each row**. If you didn’t try to get the kind of care listed or if you never tried to change your records, choose “I have not asked for this.”)

In the past year...	Yes	No	I have not asked for this
My health insurance company wouldn't change my records to list my current name or gender.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My health insurance company denied me hormone therapy for transition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My health insurance company denied me surgery for transition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My health insurance company covers only some of the surgical care I need for my transition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My health insurance company covers surgery for transition, but has no surgery providers in their network.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My health insurance company denied me gender-specific health care (such as Pap smears, prostate exams, mammogram, etc.) because I am trans.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My health insurance company denied me other routine health care because I am trans.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11.4 Thinking about the doctor or provider you go to for your **trans-related** health care (such as hormone treatment), how much do they know about providing health care for trans people?

- I don't have a trans-related doctor or health care provider right now *[Skip to 11.7]*
- They know almost everything about trans healthcare
- They know most things about trans healthcare
- They know some things about trans healthcare
- They know almost nothing about trans healthcare
- I am not sure

11.5 How far do you travel to see your trans-related health care provider?

- Less than 10 miles
- 10-25 miles
- 25-50 miles
- 50-75 miles
- 75-100 miles
- Over 100 miles

11.6 Do you also go to your **trans-related** health care provider for your routine health care, like physicals, flu, diabetes, etc.?

- Yes, I see my trans health care provider for my routine health care *[Skip to 11.9]*
- No, I see a different doctor or health care provider for my routine healthcare
- No, I do not get any routine health care *[Skip to 11.9]*

11.7 How much does your *routine health care* provider (who you see for physicals, flu, diabetes, etc.) know about health care for trans people? *[Only respondents who selected “No, I see a different doctor or health care provider for my routine healthcare” received this question.]*

- I don't have a routine health care provider *[Skip to 11.9]*
- They know almost everything about trans health care
- They know most things
- They know some things
- They know almost nothing
- I am not sure

11.8 How far do you travel to see your routine health care provider? *[Only respondents who selected “No, I see a different doctor or health care provider for my routine healthcare” received this question.]*

- Less than 10 miles
- 10-25 miles
- 25-50 miles
- 50-75 miles
- 75-100 miles
- Over 100 miles

11.9 In the past year, did you look for health insurance from a state or federal health insurance marketplace? (Health insurance marketplaces are part of the new health care law, sometimes called “Obamacare” or the “Affordable Care Act,” where people can get insurance online, such as through healthcare.gov, over the phone, or in person.)

- No *[Skip to 12.1]*
- Yes

11.10 Did you buy insurance or enroll in a state Medicaid program through a health insurance marketplace? *[Only respondents who selected “Yes” in 11.9 received this question.]*

- No *[Skip to 12.1]*
- Yes

11.11 What type of insurance coverage did you buy? *[Only respondents who selected "Yes" in 11.10 received this question.]*

- Coverage through a state Medicaid program
- Coverage through a private plan with a subsidy, so I pay a lower price because of my income
- Coverage through a private plan without a subsidy
- Not listed above (please specify) _____

Section 12

These are questions about your health, experiences with doctors or health care providers, and health care.

12.1 Would you say that in general your health is...

- Excellent
- Very good
- Good
- Fair
- Poor

12.2 The following questions ask about how you have been feeling **during the past 30 days**. For each row, please select the column that best describes how often you had this feeling. **(Please provide an answer in each row.)**

During the past 30 days, how often did you feel...	All of the time	Most of the time	Some of the time	A little of the time	None of the time
...so sad that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...that everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12.3 We just asked about a number of feelings you had **during the past 30 days**. Altogether, how MUCH did these feelings interfere with your life or activities? *[Only respondents who selected an answer choice other than "None of the time" in 12.2 received this question.]*

- A lot
- Some
- A little
- Not at all

12.4 Was there a time **in the past 12 months** when you needed to see a doctor but could not because of cost?

- No
- Yes

12.5 Was there a time in the **past 12 months** when you needed to see a doctor but did not because you thought you would be disrespected or mistreated as a trans person?

- No
- Yes

12.6 **In the past year**, have you seen a doctor or health care provider?

- No *[Skip to 12.8]*
- Yes

12.7 **In the past year**, did you have any of these things happen to you, as a trans person, when you went to see a doctor or health care provider? **(Please provide an answer in each row.)** *[Only respondents who selected "Yes" in 12.6 received this question.]*

In the past year...	No	Yes
My doctor knew I was trans and treated me with respect.	<input type="radio"/>	<input type="radio"/>
I had to teach my doctor or other health care provider about trans people so that I could get appropriate care.	<input type="radio"/>	<input type="radio"/>
A doctor or other health care provider refused to give me trans-related care.	<input type="radio"/>	<input type="radio"/>
A doctor or other health care provider refused to give me other health care (such as for like physicals, flu, diabetes).	<input type="radio"/>	<input type="radio"/>
My doctor asked me unnecessary/invasive questions about my trans status that were not related to the reason for my visit.	<input type="radio"/>	<input type="radio"/>
A doctor or other health care provider used harsh or abusive language when treating me.	<input type="radio"/>	<input type="radio"/>
A doctor or other health care provider was physically rough or abusive when treating me.	<input type="radio"/>	<input type="radio"/>
I was verbally harassed in a health care setting (such as a hospital, office, clinic).	<input type="radio"/>	<input type="radio"/>
I was physically attacked by someone during my visit in a health care setting (such as a hospital, office, clinic).	<input type="radio"/>	<input type="radio"/>
I experienced unwanted sexual contact (such as fondling, sexual assault, or rape) in a health care setting (such as a hospital, office, clinic).	<input type="radio"/>	<input type="radio"/>

12.8 Have you **ever wanted** any of the health care listed below for your gender identity or gender transition? **(Mark all that apply.)** *[Respondents could not select "None of the above" in combination with any other option.]*

- Counseling/Therapy
- Hormone Treatment/HRT
- Puberty Blocking Hormones (usually used by youth ages 9-16)
- None of the above

12.9 Have you **ever had** any of the health care listed below for your gender identity or gender transition? **(Mark all that apply.)** *[Respondents could not select "None of the above" in combination with any other option.]*

- Counseling/Therapy
- Hormone Treatment/HRT
- Puberty Blocking Hormones (usually used by youth ages 9-16)
- None of the above

12.10 At what age did you begin hormone treatment/HRT treatment? *[Only respondents who selected "Hormone Therapy/HRT" in 12.9 received this question.]*

[Drop-down list of ages]

12.11 At what age did you begin taking Puberty Blocking Hormones? *[Only respondents who selected "Puberty Blocking Hormones" in 12.9 received this question.]*

[Drop-down list of ages]

12.12 Are you currently taking hormones for your gender identity or gender transition?

No *[Skip to 12.15]*

Yes

12.13 Where do you currently get your hormones? *[Only respondents who selected "Yes" in 12.12 and did not select "Now on active duty" in 2.17 received this question.]*

I only go to licensed professionals (like a doctor) for hormones

In addition to licensed professionals, I also get hormones from friends, online, or other non-licensed sources

I ONLY get hormones from friends, online, or other non-licensed sources

12.14 Where do you currently get your hormones? **(Mark all that apply.)** *[Only respondents who selected "Yes" in 12.12 and selected "Now on active duty" in 2.17 received this question.]*

On-post medical doctor

Off-post medical doctor

On-post pharmacy

Off-post pharmacy

Through friends, online, or other non-licensed sources (not through a doctor or medical provider)

Another source not listed above (please specify) _____

12.15 Have you had or do you want any of the health care listed below for gender transition? **(Please give an answer in each row.)** *[Only respondents who selected "Female" in 2.1 received this question.]*

	Have had it	Want it some day	Not sure if I want this	Do not want this
Top/chest surgery reduction or reconstruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hysterectomy/"hysto" (removal of the uterus, ovaries, fallopian tubes, and/or cervix)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clitoral release/metoidioplasty/centurion procedure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phalloplasty (creation of a penis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other procedure not listed: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12.16 You said that you had at least one procedure for your gender transition. At what age did you have your first procedure (other than hormones)? *[Only respondents who selected "Have had it" at least once in 12.15 received this question.]*

[Drop-down list of ages]

12.17 Have you had a Pap smear or Pap test in the past year? *[Only respondents who selected "Female" in 2.1 received this question.]*

No

Yes

12.18 Have you had or do you want any of the health care listed below for gender transition? **(Please provide an answer in each row.)** *[Only respondents who selected "Male" in 2.1 received this question.]*

	Have had it	Want it some day	Not sure if I want this	Do not want this
Hair removal/electrolysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast augmentation / top surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Silicone injections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orchidectomy / "orchy" / removal of testes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaginoplasty/labiaplasty/SRS/GRS/GCS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trachea shave (Adam's apple or thyroid cartilage reduction)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facial feminization surgery (such as nose, brow, chin, cheek)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Voice therapy (non-surgical)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Voice surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other procedure not listed: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12.19 You said that you had at least one procedure for your gender transition. At what age did you have your first procedure (other than hormones)? *[Only respondents who selected "Have had it" at least once for a procedure other than "voice therapy (non-surgical)" in 12.15 received this question.]*

[Drop-down list of ages]

12.20 Have you ever de-transitioned? In other words, have you ever gone back to living as your sex assigned at birth, at least for a while?

I have never transitioned. *[Skip to 13.1]*

No *[Skip to 13.1]*

Yes

12.21 Why did you de-transition? In other words, why did you go back to living as your sex assigned at birth? **(Mark all that apply.)**

Pressure from spouse or partner

Pressure from a parent

Pressure from other family members
 Pressure from friends
 Pressure from my employer
 Pressure from a religious counselor
 Pressure from a mental health professional
 I had trouble getting a job.
 I realized that gender transition was not for me.
 I faced too much harassment/discrimination.
 It was just too hard for me.
 Not listed above (please specify)_____

Section 13

These are questions about experiences you may have had with some professionals, such as psychologists, counselors, religious advisors.

13.1 Did you ever discuss your gender identity or trans identity with a professional (such as a psychologist, counselor, religious advisor)?

No [Skip to 13.5]

Yes

13.2 Did any professional (such as a psychologist, counselor, religious advisor) try to make you identify only with your sex assigned at birth (in other words, try to stop you being trans)?

No [Skip to 13.5]

Yes

13.3 How old were you the first time a professional tried to make you identify only with your sex assigned at birth (in other words, try to stop you being trans)? [Only respondents who selected "Yes" in 13.2 received this question.]

[Drop-down list of ages]

13.4 Was this person a religious or spiritual counselor/advisor? [Only respondents who selected "Yes" in 13.2 received this question.]

No

Yes

13.5 Did you ever discuss your **sexual orientation** with any professional (such as a psychologist, counselor, religious advisor)?

No [Skip to 14.1]

Yes

13.6 Did any professional (such as a psychologist, counselor, religious advisor) ever try to change your **sexual orientation**

or who you are attracted to (such as try to make you straight/heterosexual)? [Only respondents who selected "Yes" in 13.5 received this question.]

No

Yes

Section 14

These are questions about HIV testing and care.

14.1 This question is about the test for HIV, the virus that causes AIDS. Except for tests you may have had as part of blood donations, have you ever been tested for HIV?

No [Skip to 14.3]

Yes

14.2 What was the result of your most recent HIV test? [Only those who selected "Yes" in 14.1 received this question.]

HIV positive or reactive, meaning I have HIV. [Skip to 14.4]

HIV negative, meaning I do not have HIV. [Skip to 14.4]

HIV test results were unclear, meaning the test could not determine if I have HIV. [Skip to 14.4]

I don't know. I never received the results. [Skip to 14.4]

14.3 Here is a list of reasons why some people have not been tested for HIV (the virus that causes AIDS). Which one of these would you say is the MAIN reason why you have not been tested? [Only respondents who selected "No" in 14.1 received this question.]

It's unlikely I've been exposed to HIV.

I was afraid to find out if I was HIV positive (that you had HIV).

I didn't want to think about HIV or about being HIV positive.

I was worried my name would be sent to the government if I tested positive.

I didn't know where to get tested.

I don't like needles.

I was afraid of losing my job, insurance, home, friends, or family if people knew I was tested for AIDS infection.

My doctor/health care provider never mentioned getting an HIV test.

Some other reason

No particular reason

14.4_1 Where were you last tested? [Only respondents who selected "Yes" in 14.1 received this question.]

Private doctor or HMO office

Counseling and testing site

Emergency room

Hospital inpatient

- Clinic
- Jail or prison (or other correctional facility)
- Drug treatment facility
- At home
- Somewhere else
- A place not listed above
(please specify) _____

14.4_2 Not including blood donations, in what month and year was your last HIV test? *[Only respondents who selected "Yes" in 14.1 received this question.]*

Month *[Drop-down list of all months]*

Year *[Drop-down list with years 2015–1984 and "before 1984" as a final option]*

[Only respondents who selected "HIV positive or reactive, meaning I have HIV" in 14.2 received questions 14.5–14.13.]

14.5 In the past 12 MONTHS, have you seen a doctor or health care provider for HIV care? Don't include care you received during emergency room visits or while staying in the hospital.

- No
- Yes *[Skip to 14.7]*

14.6 What is the main reason you haven't seen a doctor or health care provider for HIV care in the past 12 months? *[Only respondents who selected "No" in 14.5 received this question.]*

- I couldn't afford it.
- I have no health insurance.
- I only recently found out I have HIV.
- I have needed other types of medical or mental health care.
- I didn't know where to go for HIV care.
- I wasn't ready to look for health care for HIV.
- I didn't feel sick enough to look for health care.
- My family or partner would find out I have HIV.
- I believed that I would be mistreated because I am trans.
- I rely on a higher power/God to help my HIV.
- A reason not listed above
(please specify) _____

14.7 In the past 6 MONTHS, have you seen a doctor or health care provider for HIV care? Don't include care you received during emergency room visits or while staying in the hospital. *[Only respondents who selected "Yes" in 14.5 received this question.]*

- No
- Yes *[Skip to 14.9]*

14.8 What is the main reason that you haven't seen a doctor or health care provider for HIV care in the past 6 months? *[Only*

respondents who selected "No" in 14.7 received this question.]

- I couldn't afford it.
- I have no health insurance.
- I have needed other types of medical or mental health care.
- I didn't know where to go for HIV care.
- I wasn't ready to look for health care for HIV.
- I didn't feel sick enough to look for health care.
- My family or partner would find out I have HIV.
- I believed that I would be mistreated because I am trans.
- I rely on a higher power/God to help my HIV.
- A reason not listed above
(please specify) _____

14.9 When was your last blood test to determine your viral load and CD4 counts?

- Within the past 6 months
- Within the past year
- More than a year ago
- I have never had a blood test for my viral load and CD4 count.

14.10 Have you ever been prescribed anti-retroviral therapy, which are the pills that reduce the amount of HIV in your body (often called ART)?

- No
- Yes

14.11 Are you currently taking anti-retroviral therapy (ART)?

- No *[Skip to 14.13]*
- Yes

14.12 Do you take your anti-retroviral therapy (ART) like you're supposed to (regularly and as prescribed)?

- Never
- Rarely
- Most of the time
- All of the time *[Skip to 15.1]*

14.13 What is the main reason that are you not taking or not regularly taking anti-retroviral therapy (ART) all of the time? *[Only respondents who selected "No" in 14.11 or "Never," "Rarely," or "Most of the time" in 14.12 received this question.]*

- I can't afford it.
- I have no health insurance.
- I only recently found out I have HIV.
- My doctor or health care provider said I didn't need it.
- I am afraid it would conflict with my hormones.
- I am afraid it would conflict with my other medications.
- I would gain weight.

I don't know where to get it.
 I don't want to take anti-retroviral therapy (ART).
 I don't feel sick enough to take anti-retroviral therapy (ART).
 My family, partner, or friends would find out I have HIV.
 I rely on a higher power/God to help my HIV.
 A reason not listed above
 (please specify) _____

Section 15

These are questions about your use of alcohol, tobacco, marijuana, or other drugs.

15.1 Have you **ever had a drink**¹⁹ of any type of alcoholic beverage, smoked part or all of a cigarette, or used any of the other following substances? **(Please provide an answer in each row.)**

	No	Yes
Alcohol ²⁰ (such as beer, wine, or hard liquor)	<input type="radio"/>	<input type="radio"/>
Cigarettes ²¹ (tobacco only)	<input type="radio"/>	<input type="radio"/>
E-Cigarettes or vaping products ²²	<input type="radio"/>	<input type="radio"/>
Marijuana or hashish ²³ (such as weed, joints, hash, hash oil)	<input type="radio"/>	<input type="radio"/>
Illegal or illicit drugs ²⁴ (such as cocaine, crack, heroin, LSD, meth, inhalants like poppers or whippits)	<input type="radio"/>	<input type="radio"/>
Prescription drugs ²⁵ (such as Oxycontin, Xanax, Adderall, Ambien) that weren't prescribed to you, or that you didn't take as prescribed.	<input type="radio"/>	<input type="radio"/>

[Only respondents who selected "Yes" under "Alcohol (such as beer, wine, or hard liquor)" in 15.1 received questions 15.2–15.4]

15.2 How long has it been since you **last drank an alcoholic beverage**²⁶?

Within the past 30 days
 More than 30 days ago but within the past 12 months
 More than 12 months ago

15.3 During the past 30 days, on how many days did you **drink one or more drinks**²⁷ of an alcoholic beverage? *[Only respondents who selected "Within the past 30 days" in 15.2 received this question.]*

[Drop-down list of numbers 1–30]

15.4 During the past 30 days, on how many days did you have 5 or more **drinks**²⁸ on the same occasion? By 'occasion,' we mean at the same time or within a couple of hours of each other. *[Only respondents who selected "Within the past 30 days" in 15.2 received this question.]*

[Drop-down list of numbers 1–30]

[Only respondents who selected "Yes" under "Cigarettes (tobacco only)" in 15.1 received questions 15.5–15.7]

15.5 How long has it been since you last smoked part or all of a cigarette?

Within the past 30 days
 More than 30 days ago but within the past 12 months
 More than 12 months ago

15.6 During the past 30 days, on how many days did you smoke part or all of a cigarette? *[Only respondents who selected "Within the past 30 days" in 15.5 received this question.]*

[Drop-down list of numbers 1–30]

15.7 On the days you smoked cigarettes during the past 30 days, how many cigarettes did you smoke per day, on average? *[Only respondents who selected "Within the past 30 days" in 15.5 received this question.]*

Less than one cigarette per day
 1 cigarette per day
 2 to 5 cigarettes per day
 6 to 15 cigarettes per day (about ½ pack)
 16 to 25 cigarettes per day (about 1 pack)
 26 to 35 cigarettes per day (about 1 ½ packs)
 More than 35 cigarettes per day (about 2 packs or more)

15.8 How long has it been since you last used E-Cigarettes or vaping products? *[Only respondents who selected "Yes" under "E-cigarettes or vaping products" in 15.1 received this question.]*

Within the past 30 days
 More than 30 days ago but within the past 12 months
 More than 12 months ago

15.9 How long has it been since you **last** used marijuana or hashish? *[Only respondents who selected "Yes" under "Marijuana or hashish (such as weed, joints, hash, hash oil)" in 15.1 received this question.]*

Within the past 30 days
 More than 30 days ago but within the past 12 months
 More than 12 months ago

15.10 During the past 30 days, on how many days did you use marijuana or hashish? *[Only respondents who selected "Within the past 30 days" in 15.9 received this question.]*

[Drop-down list of numbers 1–30]

15.11 How long has it been since you last used any illegal/illicit drug (such as cocaine, crack, heroin, LSD, meth, inhalants like poppers or whippits)? *[Only respondents who selected "Yes" under "Illegal or illicit drugs (such as cocaine, crack, heroin, LSD, meth, inhalants like poppers or whippits)" in 15.1 received this question.]*

Within the past 30 days
 More than 30 days ago but within the past 12 months
 More than 12 months ago

15.12 How long has it been since you last used any prescription drugs not as prescribed or not prescribed to you? *[Only respondents who selected “Yes” under “Prescription drugs (such as Oxycontin, Xanax, Adderall, Ambien) that weren’t prescribed to you, or that you didn’t take as prescribed” in 15.1 received this question.]*

Within the past 30 days

More than 30 days ago but within the past 12 months

More than 12 months ago

Section 16

These are questions about suicidal thoughts and behaviors. Talking about suicidal thoughts or behaviors sometimes brings up difficult emotions. If you experience any difficult emotions because of these questions we encourage you to get help from someone you trust or call one of the anonymous helplines listed at the end of the section.

16.1 The next few questions are about thoughts of suicide. **At any time in the past 12 months** did you **seriously think about trying to kill yourself**?

No *[Skip to 16.6]*

Yes

16.2 During the past 12 months, did you **make any plans** to kill yourself? *[Only respondents who selected “Yes” in 16.1 received this question.]*

No

Yes

16.3 During the past 12 months, did you **try** to kill yourself? *[Only respondents who selected “Yes” in 16.1 received this question.]*

No *[Skip to 16.8]*

Yes

16.4 During the past 12 months, did you get medical attention from a doctor or other health professional as a result of an attempt to kill yourself? *[Only respondents who selected “Yes” in 16.3 received this question.]*

No *[Skip to 16.9]*

Yes

16.5 Did you stay in a hospital overnight or longer because you tried to kill yourself? *[Only respondents who selected “Yes” in 16.4 received this question.]*

No *[Skip to 16.9]*

Yes *[Skip to 16.9]*

16.6 **At any time in your life**, have you **seriously thought** about trying to kill yourself? *[Only respondents who selected “No” in 16.1 received this question.]*

No *[Skip to 17.1]*

Yes

16.7 At any time in your life, did you **make any plans** to kill yourself? *[Only respondents who selected “Yes” in 16.6 received this question.]*

No

Yes

16.8 At any time in your life, did you **try** to kill yourself? *[Only respondents who said “Yes” in 16.6 received this question.]*

No *[Skip to 17.1]*

Yes

16.9 How many times have you tried to kill yourself in your lifetime? *[Only respondents who selected “Yes” in 16.3 “or” “Yes” to 16.8 received this question.]*

[Drop-down list of numbers 1–25 and “more than 25” as last option]

16.10 How old were you when you tried to kill yourself? *[Only respondents who selected “1” in 16.9 received this question.]*

[Drop-down list of ages]

16.11 How old were you the **first time** you tried to kill yourself? *[Only respondents who selected a value other than “1” in 16.9 received this question.]*

[Drop-down list of ages]

16.12 How old were you the **last time** you tried to kill yourself?

[Drop-down list of ages]

If you are experiencing any difficult emotions after answering these questions and would like to talk to someone, please contact one of the anonymous resources below:

National Suicide Prevention Helpline

1-800-273-8255

<http://www.suicidepreventionlifeline.org/>

Veterans Crisis Line (for veterans, military personnel, and their families)

1-800-273-8255 and Press 1

<http://veteranscrisisline.net/>

The Trevor Project

The Trevor Project is a phone and internet chat hotline for LGBTQ people. For those participating in this survey, The Trevor Project will speak or chat with people of all ages.

1-866-488-7386

<http://www.thetrevorproject.org/section/get-help>

Section 17

These are questions about being treated unequally, harassed, or physically attacked.

17.1 In the past year, have you been denied equal treatment or service, such as at a place of business, government agency, or public place for any reason?

- No
- Yes

17.2 In the past year, did anyone verbally harass you for any reason?

- No
- Yes

17.3 In the past year, did anyone physically attack you (such as grab you, throw something at you, punch you, use a weapon) for any reason?

- No
- Yes

17.4 You said that you were denied equal treatment or service **in the past year**. Do you believe any of those experiences were because of your... **(Mark all that apply.)** *[Only respondents who selected “Yes” in 17.1 received this question. Respondents could not select “None of the above” in combination with any other option.]*

- Age
- Disability
- Income level or education
- Trans status/gender identity
- Gender expression/appearance
- Race/ethnicity
- Religion/spirituality
- Sexual orientation
- None of the above

17.5 You said that you have been verbally harassed **in the past year**. Do you believe any of those experiences were because of your... **(Mark all that apply.)** *[Only respondents who selected “Yes” in 17.2 received this question. Respondents could not select “None of the above” in combination with any other option.]*

- Age
- Disability
- Income level or education
- Trans status/gender identity
- Gender expression/appearance
- Race/ethnicity
- Religion/spirituality

- Sexual orientation
- None of the above

17.6 In the past year, did strangers verbally harass you in public because of your trans status, gender identity, or gender expression? *[Only respondents who selected “Trans status/gender identity” or “Gender expression/appearance” in 17.5 received this question.]*

- No
- Yes

[Only respondents who selected “Yes” in 17.3 received questions 17.7–17.10.]

17.7 In the past year, how many times were you physically attacked? _____

[Drop-down list of numbers]

17.8 How were you physically attacked? **(Mark all that apply.)**

- With a gun
- With a knife
- With another weapon (like a baseball bat, frying pan, scissors, or stick)
- By something thrown (such as a rock or bottle)
- By someone grabbing, punching, or choking you
- Unwanted sexual contact (such as rape, attempted rape, being forced to penetrate)
- Not listed above

17.9 When you were physically attacked **in the past year**, do you believe any of those experiences were because of your... **(Mark all that apply.)** *[Respondents could not select “None of the above” in combination with any other option.]*

- Age
- Disability
- Income level or education
- Trans status/gender identity
- Gender expression/appearance
- Race/ethnicity
- Religion/spirituality
- Sexual orientation
- None of the above

17.10 In the past year, did strangers physically attack you in public because of your trans status, gender identity, or gender expression? *[Only respondents who selected “Trans status/gender identity” or “Gender expression/appearance” in 17.9 received this question.]*

- No
- Yes

Section 18

These are questions about unwanted sexual contact. Some people get sexual attention that they don't want and don't ask for. It could come from someone they know well - a romantic or sexual partner, a friend, a teacher, a coworker, a supervisor, or a family member. These questions are based on national surveys that we will use to compare with the U.S. population. If you experience any difficult emotions because of these questions we encourage you to get help from someone you trust or call one of the anonymous helplines listed at the end of the section.

18.1 Have you ever experienced unwanted sexual contact (such as oral, genital, or anal contact or penetration, forced fondling, rape)?

No *[Skip to 19.1]*

Yes

18.2 Who did this to you? (Mark all that apply.)

- A partner/ex-partner
- A relative
- A friend/acquaintance
- A law enforcement officer
- A health care provider/doctor
- A stranger
- A boss or supervisor
- A co-worker
- A teacher or school staff member
- A person not listed above

18.3 Now just thinking about the past year, have you experienced unwanted sexual contact (such as oral, genital, or anal contact or penetration, forced fondling, rape)?

No

Yes

If you are experiencing any difficult emotions after answering these questions and would like to talk to someone, please contact one of the anonymous resources below:

Veterans Crisis Line (for veterans, military personnel, and their families)
 1-800-273-8255 and Press 1
<http://veteranscrisisline.net/>

FORGE Transgender Sexual Violence Project
 414-559-2123
<http://forge-forward.org/anti-violence/for-survivors/> to list of resources

National Sexual Assault Hotline
 800-656-HOPE (4673)
<https://ohl.rainn.org/online/>

Section 19

These are questions about any harm caused by a current or former romantic or sexual partner. This could include physical, emotional, or financial harm.

19.1 Have you ever had a romantic or sexual partner?

No *[Skip to 20.1]*

Yes

19.2 Have any of your romantic or sexual partners ever...? (Please provide an answer in each row.)

	No	Yes
Tried to keep you from seeing or talking to your family or friends	<input type="radio"/>	<input type="radio"/>
Kept you from having money for your own use	<input type="radio"/>	<input type="radio"/>
Kept you from leaving the house when you wanted to go	<input type="radio"/>	<input type="radio"/>
Hurt someone you love	<input type="radio"/>	<input type="radio"/>
Threatened to hurt a pet or threatened to take a pet away from you	<input type="radio"/>	<input type="radio"/>
Wouldn't let you have your hormones	<input type="radio"/>	<input type="radio"/>
Wouldn't let you have other medications	<input type="radio"/>	<input type="radio"/>
Threatened to call the police on you	<input type="radio"/>	<input type="radio"/>
Threatened to "out" you	<input type="radio"/>	<input type="radio"/>
Told you that you weren't a "real" woman or man	<input type="radio"/>	<input type="radio"/>
Stalked you	<input type="radio"/>	<input type="radio"/>
Threatened to use your immigration status against you	<input type="radio"/>	<input type="radio"/>

19.3 Have any of your romantic or sexual partners ever...? (Please provide an answer in each row.)

	No	Yes
Made threats to physically harm you	<input type="radio"/>	<input type="radio"/>
Slapped you	<input type="radio"/>	<input type="radio"/>
Pushed or shoved you	<input type="radio"/>	<input type="radio"/>
Hit you with a fist or something hard	<input type="radio"/>	<input type="radio"/>
Kicked you	<input type="radio"/>	<input type="radio"/>
Hurt you by pulling your hair	<input type="radio"/>	<input type="radio"/>
Slammed you against something	<input type="radio"/>	<input type="radio"/>
Forced you to engage in sexual activity	<input type="radio"/>	<input type="radio"/>
Tried to hurt you by choking or suffocating you	<input type="radio"/>	<input type="radio"/>
Beaten you	<input type="radio"/>	<input type="radio"/>
Burned you on purpose	<input type="radio"/>	<input type="radio"/>
Used a knife or gun on you	<input type="radio"/>	<input type="radio"/>

Section 20

These are questions about your experiences with bathrooms while in public places, at work, or at school.

20.1 In the past year, did anyone tell or ask you if you were using the wrong bathroom?

- No
- Yes

20.2 In the past year, did anyone stop you from entering or deny you access to a bathroom?

- No
- Yes

20.3 In the past year, were you verbally harassed, physically attacked, or experience unwanted sexual contact when accessing or while using a bathroom? **(Mark all that apply.)** [Respondents could not select "No" in combination with any other option.]

- No [Skip to 20.7]
- Yes, verbally harassed
- Yes, physically attacked
- Yes, experienced unwanted sexual contact

20.4 You said that you were **verbally harassed** in a bathroom in the past year. Where did this happen? **(Mark all that apply.)** [Only respondents who selected "Yes, verbally harassed" in 20.3 received this question.]

- A bathroom in a public place (such as a restaurant, shopping mall, movie theater, etc.)
- A bathroom at my workplace
- A bathroom at my school
- A bathroom at another location (please specify) _____

20.5 You said that you were **physically attacked** in a bathroom in the past year. Where did this happen? **(Mark all that apply.)** [Only respondents who selected "Yes, physically attacked" in 20.3 received this question.]

- A bathroom in a public place (such as a restaurant, shopping mall, movie theater, etc.)
- A bathroom at my workplace
- A bathroom at my school
- A bathroom at another location (please specify) _____

20.6 You said that you **experienced unwanted sexual contact** in a bathroom in the past year. Where did this happen? **(Mark all that apply.)** [Only respondents who selected "Yes, experienced unwanted sexual contact" in 20.3 received this question.]

A bathroom in a public place (such as a restaurant, shopping mall, movie theater, etc.)

A bathroom at my workplace

A bathroom at my school

A bathroom at another location (please specify) _____

20.7 In the past year, did you avoid going to the bathroom because you were afraid of having problems using them? This would include bathrooms in public, at work, or at school.

- I have never avoided them [Skip to 21.1]
- I have sometimes avoided them
- I have always avoided them
- Not listed above (please specify) _____

20.8 Did you experience any of the following because you avoided using bathrooms in public places, at work, or at school? **(Mark all that apply.)** [Only respondents who selected an answer choice other than "I have never avoided them" in 20.8 received this question.]

- Not going when needed ("holding it")
- I avoided drinking or eating
- Urinary tract infection
- Kidney infection
- Other kidney-related problems
- I have never had physical problems from avoiding bathrooms
- Not listed above (please specify) _____

Section 21

These are questions about things that might have happened to you at your job or business, or while you were looking for work.

21.1 Have you ever worked at a job or business? Do not include sex work, selling drugs, or other work that is currently considered illegal.

- No [Skip to 21.6]
- Yes

21.2 Have you ever lost a job or been laid off?

- No [Skip to 21.4]
- Yes

21.3 Do you believe that you were ever laid off or lost a job because of your... **(Mark all that apply.)** [Only respondents who selected "Yes" in 21.2 received this question. Respondents could not select "None of the above" in combination with any other option.]

- Age
- Disability
- Income level or education
- Trans status/gender identity
- Gender expression/appearance
- Race/ethnicity
- Religion/spirituality
- Sexual orientation
- None of the above

21.4 Have you ever been fired or forced to resign from a job?

No [Skip to 21.6]

Yes

21.5 Do you believe that you were ever fired or forced to resign because of your... **(Mark all that apply.)** [Only respondents who selected "Yes" in 21.4 received this question. Respondents could not select "None of the above" in combination with any other option.]

- Age
- Disability
- Income level or education
- Trans status/gender identity
- Gender expression/appearance
- Race/ethnicity
- Religion/spirituality
- Sexual orientation
- None of the above

21.6 Now just thinking about the past year, did you apply for a job and/or work at a job or business? Do not include sex work, selling drugs, or other work that is currently considered illegal. **(Mark all that apply.)** [Respondents could not select "No" in combination with any other option.]

No [Skip to 22.1]

Yes, I applied for a job

Yes, I worked at job or business

21.7 In the past year, how many times have you been... **(Please provide an answer in each row.)**

In the past year...	0 times	1 time	2 times	3 times	4 times	5 or more times
Denied a promotion at a job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not hired for a job you applied for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fired or forced to resign from a job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21.8_1 Do you believe that any of the times that you were **denied a promotion at a job** in the past year were because of your... **(Mark all that apply.)** [Only respondents who selected a value other than "0" under "Denied a promotion at a job" in 21.7 received this question. Respondents could not select "None of the above" in combination with any other option.]

- Age
- Disability
- Income level or education
- Trans status/gender identity
- Gender expression/appearance
- Race/ethnicity
- Religion/spirituality
- Sexual orientation
- None of the above

21.8_2 Do you believe that any of the times that you were **not hired for a job you applied for** in the past year were because of your... **(Mark all that apply.)** [Only respondents who selected a value other than "0" under "Not hired for a job you applied for" in 21.7 received this question. Respondents could not select "None of the above" in combination with any other option.]

- Age
- Disability
- Income level or education
- Trans status/gender identity
- Gender expression/appearance
- Race/ethnicity
- Religion/spirituality
- Sexual orientation
- None of the above

21.8_3 Do you believe that any of the times that you were **fired or forced to resign from a job** in the past year were because of your... **(Mark all that apply.)** [Only respondents who selected a value other than "0" under "Fired or forced to resign from a job" in 21.7 received this question. Respondents could not select "None of the above" in combination with any other option.]

- Age
- Disability
- Income level or education
- Trans status/gender identity
- Gender expression/appearance
- Race/ethnicity
- Religion/spirituality
- Sexual orientation
- None of the above

[Only respondents who selected “Trans status/gender identity” or “gender expression/appearance” in 21.8_3 received questions 21.9–21.11.]

21.9 Now just thinking about when you were **fired or forced to resign from a job** because of your gender identity, trans status, and/or gender expression in the past year, please describe your response. **(Mark all that apply.)**

- I did nothing [Skip to 22.1]
- I contacted a lawyer.
- I contacted a trans, LGBT, or other non-profit group. [Skip to 22.1]
- I contacted my union representative. [Skip to 22.1]
- I made an official complaint.
- Not listed above (please specify) _____ [Skip to 22.1]

21.10 You said that you contacted a lawyer in response to being **fired or forced to resign from a job** in the past year. What did the lawyer do to help you? [Only respondents who selected “I contacted a lawyer” in 21.9 received this question.]

- I was not able to hire the lawyer.
- The lawyer called or wrote a letter to my employer.
- The lawyer helped me file an official complaint.
- The lawyer filed a lawsuit for me.
- Not listed above (please specify) _____

21.11 You said that you made an official complaint in response to being **fired or forced to resign from a job** in the past year. Where did you make the official complaint? **(Mark all that apply.)** [Only respondents who selected “I made an official complaint” in 21.9 received this question.]

- EEOC (Equal Employment Opportunity Commission)
- Local/State Human Rights Commission
- The Human Resources or Personnel department of the employer
- Equal Employment Opportunity (EEO) office of the employer
- Not listed above (please specify) _____

Section 22

[Only respondents who selected “Yes, I worked at a job or business” in 21.6 received questions 22.1–22.3.]

22.1 In the past year, to **avoid** trans discrimination at work... **(Please provide an answer in each row.)**

	No	Yes
I asked for a transfer to a different position/department at my job in the past year	<input type="radio"/>	<input type="radio"/>
I stayed in a job I’d prefer to leave in the past year	<input type="radio"/>	<input type="radio"/>
I didn’t seek a promotion or a raise in the past year	<input type="radio"/>	<input type="radio"/>
I quit my job in the past year	<input type="radio"/>	<input type="radio"/>
I had/have a job for which I am over-qualified (in the past year)	<input type="radio"/>	<input type="radio"/>
I had to be in the closet about my gender identity in the past year	<input type="radio"/>	<input type="radio"/>
I delayed my gender transition in the past year	<input type="radio"/>	<input type="radio"/>
I did not ask my employer to use the pronouns I prefer in the past year (such as he, she, or they)	<input type="radio"/>	<input type="radio"/>
I hid the fact that I have transitioned gender already in the past year	<input type="radio"/>	<input type="radio"/>

22.2 In the past year, did any of these things happen to you because of trans discrimination at work? **(Please provide an answer in each row.)**

	No	Yes
My employer/boss forced me to resign in the past year.	<input type="radio"/>	<input type="radio"/>
My employer/boss forced me to transfer to a different position/department at my job in the past year.	<input type="radio"/>	<input type="radio"/>
My employer/boss removed me from direct contact with clients, customers, or patients in the past year.	<input type="radio"/>	<input type="radio"/>
My employer/boss told me to present in the wrong gender in order to keep my job in the past year.	<input type="radio"/>	<input type="radio"/>
My employer/boss gave me a negative job review in the past year.	<input type="radio"/>	<input type="radio"/>
My employer/boss and I could not work out an acceptable bathroom situation in the past year.	<input type="radio"/>	<input type="radio"/>
My employer/boss did not let me use the bathroom I should be using based on my gender identity in the past year.	<input type="radio"/>	<input type="radio"/>
My employer/boss or coworkers shared information about me that they should not have in the past year.	<input type="radio"/>	<input type="radio"/>

22.3 In the past year, did any of these things happen to you at work because you are trans? **(Mark all that apply.)** [Respondents could not select “None of the above” in combination with any other option.]

- I was verbally harassed
- I was physically attacked
- I experienced unwanted sexual contact (such as fondling, sexual assault, or rape)
- None of the above

Section 23

These are questions about experiences you may have had with housing.

23.1 Have you ever experienced homelessness? Experiencing homelessness includes such things as staying in a shelter, living on the street, living out of a car, or staying temporarily with family or friends because you can't afford housing.

- No
- Yes

23.2 Now just thinking about the past year, have you had any of these housing situations because you are trans? (Please provide an answer in each row.)

Please choose "Does not apply to me" if you could not have had that housing situation in the past year. For example, if you didn't rent a home in the past year, you would answer "Does not apply to me" to the first question because you could not have been evicted.

In the past year...	Yes	No	Does not apply to me
I was evicted from my home/apartment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was denied a home/apartment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I experienced homelessness. ²⁹	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had to move back in with family members or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had to move into a less expensive home/apartment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I slept in different places for short periods of time, such as on a friend's couch.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 24

[Only respondents who selected "I experienced homelessness" in 23.2 received questions 24.1–24.4.]

24.1 When you experienced homelessness this past year, did you seek shelter in a homeless shelter? (Mark all that apply.) *[Respondents could not select a "No" answer in combination with a "Yes" answer.]*

- Yes, and I stayed at one or more shelters. *[Skip to 24.3]*
- Yes, but I was denied access to one or more shelters.
- No, because I feared I would be mistreated as a trans person *[Skip to 25.1]*
- No, for other reasons *[Skip to 25.2]*

24.2 Do you believe that you were denied access to a homeless shelter in the past year because of your ... (Mark all that apply.) *[Only respondents who selected "Yes, but I was denied access to one or more shelters" in 24.1 received this question. Respondents could not select "None of the above" in combination with any other option.]*

- Age
- Disability
- Income level or education
- Trans status/gender identity
- Gender expression/appearance
- Race/ethnicity
- Religion/spirituality
- Sexual orientation
- None of the above

24.3 In the past year, did any of these things happen to you in the homeless shelter? (Please provide an answer in each row.) *[Only respondents who selected "Yes, and I stayed at one or more shelters" in 24.1 received this question.]*

	No	Yes
I was thrown out after they learned I was trans.	<input type="radio"/>	<input type="radio"/>
I decided to dress/present as the wrong gender to feel safe in a shelter.	<input type="radio"/>	<input type="radio"/>
They required me to dress/present as the wrong gender in the shelter.	<input type="radio"/>	<input type="radio"/>
I decided to leave a shelter because of poor treatment or unsafe conditions, even though I had no place to go.	<input type="radio"/>	<input type="radio"/>

24.4 In the past year, did any of these things happen to you in a homeless shelter because you are trans? (Mark all that apply.) *[Only respondents who selected "Yes, and I stayed at one or more shelters" in 24.1 received this question. Respondents could not select "None of the above" in combination with any other option.]*

- I was verbally harassed
- I was physically attacked
- I experienced unwanted sexual contact (such as fondling, sexual assault, or rape)
- None of the above

Section 25

These are questions about your experiences in places of public accommodations, such as hotels, restaurants, or government agencies.

25.1 In the past year, have you visited or used services in any of these places? (Mark all that apply.) *[Respondents could not select "I have not visited or used services in any of these places" in combination with any other option.]*

- Domestic violence shelter/DV program/Rape crisis center
- Drug/alcohol treatment program
- DMV or RMV (Department or Registry of Motor Vehicles)
- Social Security office (such as for name or gender change, Social Security card, public benefits)

- Public assistance/government benefits office (such as SNAP, WIC)
- Gym/health club
- Legal services from an attorney, clinic, or legal professional
- Court/court house
- Nursing home/extended care facility
- Public transportation (such as bus, train, subway, taxi)
- Retail store, restaurant, hotel, theater
- I have not visited or used services in any of these places.

25.2 In the past year, did you **NOT** visit or use services at these places because you thought you would be mistreated as a trans person? **(Please give an answer for each place.)** [Respondents received this question for each of the locations that they did not select in 25.1.]

	No	Yes (I did NOT visit because I thought I would be mistreated)
[Location not selected in 25.1]	<input type="radio"/>	<input type="radio"/>

25.3 In the past year, when you visited or used services at these places, do you think the staff or employees knew or thought you were trans? **(Please give an answer for each place.)** [Respondents received this question for each of the locations that they selected in 25.1.]

	No	Yes
[Location selected in 25.1]	<input type="radio"/>	<input type="radio"/>

25.4 In the past year, when you visited or used services at these places, did any of these things happen to you because you are trans? **(Please provide an answer for each location.)** [Respondents received this question for each of the locations that they selected in 25.1.]

	Denied equal treatment or service	Verbally harassed	Physically attacked	None of these things happened to me at this place
[Location selected in 25.1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 26

These are questions about experiences you may have had in school.

26.1 Were you out as trans in school at any time between Kindergarten and 12th grade?

- No
- Yes [Skip to 26.3]

26.2 Do you believe that any of your classmates, teachers, or school staff in Kindergarten through 12th grade (K-12) **thought** you were trans? [Only respondents who selected "No" in 26.1 received this question.]

- No
- Yes

26.3 Do you believe that any of your classmates, teachers or school staff in K-12 thought or knew you were lesbian, gay, bisexual, or queer (LGBQ)?

- No
- Yes

26.4 Did any of these happen to you while in K-12? (If any of these things were done to you in K-12 by classmates, teachers, or school staff, please answer "yes.") **(Please provide an answer in each row.)** [Only respondents who selected "Yes" in 26.1 or "Yes" in 26.2 received this question.]

	NO	YES
I was verbally harassed because people thought I was trans.	<input type="radio"/>	<input type="radio"/>
I was physically attacked because people thought I was trans.	<input type="radio"/>	<input type="radio"/>
I experienced unwanted sexual contact because people thought I was trans	<input type="radio"/>	<input type="radio"/>
I wasn't allowed to dress in the way that fit my gender identity/expression.	<input type="radio"/>	<input type="radio"/>
I was disciplined for fighting back against bullies.	<input type="radio"/>	<input type="radio"/>
I believe I was disciplined more harshly because teachers/staff thought I was trans.	<input type="radio"/>	<input type="radio"/>
I left a school because the mistreatment was so bad.	<input type="radio"/>	<input type="radio"/>
I was expelled from school.	<input type="radio"/>	<input type="radio"/>

26.5 Did any of these happen to you while in K-12? (If any of these things were done to you in K-12 by classmates, teachers, or school staff, please answer "yes.") **(Please provide an answer in each row.)** [Only respondents who selected "No" in 26.1, AND "No" in 26.2, AND "Yes" in 26.3 received this question.]

	YES	NO
I was verbally harassed because people thought I was LGBQ.	<input type="radio"/>	<input type="radio"/>
I was physically attacked because people thought I was LGBQ.	<input type="radio"/>	<input type="radio"/>
I experienced unwanted sexual contact because people thought I was LGBQ.	<input type="radio"/>	<input type="radio"/>
I wasn't allowed to dress in a way that fit my gender identity/expression.	<input type="radio"/>	<input type="radio"/>
I was disciplined for fighting back against bullies.	<input type="radio"/>	<input type="radio"/>
I left a school because the mistreatment was so bad.	<input type="radio"/>	<input type="radio"/>
I was expelled from school.	<input type="radio"/>	<input type="radio"/>

[Only respondents who selected a level of educational attainment higher than "high school graduate" in 2.22 received questions 26.6–26.9.]

26.6 Now just thinking about classmates, professors, or staff at your college or vocational school, did they think or know you were trans?

No *[Skip to 26.9]*

Yes

26.7 Were you harassed (verbally, physically, or sexually) at college or vocational school because people thought or knew you were trans? *[Only respondents who selected "Yes" in 26.6 received this question.]*

No *[Skip to 26.9]*

Yes

26.8 Did you have to leave your college or vocational school because the harassment was so bad? *[Only respondents who selected "Yes" in 26.7 received this question.]*

No

Yes

26.9 Did you leave or were you forced to leave a college or vocational school because you are trans? **(Mark all that apply.)** *[Respondents could not select "No" in combination with any other option.]*

No

Yes, I left school because the mistreatment was so bad.

Yes, I was expelled or forced out.

Yes, I left for other trans-related reasons.

Section 27

These are questions about things that may have happened to you when going through airport security.

27.1 In the past year, have you gone through airport security in the United States?

No *[Skip to 28.1]*

Yes

27.2 When you went through airport security in the past year, did a TSA officer do any of these things to you? **(Mark all that apply.)** *[List was randomized for each respondent. Respondents could not select "None of the above" in combination with any other option.]*

They questioned the name or gender on my ID.

They used the wrong pronouns with me (he/him or she/her) or wrong title (Mr. or Ms.)

They patted me down due to gender-related clothing or items (such as a binder, packer).

I was patted down by a TSA officer of the wrong gender.

They searched my bag due to a gender-related item (such as binder, packer).

They asked me to remove or lift clothing to show a binder, undergarment, or other sensitive area.

They took me to a separate room for questioning/examination.

They announced or questioned loudly my gender, body parts, or sensitive items (such as a binder, packer).

They called the police about me.

I missed my flight due to screening.

I was not allowed to fly.

They detained me for over an hour.

They verbally harassed me.

They physically attacked me.

I experienced unwanted sexual contact (beyond a typical pat down by a TSA officer)

None of the above

Section 28

These are questions about things that happened to you with police, in jail, in prison, or in a juvenile detention center.

28.1 If you needed help from the police, how comfortable would you feel asking them for help?

Very comfortable

Somewhat comfortable

Neutral

Somewhat uncomfortable

Very uncomfortable

28.2 In the past year, did you interact with the police or other law enforcement officers?

No *[Skip to 28.8]*

Yes

28.3 In the past year, do you believe the police or other law enforcement officers you interacted with thought or knew you were trans?

None of the officers thought or knew I was trans. *[Skip to 28.6]*

Some officers thought or knew I was trans, some did not.

All officers thought or knew I was trans.

28.4 In the past year, when you interacted with police or other law enforcement officers, were you treated with respect?

I was never treated with respect.

I was sometimes treated with respect.

I was always treated with respect.

28.5 In the past year, when you interacted with police or other law enforcement officers, did any of these things happen to you? **(Please give an answer in each row.)**

In the past year...	No	Yes
Officers kept called me by the wrong gender pronouns (such as he/him or she/her) or wrong title (Mr. or Ms.)	<input type="radio"/>	<input type="radio"/>
Officers asked me questions about my gender transition (such as hormones and surgical status).	<input type="radio"/>	<input type="radio"/>
Officers assumed I was a sex worker.	<input type="radio"/>	<input type="radio"/>
Officers verbally harassed me.	<input type="radio"/>	<input type="radio"/>
Officers physically attacked me.	<input type="radio"/>	<input type="radio"/>
Officers forced me to engage in sexual activity to avoid arrest	<input type="radio"/>	<input type="radio"/>
I experienced unwanted sexual contact from an officer (such as fondling, sexual assault, or rape)	<input type="radio"/>	<input type="radio"/>

28.6 In the past year, were you arrested for any reason?

No *[Skip to 28.8]*

Yes

28.7 In the past year, do you believe that you were arrested because you were trans?

No

Yes

28.8 In the past year, at any time were you held in jail, prison, or juvenile detention?

No *[Skip to 29.1]*

Yes

[Only respondents who selected "Yes" in 28.8 received questions 28.9–28.20.]

28.9 In the past year, what types of jail, prison or juvenile detention facility were you in? **(Mark all that apply.)**

Federal prison

State prison

Local jail

Holding cell

State juvenile system

Locally or privately-operated juvenile facilities

Other correctional facility

(please specify) _____

28.10 In the past year, during your time in jail, prison or juvenile detention facility were you physically forced, pressured, or made to feel that you had to have sex or sexual contact with any **facility staff**?

No *[Skip to 28.12]*

Yes

28.11 In the past year, how many times did this happen to you? *[Only respondents who selected "Yes" in 28.10 received this question.]*

[Drop-down list of numbers 1–10 and "11 or more"]

28.12 In the past year, during your time in jail, prison or juvenile detention facility, were you physically forced, pressured, or made to feel that you had to have sex or sexual contact with **another inmate**?

No *[Skip to 28.14]*

Yes

28.13 In the past year, how many times did this happen to you? *[Only respondents who selected "Yes" in 28.12 received this question.]*

[Drop-down list of numbers 1–10 and "11 or more"]

28.14 In the past year, during your time in jail, prison or juvenile detention facility were you **physically** assaulted or attacked by **facility staff**?

No *[Skip to 28.16]*

Yes

28.15 In the past year, how many times did this happen to you? *[Only respondents who selected "Yes" in 28.14 received this question.]*

[Drop-down list of numbers 1–10 and "11 or more"]

28.16 In the past year, during your time in jail, prison or juvenile detention facility were you **physically** assaulted or attacked by **another inmate**?

No *[Skip to 28.18]*

Yes

28.17 In the past year, how many times did this happen to you? *[Only respondents who selected "Yes" in 28.16 received this question.]*

[Drop-down list of numbers 1–10 and "11 or more"]

28.18 Before your time in jail, prison, or juvenile detention, were you taking hormones?

No *[Skip to 29.1]*

Yes

28.19 Did you have a prescription for the hormones you were taking?

No

Yes

28.20 In the past year, during your time in jail, prison, or juvenile detention, were you not allowed to take your hormones?

- No
- Yes

Section 29

Now we have some questions about voting and registration.

29.1 In any election, some people are not able to vote because they are sick or busy or have some other reason, and others do not want to vote. Did you vote in the election held on Tuesday, November 4, 2014³⁰?

- No
- Yes [Skip to 30.1]

29.2 Were you registered to vote in the November 4, 2014 election³¹? [Only respondents who selected “No” in 29.1 received this question.]

- No
- Yes [Skip to 29.4]

29.3 Which of the following was the MAIN reason you were not registered to vote? (Please choose only one response.) [Only respondents who selected “No” in 29.2 received this question.]

- Not eligible to vote because I am not a U.S. citizen.
- I wanted to avoid being harassed by election officials because I am trans.
- My current name does not match social security card.
- I thought my state’s voter ID law could stop me from voting.
- I don’t have ID and thought I would need one to register.
- Did not meet registration deadlines.
- Did not know where or how to register
- Did not live here long enough/did not meet residency requirements.
- Permanent illness or disability
- Difficulty with English
- Not interested in the election or not involved in politics.
- My vote would not make a difference.
- Not eligible to vote because of a criminal/felony conviction.
- Not eligible to vote for a reason other than a criminal/felony conviction.
- A reason not listed above (please specify) _____

29.4 What was the MAIN reason you did not vote? (Please choose only one response.) [Only respondents who selected “Yes” in 29.2 received this question.]

- I wanted to avoid being harassed by election officials because I am trans.
- Illness or disability (own or family’s)
- Out of town or away from home
- Forgot to vote (or send in absentee ballot)
- Not interested, felt my vote wouldn’t make a difference
- Too busy, conflicting work or school schedule
- Transportation problems
- Didn’t like candidates or campaign issues.
- Registration problems (for example, I didn’t receive an absentee ballot or wasn’t registered in current location)
- Bad weather conditions
- Inconvenient hours, polling place, or hours or lines too long
- I didn’t have the identification documents (ID) I needed to vote.
- My identification documents (ID) do not match my current name, gender, or have an old photo.
- My gender/name on my identification document (ID) does not match my voter registration.
- I was not allowed to vote by a poll worker or election official because I am trans.
- A reason not listed above (please specify) _____

Section 30

These are questions about civic and political activities.

30.1 Do you agree or disagree with the following statement about political affairs in this country?

Someone like me can’t really influence government decisions.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

30.2 People may be involved in civic and political activities. In the last Presidential election in 2012³² did you... (Please provide an answer in each row.) [Response choices were randomized, keeping the first two and last two grouped together in the following order.]

In the last Presidential election in 2012 did you ...	No	Yes
Volunteer or work for a Presidential campaign		
Volunteer or work for another political candidate, issue, or cause		
Give money to a Presidential campaign		
Give money to another political candidate, issue, or cause		

30.3 In the past 12 months have you... (Please provide an answer in each row.) [Response choices were randomized.]

In the past 12 months, have you...	No	Yes
Attended a political protest or rally		
Contacted a government official		
Worked with others in your community to solve a problem		
Served on a community board		
Written a "letter to the editor"		
Commented about politics on a message board or Internet site		
Held a publicly elected office		

30.4 In politics, as of today, do you consider yourself a Republican, a Democrat, or an Independent?

- Republican [Skip to 30.6]
- Democrat [Skip to 30.6]
- Independent
- Other party (please specify) _____

30.5 As of today, do you lean more to the Democratic Party or the Republican Party? [Only respondents who selected "Independent" or "Other party" in 30.4 received this question.]

- Democratic
- Republican
- Neither/Other

30.6 How would you describe your political views?

- Very conservative
- Conservative
- Moderate
- Liberal
- Very liberal

Section 31

This question asks for your opinion on the most important policy priorities for trans people in the United States.

This is a two-part question:

31.1 For each issue below that affects trans people in the U.S., please mark how important it is. (Please provide an answer in each row.) [Response choices were randomized. Respondents could select up to 3 response choices in the last column.]

	Very important	Important	Not very important
HIV/AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identity documents (ID) (updating name and gender)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying/discrimination in schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Police mistreatment of trans people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mistreatment in prisons/jails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immigration reform	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Military (ability to be openly trans)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training health care providers about trans health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insurance coverage for trans-related health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing and homelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence against trans people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting and adoption rights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marriage recognition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conversion Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Racism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poverty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31.2 Of these issues, please select your top 3 most important issues.

Issue#1 [Drop-down list of issues listed in 31.1]

Issue#2 [Drop-down list of issues listed in 31.1]

Issue#3 [Drop-down list of issues listed in 31.1]

Section 32

32.1 Is there anything else that you would like to tell us about your experiences of acceptance or discrimination so we can better understand your experiences?

No [Responses were submitted and respondents were directed to the Thank You Page hosted by NCTE.]

Yes

32.2 Please tell us anything else that you would like to tell us about your experiences of acceptance or discrimination so we can better understand your experiences. Please do not provide any information that could be used to identify you, such as your name or contact information. Your response will be anonymous. [Only respondents who selected "Yes" in 32.1 received this question.]

[Text box]

Please enter your survey responses by clicking on the submit button below:

SUBMIT

[Once completed, responses were submitted and respondents were directed to the Thank You Page hosted by NCTE.]

Thank You Page

THANK YOU FOR MAKING YOUR VOICE HEARD

YOUR SURVEY HAS BEEN SUBMITTED

Want to be one of the first to get the survey results?

Want to win one of the cash prizes?

Give us your info here.

This information will not be connected to your survey responses.

Preferred name

Email address

Zip Code (required)

Phone (optional)

Send me the results of the survey when you release them!

Enter me in the drawing for one of three cash prizes: one prize of \$500 and two prizes of \$250!

SUBMIT

RESOURCES

We recognize that answering some of the questions on this survey may have been hard. If you are experiencing any difficult emotions after answering the questions and would like to talk to someone, please contact one of the anonymous resources below:

National Suicide Prevention Helpline

1-800-273-8255

<http://www.suicidepreventionlifeline.org/>

FORGE Transgender Sexual Violence Project

414-559-2123

<http://forge-forward.org/anti-violence/for-survivors/> to list of resources

Veterans Crisis Line (for veterans, military personnel, and their families)

1-800-273-8255 and Press 1

<http://veteranscrisisline.net/>

The Trevor Project

The Trevor Project is a phone and internet chat hotline for LGBTQ people. For those participating in this survey, The Trevor Project will speak or chat with people of all ages.

1-866-488-7386

<http://www.thetrevorproject.org/section/get-help>

National Sexual Assault Hotline

800-656-HOPE (4673)

<https://ohl.rainn.org/online/>

ENDNOTES | APPENDIX B

- 1 Respondents who were sent to disqualification page #2 received the following message: “Based on your answers, you are not eligible to complete this survey. Thank you for your interest in participating in this study. For more information about this project please visit the NCTE website: <http://www.ustranssurvey.org>.”

- 2 Respondents who were sent to disqualification page #1 received the following message: “Thank you for your survey responses. We’re interested to learn more about your identity and experiences. If you would like to tell us more, please respond to the following questions. Please **do not** provide any information that could be used to identify you, such as your name or contact information.

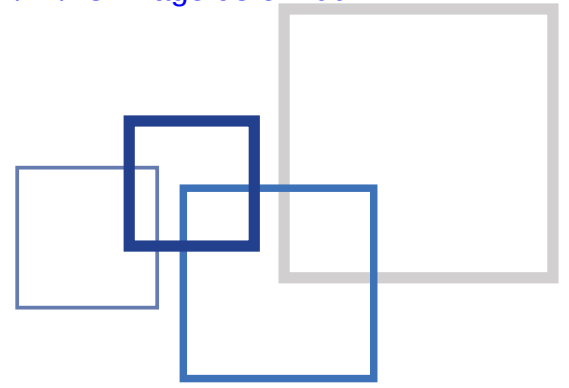
Tell us about your gender identity or expression. [Text box.]

Tell us about your experiences related to your gender identity or expression. [Text box.]”

- 3 See note 1.
- 4 See note 2.
- 5 See note 2.
- 6 Respondents received the following hyperlinked definition for “active duty”: “Active duty means full-time service, other than active duty for training as a member of the Army, Navy, Air Force, Marine Corps, Coast Guard, or as a commissioned officer of the Public Health Service or the National Oceanic and Atmospheric Administration, or its predecessors, the Coast and Geodetic Survey or Environmental Science Service Administration. Active duty also applies to a person who is a cadet attending one of the five United States Military Service Academies. For a person with service in the military Reserves or National Guard, mark the “Only on active duty for training in the Reserves or National Guard” box if the person has never been called up for active duty, mobilized, or deployed. For

- a person whose only service was as a civilian employee or civilian volunteer for the Red Cross, USO, Public Health Service, or War or Defense Department, mark the 'Never served in the military' box. For Merchant Marine service, count only the service during World War II as active duty and no other period of service."
- 7 Respondents received the following hyperlinked definition for "household": "A household includes all the adults who live with you in the same house, apartment, group of rooms, or room that is used as one home. If you live in group housing, such as a dormitory, only include yourself and your adult family members who live with you."
 - 8 Respondents received the following hyperlinked note regarding the term "related to you": "Include only adults you're related to by blood, legal adoption, or legal marriage that is recognized by the U.S. government. Do not include your unmarried partner or unrelated adults. Later we will ask about the people not included here."
 - 9 Respondents received the following hyperlinked note regarding the term "named on the lease, mortgage, or deed": "This includes people who are listed on the lease, mortgage, or deed for your home. If your home is not owned or rented by anyone who lives with you, include any adult in the home except roomers, boarders, or paid employees."
 - 10 Respondents received the following hyperlinked note regarding the term "related to you": "Do not include children that are not related to you by birth or by legal adoption. For instance, your unmarried partner's children would not be included here unless you have legally adopted them. We ask about these members of your household elsewhere in the survey."
 - 11 Respondents received the following hyperlinked definition for "SNAP": "The Supplemental Nutrition Assistance Program (SNAP) is sometimes called the Food Stamp program. It helps people who have low or no income to buy food, usually with an EBT card."
 - 12 Respondents received the following hyperlinked definition for "WIC": "'WIC' stands for 'Women, Infants, and Children.' It's the short name for the Special Supplemental Nutrition Program for Women, Infants, and Children. WIC is a federal program to help women who are pregnant or breastfeeding and children less than five years old get health care and healthy food."
 - 13 Respondents who selected this answer choice received the message and clicked "OK" to proceed: "Please note that for upcoming questions about income, don't include food stamps (SNAP) as income."
 - 14 Respondents who selected this answer choice received the message and clicked "OK" to proceed: "For upcoming questions about income, don't include assistance from WIC as income."
 - 15 Respondents who selected multiple answer choices in this question received the following message and clicked "OK" to proceed: "Please note that for upcoming questions about income, don't include assistance from food stamps (SNAP) or WIC as income."
 - 16 Respondents received the following hyperlinked definition for "Individual Income": "Individual income" includes money from jobs, employment, net income from business, income from farms or rentals, income from self-employment, pensions, dividends, interest, social security payments, and other money income that you personally received in 2014. Do not include assistance from food stamps (SNAP) or WIC as income."
 - 17 Respondents received the following hyperlinked definition for "Family Income": "'Family income' includes you and members of your family related by legally-recognized marriage, by birth, or by adoption who have lived with you during the last 12 months and includes money from jobs, employment, net income from business, income from farms or rentals, income from self-employment, pensions, dividends, interest, social security payments, and any other money income received by you and family members in your household who are 15 years of age or older in 2014. Do not include assistance from food stamps (SNAP) or WIC as income."
 - 18 Respondents received the following hyperlinked definition for "Household Income": "'Household income' includes you and all members of your household who have lived with you during the past 12 months and includes money from jobs, employment, net income from business, income from farms or rentals, income from self-employment, pensions, dividends, interest, social security payments, and any other money income received by you and members of your household who are 15 years of age or older in 2014. Do not include assistance from food stamps (SNAP) or WIC as income."
 - 19 Respondents received the following hyperlinked note regarding the term "had a drink": "Please do not include any time when you only had a sip or two from a drink."
 - 20 Respondents received the following hyperlinked definition for "alcohol": "Alcoholic beverages, such as beer, wine, brandy, and mixed drinks."
 - 21 Respondents received the following hyperlinked definition for "cigarettes": "Cigarettes made of tobacco. Do not include electronic cigarettes (E-cigs)."
 - 22 Respondents received the following hyperlinked definition for "e-cigarettes or vaping products": "This includes electronic cigarettes (e-cigs or e-cigarettes), personal vaporizer (PV), or electronic nicotine delivery system (ENDS), all of which are battery-powered vaporizers that feel similar to tobacco smoking."
 - 23 Respondents received the following hyperlinked definition for "marijuana or hashish": "Marijuana is also called pot or grass. Marijuana is usually smoked, either in cigarettes, called joints, or in a pipe. It is sometimes cooked in food. Hashish is a form of marijuana that is also called 'hash.' It is usually smoked in a pipe. Another form of hashish is hash oil."

- 24 Respondents received the following hyperlinked definition for “illegal or illicit drugs”: “Drugs like cocaine, crack, heroin, LSD, and meth that are considered to be illegal. Inhalants are liquids, sprays, and gases that people sniff or inhale to get high or to make them feel good, like poppers or whippits. We are not interested in times when you inhaled a substance accidentally— such as when painting, cleaning an oven, or filling a car with gasoline.”
- 25 Respondents received the following hyperlinked definition for “prescription drugs”: “Use of prescription drugs in any way a doctor did not direct you to use them. When you answer this question, please think only about your use of the prescription drug in any way a doctor did not direct you to use it, including:
- Using it without a prescription of your own
 - Using it in greater amounts, more often, or longer than you were told to take it
 - Using it in any other way a doctor did not direct you to use it”
- 29 Respondents received the following hyperlinked definition for “homelessness”: “Experiencing homelessness includes such things as staying in a shelter, living on the street, living out of a car, or staying temporarily with family or friends because you can’t afford housing.”
- 26 Respondents received the following note regarding the term “drank an alcoholic beverage”: “A can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. We are not asking about times when you only had a sip or two from a drink.”
- 27 Respondents received the following note regarding the term “drink one or more drinks”: “A can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. We are not asking about times when you only had a sip or two from a drink.”
- 28 Respondents received the following note regarding the term “drinks”: “A can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. We are not asking about times when you only had a sip or two from a drink.”
- 30 Respondents received the following hyperlinked note: “This was the election in November 2014 to elect members of the U.S. Congress and state-level offices.”
- 31 Respondents received the following hyperlinked note: “This was the election in November 2014 to elect members of the U.S. Congress and state-level offices.”
- 32 Respondents received the following hyperlinked note regarding this term: “This was the presidential election in 2012 between Mitt Romney and Barack Obama.”



Appendix C

Detailed Methodology

Survey Sources

When developing the survey instrument, the research team focused on creating a questionnaire that could provide data to address both current and emerging needs of transgender people while gathering information about disparities that often exist between transgender people and non-transgender people throughout the United States. To achieve this, questions were included that would allow comparisons between the U.S. Transgender Survey (USTS) sample and known benchmarks for the U.S. population as a whole or populations within the U.S. Consequently, questions were selected to best match those previously asked in federal government or other national surveys on a number of measures, such as measures related to income and health. Questions in the USTS survey instrument were drawn from federally administered national population-based surveys, either exactly as they appeared in the source survey or with modifications, as follows:

USTS Questions	Source Survey
2.16–2.22; 11.1 & 11.2	American Community Survey (ACS)
2.24 & 2.25; 15.1–15.12; 16.1–16.5	National Survey on Drug Use and Health (NSDUH)
7.1–7.14	Current Population Survey (CPS)
12.1; 12.4; 12.6; 12.17; 14.4	CDC’s Behavioral Risk Factor Surveillance System (BRFSS)
12.2 & 12.3; 14.1; 14.3	National Health Interview Survey (NHIS)
16.6–16.12	National Comorbidity Survey Replication (NCS-R)
17.7 & 17.8	National Crime Victimization Survey (NCVS)
18.1–18.3; 19.2 & 19.3	National Intimate Partner and Sexual Violence Survey (NISVS)
28.10–28.17	National Inmate Survey (NIS)
29.1–29.4	Current Population Survey (CPS) 2014 November Supplement
30.4–30.6	Gallup Daily Tracking Poll (U.S. Political and Economic Daily Tracking)

Data Cleaning

Data cleaning is the process of detecting and removing some survey responses (e.g., duplicate responses, incomplete responses, illogical responses) in order to improve the quality of the sample. Cleaning of the USTS data proceeded in the following steps: (1) flagging and removal of respondents not eligible to take the survey, (2) flagging and removal of incomplete responses, (3) flagging and removal of duplicate responses, and (4) flagging and removal of illogical responses.

The first step was to remove survey responses from individuals who did not meet basic eligibility criteria for the survey. Respondents had to consent to take the survey, be at least 18 years of age, and reside in the U.S., a U.S. territory, or on a U.S. military base. Additionally, respondents needed to identify as transgender—including non-binary identities—or meet other criteria related to their

gender identity or expression. Additionally, respondents were asked if they had already completed this survey before. Respondents who indicated that they had completed the survey before were also ineligible to take the survey. Skip logic was added to the survey to send respondents who did not meet these basic eligibility criteria to a disqualification page, but their responses were included in the initial dataset and had to be removed. Additional analyses of the dataset were completed to remove ineligible respondents. Respondents who provided a month and year of birth that indicated they were under 18 at the time they took the survey were flagged and removed from the dataset. Additional analyses of responses related to gender identity and transition status in Sections 1 and 2 of the survey were completed to flag additional ineligible respondents, which included those who did not identify as transgender or with a range of other gender-related experiences associated with transgender communities. Please see the “Variable Recoding Process” section below for a more detailed description of this process. In all, 10,304 responses were removed from the initial dataset due to being ineligible to take the survey.

Incomplete responses were then removed from the sample based on a requirement that respondents minimally complete Section 1 and specific demographic questions in Section 2 of the questionnaire. Missing data was otherwise allowed provided respondents completed these questions. The required Section 2 questions were as follows: 2.1, 2.3, 2.6, 2.8, 2.9, either 2.13 or 2.14, 2.15, 2.18, 2.19, 2.22, 2.23, and 2.26. It was determined that these questions would provide key information about respondents, including questions used to determine eligibility, and these questions were used to set a minimal level of survey “completeness” the research team was willing to accept for a respondent to remain in the dataset. In all 515 respondents were removed for incomplete survey responses.

Duplicate survey responses were then flagged and removed. Duplicates were determined based on all quantitative responses in the survey. Qualitative (“write-in”) responses were not considered when determining whether a response was a duplicate. In all, 329 responses were considered duplicates and were removed from the final dataset.

Finally, respondents who provided more than one illogical response were flagged and removed from the final dataset. An illogical response is one that provides information that contradicts other information provided by a respondent. For instance, the USTS survey included 16 questions related to respondents’ age, including current age, age they first disclosed to others they are transgender, age of suicide attempts, and ages of other milestones or experiences. An example of an illogical response would be a respondent who reported they attempted suicide at an age older than their current age. An illogical response could be due to an accidental miscode on the part of the respondent, meaning they accidentally filled out a question incorrectly, or could be evidence that a respondent is not taking the survey in earnest. The research team considered a respondent having more than one illogical response as evidence that the respondent may not have been taking the survey in earnest. In all, 53 respondents had more than one illogical response and were removed from the final dataset.¹

Total initial sample:	38,916
Total cases removed:	11,201
Did not consent to take survey	223
Not eligible: under 18 years of age	6,168
Not eligible: had already taken survey	1,072
Not eligible: did not live in U.S., territory, or military base	1,052
Not eligible: gender identity or expression did not meet minimum criteria	1,789
Duplicate responses	329
Incomplete responses	515
Illogical responses	53
Final sample:	27,715

Missing Data and Imputation

When a dataset has substantial amounts of missing data, such as over 5% missing data, researchers should consider techniques to impute the missing data.² The research team conducted an analysis to determine whether missing data should be imputed in the USTS dataset. The percentage of missing data due to item non-response (not including intentionally missing data due to skip logic) on any original quantitative variable (not including recoded variables or “write-in” variables) was less than 5%, with the exception of two variables. Question 14.4 regarding the month of respondents’ last HIV test had 5.9% missing data (Q. 14.4: “Not including blood donations, in what month was your last HIV test?”). This item may have had relatively higher item non-response because respondents may have been more likely to recall the year of their last HIV test, which was also requested in Q. 14.4, than the month. Question 7.11 regarding respondents’ sources of income had 6.2% missing data (Q. 7.11: “What are your current sources of income?”). This may reflect a general reluctance to provide financial information that is routinely found in item non-response to income-related questions in population-based surveys. The research team determined that due to the low amount of missing data, including minimal missing data on questions that routinely have high item non-response in population-based surveys (e.g., individual and household income), missing data imputation was not necessary for this report. Future researchers are encouraged to investigate the impact of data imputation when using this dataset.

Variable Recoding Process

The initial final dataset contained 1,140 unique variables based on 324 items respondents could have received in the survey. Most of these variables required quantitative or qualitative recoding for use in the study. Quantitative recodes, such as for creating variables to reflect how “out” a respondent was about their transgender identity, were completed by one primary researcher and the syntax for that recode was reviewed by another researcher. Any errors in the syntax that were found in the review were submitted to the primary researcher in order to make corrections. The primary researcher completed any corrections and the variable was then considered a final recode. In all, the research team produced over 2,000 recodes used to generate the findings presented in this report.

Respondents to the survey had many opportunities to write in responses to questions by selecting an answer such as “none of the above” and writing in a unique response or responding to an open-ended question. The research team reviewed approximately 80,000 write-in responses for recoding. The recoding process included two coding teams that conducted initial coding, which was reviewed by another coding team and areas of disagreement were flagged. A simple percent agreement score was calculated to assess inter-rater reliability. For nearly all variables that were recoded, the coding team and the review team had 90% or higher agreement, two variables had agreement between 80% and 90%, and three fell below 80% agreement (Q. 1.7 (79%), Q. 9.3 (67%), and Q. 21.11 (70%)).

In the case of a question with write-in responses where only one answer option was allowed, write-in responses were reviewed to see if they could be recoded into existing answer options. If

substantial numbers of respondents wrote in the same response, a new answer option could be added to the question to reflect those responses. If it was not feasible for a response to be recoded into an existing answer option or to be combined with others to create a new answer option, the response remained in the “none of the above” category as a unique response. In the case of a question that allowed multiple choices, a similar process took place. However, if a substantial number of responses could be grouped into a new answer option and a new variable was created to describe those responses, those respondents also remained in the “none of the above” category. Therefore, new answer options based on write-in questions that allowed multiple answer choices should be viewed as a subset of the “none of the above” category.

A different recoding process was established in order to recode respondents into four gender identity categories: transgender women, transgender men, non-binary people, and crossdressers. To categorize respondents based on gender identity, the research team relied on respondents’ self-selected gender category in Q. 2.3, which was cross-tabulated with Q. 2.1 to identify transgender men and transgender women. For instance, the researchers would categorize someone assigned female at birth in Q. 2.1 who identifies as a man in Q. 2.3 as a transgender man and would categorize someone assigned male at birth in Q. 2.1 who identifies as a woman in Q. 2.3 as a transgender woman. In a few cases (n=439), a respondent selected female in Q. 2.1 and woman in Q. 2.3 or selected male in Q. 2.1 and man in Q. 2.3. These respondents required additional analysis of their survey responses in order to determine if they met the eligibility criteria for the survey, and if so, to categorize them as transgender men, transgender women, non-binary people, or crossdressers. The research team relied on questions in Sections 1, 2, and 12 to help make these determinations. Members

of the research team completed initial recoding of these respondents to indicate whether they were eligible for the survey, and if so, in which of these categories they should be included. These initial recodes were reviewed by other members of the research team. When initial recoders and reviewers were not in agreement on a recode, the team met to discuss the disagreements and made a final decision on the recode as a group. In all, 250 respondents were determined to be ineligible for the survey based on this recoding and review process and were removed from the final dataset.

Weights

The USTS sample was a purposive sample that was created using direct outreach, modified venue-based sampling, and “snowball” sampling. As a non-probability sample, generalizability is limited, meaning it is unclear whether the findings presented in this report would hold true for the transgender population of the U.S. as a whole. In addition, prior research has found that online surveys have a known bias, particularly in regard to demographic representation. Online samples tend to over-represent those who are white, young, more highly educated, and with higher incomes.³ In order to address these biases, at least in part, the research team created and utilized weights to adjust the USTS sample in certain ways in order to better represent what is believed to be the actual population characteristics of transgender people in the U.S. and in order to make more accurate comparisons with population-based samples of the U.S. population.

Prior research using probability samples of transgender adults have found that transgender adults differ from the general population in regard to race and ethnicity and age, with those that identify as transgender being more likely to be people of color and younger than the general

population.⁴ Studies have found no difference in educational attainment or lower educational attainment and have found lower incomes among transgender people as compared to non-transgender people.⁵ The USTS sample has a higher percentage of white, young, and more highly educated respondents than the U.S. general population, which may be due, at least in part, to internet survey bias. However, the younger age is also likely due to the transgender population being younger overall. The USTS sample also has higher incidence of low incomes as compared to the U.S. population, which goes against the typical internet survey bias. Based on the existing research about the transgender population, there is not adequate information available to attempt to correct for bias in the sample based on age, educational attainment, or income. However, there is sufficient evidence to indicate that the race and ethnicity of the USTS sample does not reflect the racial and ethnic makeup of the U.S. transgender population as a whole.

“Weighting” is a common statistical technique used to adjust data drawn from a sample of a population to be more representative of the population from which the sample was drawn. For example, in a survey sample of the U.S. population, the proportion of respondents aged 18–24 may differ from the proportion of that age group in the U.S. population as a whole, in which case weights are commonly applied to adjust the sample to be more representative of the U.S. population. To help correct for sampling bias in the USTS sample in regard to race and ethnicity, U.S. population weights based on the American Community Survey for race and ethnicity were created as part of the standard weight applied to all findings in this report. While this may still over-represent white respondents relative to the makeup of the transgender adult population, this weighting procedure brings the sample closer to what is believed to be the true population distribution for race and ethnicity for

transgender people in the U.S. The standard weight also includes an adjustment to the 18-year-old category, described in more detail below. Additional survey weights were created for the purposes of comparability with federal government and national data sources, including weights for age and educational attainment.⁶ These weights were applied in addition to the standard weight when comparing the USTS sample to the U.S. population for items that are sensitive to age and educational attainment, such as individual and household income, and are noted accordingly as the “supplemental weight.” Weighted percentages for these and other variables can be found in the *Portrait of USTS Respondents* chapter. Unweighted frequencies and percentages for these and other variables can be found in *Appendix A (Characteristics of the Sample)*.

In addition to the potential biases described above, the USTS had a high volume of respondents who indicated that their age was 18 years old, and respondents who, based on their birth date, were 17 years old.⁷ It was suspected that the increased binning of 18-year-olds may be attributable to multiple factors, including a higher prevalence of respondents who were younger than 18 at the time of the survey. This resulted in 18-year-olds comprising 9% of the sample, compared to 19-year-olds comprising 6% of the sample. It is impossible to determine the source of this binning entirely, but in order to correct for it, the research team created a weight to adjust the 18-year-olds in the sample so that respondents reporting that age appeared more like the 19-year-old respondents in both sample size and other demographics. The rationale behind this adjustment is that a person’s year of birth is likely randomly distributed around the date in which they took the survey. This would imply that the composition of 18-year-olds should strongly match the composition of 19-year-olds.

A sample matching and weighting procedure was used to balance the composition of 18-year-old respondents to 19-year-old respondents. This process is done by using the Covariate Balance Propensity Score (CBPS), which treats the 18-year-olds as a “treatment group” and 19-year-olds as a baseline “control group.”⁸ The estimation procedure then tries to achieve balance on covariates used in the model while simultaneously accounting for the conditional probability of being in one group over the other. The former process reduces observable differences among 18-year-olds to make their demographic composition reflect 19-year-olds.⁹ The latter process weights the data such that the two groups are of equivalent size. After weighting, the size of the 18-year-old sample comprises 6%, which is the same as the 19-year-old sample. Any observed demographic differences between 18- and 19-year-olds were minimized, and many failed to reach statistical significance.

The goal of this weighting process is to up-weight respondents who are most likely 18 years old by making them observationally equivalent to the age cohort closest to them (i.e., 19-year-olds) and to down-weight respondents who are less likely to actually be 18 years old. This way, if respondents who were binned at 18 years of age are really younger than 18 years of age, it would be expected that their responses would diverge from 19-year-olds as that age gap increases.¹⁰ The weighting process down-weights 18-year-old respondents as they diverge from 19-year-olds, minimizing the influence of that group on findings. This adjustment for 18-year-olds was included in the standard survey weight applied to all findings in this report.

ENDNOTES | APPENDIX C

- 1 Respondents sometimes provided responses that seemed unlikely, for instance running away from home at a very young age, such as two years old. These types of responses were only considered to be illogical responses if they contradicted other responses. In the case of responses that were considered unlikely, they were allowed to remain in the dataset. These outliers were negligible in the overall findings in that only a handful of outliers are found in any given variable and, therefore, they do not skew the findings. Findings based on age and other variables are often presented in ranges, which also helps to mitigate any influence of outliers.
- 2 Dong, Y. & Pang, C. Y. J. (2013). Principled missing data methods for researchers. *SpringerPlus*, 2, 222.
- 3 Online survey bias is related to demographic differences in internet access. See e.g., Dillman, D. A., Smyth, J. D., & Christian, L. M. (2014). *Internet, Phone, Mail, and Mixed-Mode Surveys: The Tailored Design Method* (4th ed.). Hoboken, NJ: John Wiley & Sons; Smith, A. (2014). *African Americans and Technology Use: A Demographic Portrait*. DC: The Pew Research Center; Herman, J. L. & Hess, D. R. (2009). *Internet Access and Voter Registration*. DC: Project Vote.
- 4 See e.g., Flores, A. R., Brown, T. N. T., & Herman, J. L. (2016). *Race and Ethnicity of Adults who Identify as Transgender in the United States*. Los Angeles, CA: Williams Institute; Conron, K. J., Scott, G., Stowell, G. S., & Landers, S. J. (2012). Transgender health in Massachusetts: Results from a household probability sample of adults. *American Journal of Public Health*, 102(1), 118–122; Meyer, I. H., Brown, T. N. T., Herman, J. L., Reisner, S. L., & Bockting, W. O. (in press). Demographic characteristics and health outcomes among transgender adults in select regions in the Behavioral Risk Factor Surveillance System. *American Journal of Public Health*. (accepted); Harris, B.C. (2015). *Likely Transgender Individuals in U.S. Federal Administrative Records and the 2010 Census*, Working Paper #2015-03. DC: Center for Administrative Records Research and Applications Working Papers. Available at: https://www.census.gov/srd/carra/15_03_Likely_Transgender_Individuals_in_ARs_and_2010Census.pdf.
- 5 See note 4.
- 6 The weights for race, age, and educational attainment were created based on the Census Bureau's 2014 American Community Survey (ACS).
- 7 Respondents who are younger than 18 were removed from the final dataset and, therefore, are excluded from all reporting because they were not eligible to participate in the study.
- 8 Imai, K. & Ratkovic, M. (2014). Covariate balancing propensity score. *Journal of the Royal Statistical Society, Series B*, 76(1), 243–263.
- 9 Variables used for covariate balance were based on the following questions: Q. 1.4; Q. 1.10; Q. 1.11; Q. 1.12; Q. 1.14; Q. 1.16; Q. 1.17; Q. 1.18; Q. 2.1; Q. 2.3; Q. 2.4; Q. 2.5; Q. 2.6; Q. 2.7; Q. 2.9; Q. 2.16; Q. 2.17; Q. 2.18; Q. 2.19; Q. 2.22; Q. 2.23; Q. 3.1; Q. 3.2; Q. 3.3; Q. 4.1; Q. 4.3; Q. 4.5; Q. 6.1; Q. 7.7; Q. 7.12; Q. 7.13; Q. 7.14; Q. 10.1; Q. 11.1; Q. 11.2; Q. 12.1; Q. 12.8; Q. 12.12; Q. 12.20; Q. 13.1; Q. 14.1; Q. 15.2; Q. 15.9; Q. 16.3; Q. 16.8; Q. 17.1; Q. 17.2; Q. 17.4; Q. 17.5; Q. 17.6; Q. 17.3; Q. 17.9; Q. 18.1; Q. 18.3; Q. 19.1; Q. 20.1; Q. 20.2; Q. 20.7; Q. 21.1; Q. 21.2; Q. 21.7; Q. 23.1; Q. 23.2; Q. 26.1; Q. 26.6; Q. 27.1; Q. 28.1; Q. 28.2; Q. 29.1; Q. 29.2; Q. 30.4; and Q. 30.6.
- 10 Prior to weighing, the demographic characteristics of 18-year-olds were more similar to respondents who were identified as being 17 years of age and had less similarity to 19-year-olds. After weighting, there are many more similarities between 18- and 19-year-olds and far less commonality with 17-year-olds.

Updated December 2017


THE REPORT OF THE

2015 **U.S.**
TRANSGENDER
SURVEY



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EXHIBIT 9

 ARIZONA DEPARTMENT OF HEALTH SERVICES LICENSING ARIZONA DEPARTMENT OF HEALTH SERVICES	LEVEL	SECTION	NUMBER	DATE
		Birth	008	5-17-21
SUBJECT:		Corrections to Birth Records		

SUPERSESSION:	Supersedes policy dated 3-28-19
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PURPOSE

To provide guidelines for correcting registered birth records.

AUTHORITY

Arizona Revised Statutes (A.R.S.) §36-301, 36-323
 Arizona Administrative Code (A.A.C.) R9-19-101, R9-19-102, R9-19-103, R9-19-207

APPLICABILITY

This policy applies to hospitals, the Bureau of Vital Records (BVR) and the County Vital Records Office and other partners listed in this policy.


DEFINITIONS

Administrative error – typographical errors made by data entry staff when creating a birth record in the Electronic Birth Registry System (EBRS).

Affidavit – a document that is signed by an individual:

- a. Who attests to the validity of the facts on the document, and
- b. Whose signature is notarized.



 ARIZONA DEPARTMENT OF HEALTH SERVICES LICENSING ARIZONA DEPARTMENT OF HEALTH SERVICES	LEVEL	SECTION	NUMBER	DATE
		Birth	008	5-17-21
SUBJECT:		Corrections to Birth Records		

Correction - a change made to a registered certificate because of a typographical error including misspelling and missing or transposed letters or numbers.

Evidentiary document – written information used to prove the fact for which it is presented.

Health Care Provider means:

1. A physician licensed pursuant to Title 32, Chapter 13 or 17.
2. A doctor of naturopathic medicine licensed pursuant to Title 32, Chapter 14.
3. A midwife licensed pursuant to Chapter 6, article 7 of this Title.
4. A nurse midwife certified pursuant to Title 32, Chapter 15.
5. A nurse practitioner licensed and certified pursuant to Title 32, Chapter 15.
6. A physician assistant licensed pursuant to Title 32, Chapter 25.
7. A health care provider who is licensed or certified by another state or jurisdiction of the United States and who works in a federal health care facility.

Hospital – as defined in A.A.C. R9-10-101, a class of health care institution that provides, through an organized medical staff, inpatient beds, medical services, continuous nursing services, and diagnosis or treatment to a patient.


Medical Record – as defined in A.R.S. §12-2291, all communications related to a patient's physical or mental health or condition that are recorded in any form or medium and that are maintained for purposes of patient diagnosis or treatment, including medical records that are prepared by a health care provider or by other providers.

DIVISION PRIMARY POSITION OF RESPONSIBILITY

The Bureau Chief, Assistant State Registrar, Bureau of Vital Records

POLICY

The following individuals may submit a request to correct a birth record:

 ARIZONA DEPARTMENT OF HEALTH SERVICES LICENSING ARIZONA DEPARTMENT OF HEALTH SERVICES	LEVEL	SECTION	NUMBER	DATE
		Birth	008	5-17-21
SUBJECT:		Corrections to Birth Records		

1. Hospital administrator or the person in charge of medical records where the individual was born,
2. The health care provider who attended the registrant's birth and submitted the request to register the registrant's birth record.
3. The registrant, if the registrant is of legal age or married,
4. A parent of the registrant whose name is listed on the registrant's registered birth record,
5. The registrant's guardian, and
6. A person who has custody of the registrant.

There shall be no correction fee charged for corrections submitted by the hospital, physician, registered nurse practitioner, nurse midwife, or midwife.

Requests for correction of a birth record for birth years 1997 to the present year may be submitted to the County Vital Records Office or to the BVR. Corrections to birth records 1996 and prior years must be submitted to the BVR.


A copy of the birth record printed from the Electronic Birth Registry System (split copy) and the evidentiary document(s) shall be retained by the office where the request was submitted in accordance with the Arizona Library and Archives Records Retention Schedule and the Retention of Evidentiary Documents - Birth Policy.

PROCEDURE

A. Hospital

An administrator of a hospital or the person in charge of the medical records for the hospital where a registrant was born, who is requesting a correction to the registrant's registered birth record because of a hospital error, shall submit to the County Vital Records Office or the BVR:

1. A letter of correction on the hospital's letterhead that includes:
 - a. The date of the request;
 - b. The registrant's name currently listed in the registered birth record;
 - c. The registrant's date of birth;


 ARIZONA DEPARTMENT OF HEALTH SERVICES LICENSING ARIZONA DEPARTMENT OF HEALTH SERVICES	LEVEL	SECTION	NUMBER	DATE
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- d. The registrant’s mother’s name before first marriage;
 - e. If known, the:
 - i. Registrant’s sex;
 - ii. State file number or the facility control number listed on the birth record;
 - iii. Town or city of the registrant’s birth;
 - iv. County of the registrant’s birth;
 - v. Hospital where the registrant was born, if applicable;
 - vi. Name of the registrant’s father; and
 - vii. Dates of birth of the registrant’s parents;
 - f. The specific information in the registrant’s registered birth record to be corrected.
 - g. The name of the hospital administrator or the person in charge of the hospital’s medical records who is requesting the correction; and
 - h. A written statement attesting to the validity of the submitted correction signed and dated by the hospital administrator or the person in charge of the hospital’s medical records.
2. A copy of the Certificate of Live Birth Worksheet; or
(Note: The Certificate of Live Birth Worksheet must be signed and dated by the informant. If the Certificate of Live Birth Worksheet is not dated or signed, it cannot be considered for a correction request.)
 3. A copy of part of the registrant’s or mother’s medical record containing the specific information in R9-19-201(A)(3) or (4) to be corrected.

B. Health Care Provider

The health care provider who attended the registrant’s birth and submitted a request for the registrant’s birth registration, shall submit the following to the County Vital Records Office or the BVR to request a correction to the birth record:

1. A letter of correction on the health care provider’s letterhead that includes:
 - a. The date of the request;
 - b. The registrant’s name currently listed in the registered birth record;
 - c. The registrant’s date of birth;
 - d. The registrant’s mother’s name before first marriage;
 - e. If known, the:
 - i. Registrant’s sex;

 ARIZONA DEPARTMENT OF HEALTH SERVICES LICENSING ARIZONA DEPARTMENT OF HEALTH SERVICES	LEVEL	SECTION	NUMBER	DATE
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- ii. State file number listed on the birth record;
 - iii. Town or city of the registrant's birth;
 - iv. County of the registrant's birth;
 - v. Hospital where the registrant was born, if applicable;
 - vi. Name of the registrant's father; and
 - vii. Dates of birth of the registrant's parents;
- f. The specific information in the registrant's registered birth record to be corrected.
 - g. The name of the health care provider who attended the individual's birth and who is requesting the correction;
 - h. A written statement attesting to the validity of the submitted correction, signed and dated by the health care provider who attended the registrant's birth; and
- 2. A copy of the Certificate of Live Birth Worksheet;
Ensure the worksheet is signed and dated by the informant. If the Certificate of Live Birth Worksheet is not dated or signed, it cannot be considered for a correction request.
 - 3. A copy of part of the registrant's or mother's medical record containing the specific information in R9-19-201(A)(3) or (4) to be corrected.

C. The Registrant, Registrant's Parent, Guardian or a Person Who has Custody of the Registrant

A request to correct the registrant's registered birth record may be submitted by the registrant, if the registrant is of legal age or married, the registrant's parent whose name is listed in the registered birth record, the registrant's guardian, or a person who has custody of the registrant. The following shall be submitted to the County Vital Records Office or the BVR to request the correction:

Less Than Ninety (90) Days After Birth


- 1. A letter or application requesting the correction that includes:
 - a. The date of the request;
 - b. The registrant's name currently listed in the registered birth record;
 - c. The registrant's date of birth;
 - d. The registrant's mother's name before first marriage;
 - e. If known, the:
 - i. Registrant's sex;

 ARIZONA DEPARTMENT OF HEALTH SERVICES LICENSING ARIZONA DEPARTMENT OF HEALTH SERVICES	LEVEL	SECTION	NUMBER	DATE
		Birth	008	5-17-21
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- ii. State file number listed on the birth record;
- iii. Town or city of the registrant’s birth;
- iv. County of the registrant’s birth;
- v. Hospital where the registrant was born, if applicable;
- vi. Name of the registrant’s father; and
- vii. Dates of birth of the registrant’s parents;
- f. The specific information in the registrant’s registered birth record to be corrected.
- g. The name and mailing address of the person requesting the correction;
- 2. An affidavit attesting to the validity of the submitted correction, signed by the person requesting the correction.
- 3. If the request for correction of the registrant’s registered birth record is submitted by:
 - a. The registrant’s guardian, a certified copy of the court order establishing guardianship; or
 - b. A person who has custody of the registrant, a certified copy of the court order establishing custody.
- 4. A valid government-issued picture identification which bears the applicant’s signature or the letter or application must be notarized.
- 5. The fee in R9-19-105 for a request to correct information in a registered birth record.

Ninety Days (90) or More After Birth

- 1. A letter or application that is requesting the correction that includes:
 - a. The date of the request;
 - b. The registrant’s name currently listed in the registered birth record;
 - c. The registrant’s date of birth;
 - d. The registrant’s mother’s name before first marriage;
 - e. If known, the:
 - i. Registrant’s sex;
 - ii. State file number listed on the birth record;
 - iii. Town or city of the registrant’s birth;
 - iv. County of the registrant’s birth;
 - v. Hospital where the registrant was born, if applicable;
 - vi. Name of the registrant’s father; and
 - vii. Dates of birth of the registrant’s parents;
 - f. The specific information in the registrant’s registered birth record to be corrected.


 ARIZONA DEPARTMENT OF HEALTH SERVICES LICENSING ARIZONA DEPARTMENT OF HEALTH SERVICES	LEVEL	SECTION	NUMBER	DATE
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- g. The name and mailing address of the person requesting the correction;
- 2. An evidentiary document that supports the correction to the birth record such as:
 - a. A hospital medical record;
 - b. A medical record from a health care provider;
 - c. A certified blessing or baptismal certificate;
 - d. An immunization record; or
 - e. Another document from an independent source containing information that supports the request to correct the birth record.
 - f. Some examples of evidentiary documents that may be submitted to correct the parent's information include:
 - i. The parent's certified birth record;
 - ii. United States or Foreign Passport; or
 - iii. Another document from an independent source containing information that supports the request to correct the birth record.
- 3. An affidavit attesting to the validity of the submitted correction, signed by the person requesting the correction.
- 4. If the request for correction of the registrant's registered birth record is submitted by:
 - a. The registrant's guardian, a certified copy of the court order establishing guardianship; or
 - b. A person who has custody of the registrant, a certified copy of the court order establishing custody.
- 5. A valid government-issued picture identification which bears the applicant's signature or the letter or application must be notarized.
- 6. The fee in R9-19-105 for a request to correct information in a registered birth record.

D. Administrative Errors Made by the County Vital Records Office or the BVR

The County Vital Records Office and the BVR register birth records and occasionally a typographical error is made. When this occurs, the birth record should be corrected to reflect the information listed in the Certificate of Live Birth Worksheet.

- 1. Electronic Birth Records for birth years 1950-1996 shall be updated by the BVR. The BVR shall follow the procedures for updating birth records with birth years 1950-1989 and save with a modification type "correction update only" if there is an imaged record associated with the electronic birth record. If there is no image associated with the record and the

 ARIZONA DEPARTMENT OF HEALTH SERVICES LICENSING ARIZONA DEPARTMENT OF HEALTH SERVICES	LEVEL	SECTION	NUMBER	DATE
		Birth	008	5-17-21
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correction update only modification type is not available, the user would select the "correction" modification type.

2. Non-hospital births or non-electronic hospital registrations from 1997- to the present year shall be updated by the vital records office that registered the birth record if there is an administrative error. Updates to the electronic birth record due to an administrative error, shall be saved in the EBRS with the modification type "correction."

Note: As of January 1, 2007, the County Vital Records Offices began retaining the Certificate of Live Birth Worksheets registered by their office. Prior to that time, all non-hospital births were retained by the BVR. Please reference the Retention of Evidentiary Documents-Birth (Birth 012) for retention timeframes.


Example of Modifications Comments for an Administrative Error:

Administrative error made by (insert individual and county office name) when registering record in the EBRS. Field (name) should be entered as (insert correct data) instead of (insert incorrect data) per the Certificate of Live Birth Worksheet.

Additional Processing Information

The Affidavit to Correct or Amend a Birth Certificate

1. Only the English "Affidavit to Correct or Amend a Birth Certificate" form that is available on the Bureau of Vital Records (BVR) website shall be used to process a correction. A foreign language version of the form may be created to use as reference only and must mirror the English version of the form in format and word content.
2. A photocopy of the completed/approved Affidavit to Correct or Amend a Birth Certificate form shall be provided to the applicant that submits the request to correct a birth record. The copy must be stamped, "**This is a true and official copy on file at the Bureau of Vital Records.**" The copy can be used to present to the Social Security Administration for the purpose of correcting the information on the registrant's Social Security Card.

 ARIZONA DEPARTMENT OF HEALTH SERVICES LICENSING ARIZONA DEPARTMENT OF HEALTH SERVICES	LEVEL	SECTION	NUMBER	DATE
		Birth	008	5-17-21
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Evidentiary Documents

1. All documents, except the original affidavit, where applicable, shall be returned to the person requesting the correction after reviewing the documents.
2. Photocopies of the evidentiary documents shall be made and each stamped "original seen" on the face of the copy and include the initials of the person processing the documents and date received.
3. If the evidentiary document is in a language other than English, the evidentiary document must be accompanied by:
 - a. An English translation of the evidentiary document; and
 - b. A written statement signed by the translator, attesting that the translator is competent to translate the evidentiary document and that the English translation is an accurate and complete translation of the evidentiary document.

The translation must be filed with the evidentiary documents retained by the County Vital Records Office or the BVR.

Evidentiary documents submitted to correct a birth record shall be reviewed and accepted pursuant to A.A.C. R9-19-102.



Approved:  Krystal Colburn, Bureau Chief & Assistant State Registrar	Date: 5/17/21
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EXHIBIT 10

 ARIZONA DEPARTMENT OF HEALTH SERVICES LICENSING ARIZONA DEPARTMENT OF HEALTH SERVICES	LEVEL	SECTION	NUMBER	DATE
		Birth	008	5-17-21
SUBJECT:	Corrections to Birth Records			

SUPERSESION:	Supersedes policy dated 3-28-19
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PURPOSE

To provide guidelines for correcting registered birth records.

AUTHORITY

Arizona Revised Statutes (A.R.S.) §36-301, 36-323
 Arizona Administrative Code (A.A.C.) R9-19-101, R9-19-102, R9-19-103, R9-19-207

APPLICABILITY


This policy applies to hospitals, the Bureau of Vital Records (BVR) and the County Vital Records Office and other partners listed in this policy.

DEFINITIONS

Administrative error – typographical errors made by data entry staff when creating a birth record in the Electronic Birth Registry System (EBRS).

Affidavit – a document that is signed by an individual:

- a. Who attests to the validity of the facts on the document, and
- b. Whose signature is notarized.

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Correction - a change made to a registered certificate because of a typographical error including misspelling and missing or transposed letters or numbers.

Evidentiary document – written information used to prove the fact for which it is presented.

Health Care Provider means:

1. A physician licensed pursuant to Title 32, Chapter 13 or 17.
2. A doctor of naturopathic medicine licensed pursuant to Title 32, Chapter 14.
3. A midwife licensed pursuant to Chapter 6, article 7 of this Title.
4. A nurse midwife certified pursuant to Title 32, Chapter 15.
5. A nurse practitioner licensed and certified pursuant to Title 32, Chapter 15.
6. A physician assistant licensed pursuant to Title 32, Chapter 25.
7. A health care provider who is licensed or certified by another state or jurisdiction of the United States and who works in a federal health care facility.

Hospital – as defined in A.A.C. R9-10-101, a class of health care institution that provides, through an organized medical staff, inpatient beds, medical services, continuous nursing services, and diagnosis or treatment to a patient.


Medical Record – as defined in A.R.S. §12-2291, all communications related to a patient's physical or mental health or condition that are recorded in any form or medium and that are maintained for purposes of patient diagnosis or treatment, including medical records that are prepared by a health care provider or by other providers.

DIVISION PRIMARY POSITION OF RESPONSIBILITY

The Bureau Chief, Assistant State Registrar, Bureau of Vital Records

POLICY

The following individuals may submit a request to correct a birth record:

 ARIZONA DEPARTMENT OF HEALTH SERVICES LICENSING ARIZONA DEPARTMENT OF HEALTH SERVICES	LEVEL	SECTION	NUMBER	DATE
		Birth	008	5-17-21
SUBJECT:	Corrections to Birth Records			

1. Hospital administrator or the person in charge of medical records where the individual was born,
2. The health care provider who attended the registrant’s birth and submitted the request to register the registrant’s birth record.
3. The registrant, if the registrant is of legal age or married,
4. A parent of the registrant whose name is listed on the registrant’s registered birth record,
5. The registrant’s guardian, and
6. A person who has custody of the registrant.

There shall be no correction fee charged for corrections submitted by the hospital, physician, registered nurse practitioner, nurse midwife, or midwife.

Requests for correction of a birth record for birth years 1997 to the present year may be submitted to the County Vital Records Office or to the BVR. Corrections to birth records 1996 and prior years must be submitted to the BVR.


A copy of the birth record printed from the Electronic Birth Registry System (split copy) and the evidentiary document(s) shall be retained by the office where the request was submitted in accordance with the Arizona Library and Archives Records Retention Schedule and the Retention of Evidentiary Documents - Birth Policy.

PROCEDURE

A. Hospital

An administrator of a hospital or the person in charge of the medical records for the hospital where a registrant was born, who is requesting a correction to the registrant’s registered birth record because of a hospital error, shall submit to the County Vital Records Office or the BVR:

1. A letter of correction on the hospital’s letterhead that includes:
 - a. The date of the request;
 - b. The registrant’s name currently listed in the registered birth record;
 - c. The registrant’s date of birth;


 ARIZONA DEPARTMENT OF HEALTH SERVICES LICENSING ARIZONA DEPARTMENT OF HEALTH SERVICES	LEVEL	SECTION	NUMBER	DATE
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- d. The registrant's mother's name before first marriage;
 - e. If known, the:
 - i. Registrant's sex;
 - ii. State file number or the facility control number listed on the birth record;
 - iii. Town or city of the registrant's birth;
 - iv. County of the registrant's birth;
 - v. Hospital where the registrant was born, if applicable;
 - vi. Name of the registrant's father; and
 - vii. Dates of birth of the registrant's parents;
 - f. The specific information in the registrant's registered birth record to be corrected.
 - g. The name of the hospital administrator or the person in charge of the hospital's medical records who is requesting the correction; and
 - h. A written statement attesting to the validity of the submitted correction signed and dated by the hospital administrator or the person in charge of the hospital's medical records.
2. A copy of the Certificate of Live Birth Worksheet; or
(Note: The Certificate of Live Birth Worksheet must be signed and dated by the informant. If the Certificate of Live Birth Worksheet is not dated or signed, it cannot be considered for a correction request.)
 3. A copy of part of the registrant's or mother's medical record containing the specific information in R9-19-201(A)(3) or (4) to be corrected.

B. Health Care Provider

The health care provider who attended the registrant's birth and submitted a request for the registrant's birth registration, shall submit the following to the County Vital Records Office or the BVR to request a correction to the birth record:

1. A letter of correction on the health care provider's letterhead that includes:
 - a. The date of the request;
 - b. The registrant's name currently listed in the registered birth record;
 - c. The registrant's date of birth;
 - d. The registrant's mother's name before first marriage;
 - e. If known, the:
 - i. Registrant's sex;

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- ii. State file number listed on the birth record;
- iii. Town or city of the registrant’s birth;
- iv. County of the registrant’s birth;
- v. Hospital where the registrant was born, if applicable;
- vi. Name of the registrant’s father; and
- vii. Dates of birth of the registrant’s parents;
- f. The specific information in the registrant’s registered birth record to be corrected.
- g. The name of the health care provider who attended the individual's birth and who is requesting the correction;
- h. A written statement attesting to the validity of the submitted correction, signed and dated by the health care provider who attended the registrant’s birth; and
- 2. A copy of the Certificate of Live Birth Worksheet;
Ensure the worksheet is signed and dated by the informant. If the Certificate of Live Birth Worksheet is not dated or signed, it cannot be considered for a correction request.
- 3. A copy of part of the registrant’s or mother’s medical record containing the specific information in R9-19-201(A)(3) or (4) to be corrected.

C. The Registrant, Registrant’s Parent, Guardian or a Person Who has Custody of the Registrant

A request to correct the registrant’s registered birth record may be submitted by the registrant, if the registrant is of legal age or married, the registrant’s parent whose name is listed in the registered birth record, the registrant’s guardian, or a person who has custody of the registrant. The following shall be submitted to the County Vital Records Office or the BVR to request the correction:

Less Than Ninety (90) Days After Birth


- 1. A letter or application requesting the correction that includes:
 - a. The date of the request;
 - b. The registrant’s name currently listed in the registered birth record;
 - c. The registrant’s date of birth;
 - d. The registrant’s mother’s name before first marriage;
 - e. If known, the:
 - i. Registrant’s sex;

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- ii. State file number listed on the birth record;
 - iii. Town or city of the registrant’s birth;
 - iv. County of the registrant’s birth;
 - v. Hospital where the registrant was born, if applicable;
 - vi. Name of the registrant’s father; and
 - vii. Dates of birth of the registrant’s parents;
- f. The specific information in the registrant’s registered birth record to be corrected.
- g. The name and mailing address of the person requesting the correction;
2. An affidavit attesting to the validity of the submitted correction, signed by the person requesting the correction.
3. If the request for correction of the registrant’s registered birth record is submitted by:
 - a. The registrant’s guardian, a certified copy of the court order establishing guardianship; or
 - b. A person who has custody of the registrant, a certified copy of the court order establishing custody.
4. A valid government-issued picture identification which bears the applicant’s signature or the letter or application must be notarized.
5. The fee in R9-19-105 for a request to correct information in a registered birth record.

Ninety Days (90) or More After Birth

1. A letter or application that is requesting the correction that includes:
 - a. The date of the request;
 - b. The registrant’s name currently listed in the registered birth record;
 - c. The registrant’s date of birth;
 - d. The registrant’s mother’s name before first marriage;
 - e. If known, the:
 - i. Registrant’s sex;
 - ii. State file number listed on the birth record;
 - iii. Town or city of the registrant’s birth;
 - iv. County of the registrant’s birth;
 - v. Hospital where the registrant was born, if applicable;
 - vi. Name of the registrant’s father; and
 - vii. Dates of birth of the registrant’s parents;
 - f. The specific information in the registrant’s registered birth record to be corrected.


 ARIZONA DEPARTMENT OF HEALTH SERVICES <small>LICENSING</small> ARIZONA DEPARTMENT OF HEALTH SERVICES	LEVEL	SECTION	NUMBER	DATE
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- g. The name and mailing address of the person requesting the correction;
2. An evidentiary document that supports the correction to the birth record such as:
 - a. A hospital medical record;
 - b. A medical record from a health care provider;
 - c. A certified blessing or baptismal certificate;
 - d. An immunization record; or
 - e. Another document from an independent source containing information that supports the request to correct the birth record.
 - f. Some examples of evidentiary documents that may be submitted to correct the parent's information include:
 - i. The parent's certified birth record;
 - ii. United States or Foreign Passport; or
 - iii. Another document from an independent source containing information that supports the request to correct the birth record.
3. An affidavit attesting to the validity of the submitted correction, signed by the person requesting the correction.
4. If the request for correction of the registrant's registered birth record is submitted by:
 - a. The registrant's guardian, a certified copy of the court order establishing guardianship; or
 - b. A person who has custody of the registrant, a certified copy of the court order establishing custody.
5. A valid government-issued picture identification which bears the applicant's signature or the letter or application must be notarized.
6. The fee in R9-19-105 for a request to correct information in a registered birth record.

D. Administrative Errors Made by the County Vital Records Office or the BVR

The County Vital Records Office and the BVR register birth records and occasionally a typographical error is made. When this occurs, the birth record should be corrected to reflect the information listed in the Certificate of Live Birth Worksheet.

1. Electronic Birth Records for birth years 1950-1996 shall be updated by the BVR. The BVR shall follow the procedures for updating birth records with birth years 1950-1989 and save with a modification type "correction update only" if there is an imaged record associated with the electronic birth record. If there is no image associated with the record and the

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correction update only modification type is not available, the user would select the “correction” modification type.

2. Non-hospital births or non-electronic hospital registrations from 1997- to the present year shall be updated by the vital records office that registered the birth record if there is an administrative error. Updates to the electronic birth record due to an administrative error, shall be saved in the EBRS with the modification type “correction.”

Note: As of January 1, 2007, the County Vital Records Offices began retaining the Certificate of Live Birth Worksheets registered by their office. Prior to that time, all non-hospital births were retained by the BVR. Please reference the Retention of Evidentiary Documents-Birth (Birth 012) for retention timeframes.


Example of Modifications Comments for an Administrative Error:

Administrative error made by (insert individual and county office name) when registering record in the EBRS. Field (name) should be entered as (insert correct data) instead of (insert incorrect data) per the Certificate of Live Birth Worksheet.

Additional Processing Information

The Affidavit to Correct or Amend a Birth Certificate

1. Only the English "Affidavit to Correct or Amend a Birth Certificate" form that is available on the Bureau of Vital Records (BVR) website shall be used to process a correction. A foreign language version of the form may be created to use as reference only and must mirror the English version of the form in format and word content.
2. A photocopy of the completed/approved Affidavit to Correct or Amend a Birth Certificate form shall be provided to the applicant that submits the request to correct a birth record. The copy must be stamped, "**This is a true and official copy on file at the Bureau of Vital Records.**" The copy can be used to present to the Social Security Administration for the purpose of correcting the information on the registrant’s Social Security Card.

 ARIZONA DEPARTMENT OF HEALTH SERVICES LICENSING ARIZONA DEPARTMENT OF HEALTH SERVICES	LEVEL	SECTION	NUMBER	DATE
		Birth	008	5-17-21
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Evidentiary Documents

1. All documents, except the original affidavit, where applicable, shall be returned to the person requesting the correction after reviewing the documents.
2. Photocopies of the evidentiary documents shall be made and each stamped “original seen” on the face of the copy and include the initials of the person processing the documents and date received.
3. If the evidentiary document is in a language other than English, the evidentiary document must be accompanied by:
 - a. An English translation of the evidentiary document; and
 - b. A written statement signed by the translator, attesting that the translator is competent to translate the evidentiary document and that the English translation is an accurate and complete translation of the evidentiary document.

The translation must be filed with the evidentiary documents retained by the County Vital Records Office or the BVR.

Evidentiary documents submitted to correct a birth record shall be reviewed and accepted pursuant to A.A.C. R9-19-102.


Approved:  _____ Krystal Colburn, Bureau Chief & Assistant State Registrar	Date: 5/17/21
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EXHIBIT 11

Bureau of Vital Records

Desk Procedure for Corrections and Amendments

The purpose of this desk procedure is to document the process the Bureau of Vital Records (BVR) will utilize when completing Corrections or Amendments. Corrections and Amendments have different time frames and certain documentation that is required before a birth certificate or death certificate may be amended. Follow the appropriate Statutes and Rules, referenced at the end of this desk procedures for specifics. Additionally, different databases to amend or correct a birth certificate or death certificate may be utilized. Staff are also provided an amendment and corrections table for a quick reference. *Note: Some changes may require a court order.*

Birth Corrections

When a Birth Correction is received in person or by mail, the staff shall:

1. Review documents for completion.
2. Ensure the application is correct and complete; i.e., the identification provided is valid, appropriate fee is included, with the Affidavit to Correct or Amend form (this form MUST be signed and notarized), and the evidentiary documents (if applicable).
3. Verify the necessary fields on the Affidavit to Correct or Amend, such as child's name, child's date of birth, and mother's maiden name.
4. Search the Database Application for Vital Events (DAVE) for any other possible duplicate orders.
5. Log into DAVE.
6. Create a new order in DAVE.
7. If items 1-4 are incomplete, create an insufficient letter in DAVE.
8. To correct the record, staff shall:
 - a. Make a copy of the Affidavit to Correct or Amend, and stamp the copy as "This is a true official copy on file at the Office of Vital Records".
 - b. If evidentiary documents are received, make copies if applicable. Stamp the copies of these documents as "Original documents seen and returned. This is a true copy."
9. Login to EBRS
 - a. Search for the birth certificate in EBRS
 - b. Click on "Edit"
 - c. A pop-up box that says "Print Split Certificate" will pop up. Only print page 1 of 3. (For births prior to 1997, see specifics at the end of this desk procedure.)
 - d. The CSR will correct requested fields in EBRS.
 - e. Perform a quality assurance review of the work.

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LICENSING



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- f. Once all changes are made, click on the left navigation bar and select "Save Modification".
 - g. There will be two choices that pertain to Corrections. One that says "Correction Update Only" and another that says "Correction". Select "Correction" and then enter comments in the field.
 - *Ex: If applicable, changes made to child's name, from Jasen W Smith to Jason W. Smith per evidentiary documents (Include the date it was established) and the Affidavit to Correct or Amend (include the date it was signed and notarized).*
10. EBRS will automatically flag the record as "Waiting for Approval" for a quality review and approval by a supervisor.
 11. Once the change has been approved, staff shall close out the application in DAVE by entering the customer's payment information and printing a certified copy of the birth certificate to the vault printer.
 12. The vault staff will close out the order in DAVE with the appropriate security paper number. Once it is closed, the vault staff will give the closed-out certificate to the appropriate staff member to issue the certificate.
 13. The certificate will be mailed out to the customer within seven (7) days from the date of receipt, with a stamped copy of the Affidavit to Correct or Amend form.
 14. Staff shall attach the split copy of the birth certificate, photocopy of the Affidavit to Correct or Amend form and evidentiary documents, if applicable, and filed in the Corrections Filing cabinet. (For births prior to 1997, are placed in the sealing basket for imaging.)

Birth Amendments

When an Amendment is received in person or by mail, the staff shall follow the same steps as with the Correction. With the exception of the following:

1. Review documents for completion.
2. Ensure the application is correct and complete; i.e., the identification provided is valid, appropriate fee is included, with the Affidavit to Correct or Amend form (this form MUST be signed and notarized), and the evidentiary documents (if applicable).
3. Verify the necessary fields on the Affidavit to Correct or Amend, such as child's name, child's date of birth, and mother's maiden name.
4. Log into DAVE.
5. Search the Database Application for Vital Events (DAVE) for any other possible duplicate orders.
6. Create a new order in DAVE.
7. If items 1-4 are incomplete, create an insufficient letter in DAVE.
8. To correct the record, staff shall:



- a. Make a copy of the Affidavit to Correct or Amend, and stamp the copy as "This is a true official copy on file at the Office of Vital Records".
- b. If evidentiary documents are received, make copies if applicable. Stamp the copies of these documents as "Original documents seen and returned. This is a true copy."
- c. Login to EBRS
 - i. Search for the birth certificate in EBRS
 - ii. Click on "Edit"
 - iii. A pop-up box that says "Print Split Certificate" will pop up. Only print page 1 of 3. (For births prior to 1997, see specifics at the end of this desk procedure.)
 - iv. The CSR will correct requested fields in EBRS.
 - v. Perform a quality assurance review of the work.
 - vi. Once all changes are made, flag the record "B-No Fee," if applicable.
 - vii. Then click on the left navigation bar and select "Save Modification".
 - viii. The CSR will select "Amendment" and then enter comments in the field.
 - *Ex: If applicable, changes made to child's name, from Jason W Smith to Jason W. Jones per court order (include the name of the source, name of the order, case number, and date it was established), and the Affidavit to Correct or Amend (include the date it was signed and notarized, if applicable) .*
 - ix. EBRS will automatically flag the record as "Waiting for Approval" for a quality review and approval by a supervisor.
 - x. Once the change has been approved, staff shall close out the application in DAVE by entering the customer's payment information and printing a certified copy of the birth certificate to the vault printer.
9. The vault staff will close out the order in DAVE with the appropriate security paper number. Once it is closed, the vault staff will give the closed-out certificate to the appropriate staff member to issue the certificate.
10. The certificate will be mailed out to the customer within seven (7) days from the date of receipt, with a stamped copy of the Affidavit to Correct or Amend form.
11. Staff shall attach the split copy of the birth certificate, photocopy of the Affidavit to Correct or Amend form and evidentiary documents, if applicable, and filed in the Corrections Filing cabinet. (For births prior to 1997, are placed in the sealing basket for imaging.)



Births Prior to 1997

For records prior to 1997, the CSR shall perform the following steps:

1. In addition to printing the split, the CSR will also print the image record from EBRS.
2. Request the original from the Vault staff, by completing the Sealed Record slip.
3. The CSR will update any missing fields in EBRS, per the original record.

Note: All corrections and amendments prior to 1997 shall be placed in the Sealed Record basket for imaging.

Births Prior to 1950

Corrections, Amendments, and Updates to Illegible Birth records prior to 1950, the staff shall:

1. Review documents for completion.
2. Ensure the application is correct and complete; i.e., the identification provided is valid, appropriate fee is included, with the Affidavit to Correct or Amend form (this form MUST be signed and notarized), and the evidentiary documents (if applicable).
3. Verify the necessary fields on the Affidavit to Correct or Amend, such as child's name, child's date of birth, and mother's maiden name.
4. Log into DAVE.
5. Search the Database Application for Vital Events (DAVE) for any other possible duplicate orders.
6. Create a new order in DAVE.
7. If items 1-4 are incomplete, create an insufficient letter in DAVE.
8. To correct the record, staff shall:
 - a. Print the image from DAVE.
 - b. Make a copy of the Affidavit to Correct or Amend, and stamp the copy as "This is a true official copy on file at the Office of Vital Records".
 - c. If evidentiary documents are received, make copies if applicable. Stamp the copies of these documents as "Original documents seen and returned. This is a true copy."
 - d. Request the original from the Vault staff, by completing the Sealed Record slip. The Sealed Record Slip must include:
 - i. Registrant's County of birth
 - ii. Registrant's Month of birth
 - iii. Mother's Maiden name
 - iv. State File Number (SFN)
 - v. Date requested with CSR initials
 - vi. Under "See Supplement," the CSR shall write, "Pending Amendment".



- e. Once the Vault staff returns the original Birth Certificate, the CSR will make a copy of the back of the certificate, create a new supplement template to include the requested amendment using the PDF certificate template located in the J drive: J:\Shared drives\ADHS_Vital Records\Birth and Death registry (NEW)\FORMS\Supplement Template Pre-50 Log.
- f. Once the supplement form is complete, the CSR will create a Route Slip (located in the J Drive: J:\Shared drives\ADHS_Vital Records\Birth and Death registry (NEW)\FORMS\Route Slips), and include all evidentiary documents with the original birth certificate that were utilized to amend the record, and route to the Review Board.
- g. When the file is received back from the Review Board, and is marked Approved and the Supplement contains the Bureau Chief's signature on the certificate, it will be returned to the supervisor.
- h. The supervisor shall do the following:
 - i. Log the new signed certificate in Log to Vault spreadsheet and make a copy of the certificate
 - ii. Provide a copy of the original and revised certificate to the vault staff for imaging through the Add and Delete process.
 - iii. Print log and provide the new signed certificate for signature to vault staff.
 - iv. Provide folder to the appropriate staff.
9. The vault staff will close out the order in DAVE with the appropriate security paper number. Once it is closed, the vault staff will give the closed-out certificate to the appropriate staff member to issue the certificate.
10. The certificate will be mailed out to the customer within seven (7) days from the date of receipt, with a stamped copy of the Affidavit to Correct or Amend form.
11. Staff shall complete the Split Copy not Submitted Form and attach the original birth certificate, photocopy of the Affidavit to Correct or Amend form and evidentiary documents, if applicable, and filed in the sealed record basket for sealing. (For births prior to 1997, are placed in the sealing basket for imaging.)

Note: The process listed above applies to delayed birth and foreign born that are not registered in EBRs.

Corrections and Amendments to Death Records

When a Death or Fetal Death Correction/Amendment is received in person or by mail, the staff shall:

1. Review documents for completion.
2. Ensure the application is correct and complete; i.e., the identification provided is valid, appropriate fee is included, with the Affidavit to Correct or Amend form (this form MUST be signed and notarized), and the evidentiary documents (if applicable).
3. Verify the necessary fields on the Affidavit to Correct or Amend, such as decedent's name, decedent's date of death, and Place of Death (City and County).
4. Search the Database Application for Vital Events (DAVE) for any other possible duplicate orders.
5. Create a new order in DAVE.
6. If items 1-4 are incomplete, create an insufficient letter in DAVE.
7. To correct the record, staff shall:
 - a. If evidentiary documents are received, make copies if applicable. Stamp the copies of these documents as "Original documents seen and returned. This is a true copy."
8. Log into the DAVE System.
 - a. Select 'Search' from the 'Life Events' Dropdown (Death/Fetal Death)
 - b. From the 'Search for death record' page enter as much identifying information to find the record.
 - c. Click 'Search'
 - d. Select the registered record from the 'Death Search Results' page by clicking on the name link.
 - e. Select 'Print Forms' under 'Other Links' Submenu
 - f. Click on the 'Working Copy' to print a split copy
 - g. Select 'Amendments' under the 'Other links' submenu
 - h. From the 'type' dropdown select whether a Correction or Amendment will be completed.
 - i. Enter a description of the change in the Description textbox.
 - i. "Created by BVR - *Description of change*"
 - j. Once complete click on the 'Save' button.
 - k. On the Amendment page select the page you will make changes to from the 'Page to Amend' dropdown.
 - l. Make changes to the field on the page you have selected from the dropdown.
 - m. Click on 'Validate Amendment' button at the bottom of the page.
 - n. Click on 'Save'
 - o. Under the 'Amendments Menu' select 'Processing History'
 - p. From the 'Action' dropdown select 'Data Entry Complete'
 - q. Enter any additional information necessary in the corresponding textbox



- r. Click on the 'Save'
9. The DAVE System will update the amendment/correction status to 'Pending' for a quality review and approval.
10. The supervisor will approve the amendment/correction.
 - a. Under the 'Amendments Menu' select 'Processing History'
 - b. From the 'Action' dropdown select 'Approve'
 - c. Enter any additional information needed in the corresponding textbox
 - d. Click on the 'Save'
 - e. Select the 'Amendment' link from the 'Amendment Menu'
 - f. Under the 'Other Links' submenu select the 'Validate Registration' Link.
 - g. Click 'Home' under the 'Main' dropdown to be taken to the home page.
11. Once the change has been approved, staff shall close out the application in DAVE by entering the customer's payment information and printing a certified copy of the death certificate to the vault printer.
12. The vault staff will close out the order in DAVE with the appropriate security paper number. Once it is closed, the vault staff will give the closed-out certificate to the appropriate staff member to issue the certificate.
13. The certificate will be mailed out to the customer within seven (7) days from the date of receipt.
14. Staff shall attach the split copy of the death certificate, Affidavit to Correct or Amend form and evidentiary documents.

Note: If staff has performed a correction for a record established 2008 to present staff shall file in the Death Corrections Filing cabinet (Corrections made to death records established prior to 2008 and amendments will be placed in the sealing basket for imaging).



EXHIBIT 12



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		Birth Registry	014	3-28-19
SUBJECT: Amendments to Birth Records				

SUPERSESSON:	This policy supersedes the policy dated 10-1-18
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PURPOSE

The purpose of this policy is to provide guidelines for amending birth records.

AUTHORITY

Arizona Revised Statutes (A.R.S.) §§25-812, 25-814, 36-301, 36-323, 36-337, 41-311
 Arizona Administrative Code (A.A.C.) R9-19-101, R9-19-102, R9-19-103, R9-19-105, R9-19-208

APPLICABILITY

This policy applies to hospitals, health care providers, the registrant, if of legal age, the registrant’s parent or guardian, the Bureau of Vital Records (BVR) and the County Vital Records Office.

DEFINITIONS

Administrator – an individual designated by the governing authority of a health care institution to have authority and responsibility for managing the health care institution.

Affidavit – a document that is signed by an individual:

- a. Who attests to the validity of the facts on the document, and
- b. Whose signature is notarized.

Amend – to make a change, other than a correction, to a registered certificate by adding, deleting, or substituting information on the certificate.

Birth Record – the information specified in A.A.C. R9-19-201 that is maintained by the Department:

- a. As a written registered certificate, or
- b. In a database.

Court order – a written decision issued by:

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- a. The superior court, an appellate court or the Supreme Court or an equivalent court in another state.
- b. A commissioner or judicial hearing officer of the superior court.
- c. A judge of a tribal court in this state.

Document – or documented, in written, photographic, electronic, or other permanent form.

Evidentiary document – written information used to prove the fact for which it is presented.

Guardian – as defined in A.R.S. § 14-10103, a person appointed by the court to make decisions regarding the support, care, education, health and welfare of a minor or an adult. Guardian does not include a guardian ad litem.

Health Care Provider means:

- a. A physician licensed pursuant to Title 32, Chapter 13 or 17.
- b. A doctor of naturopathic medicine licensed pursuant to Title 32, Chapter 14.
- c. A midwife licensed pursuant to Chapter 6, article 7 of this Title.
- d. A nurse midwife certified pursuant to Title 32, Chapter 15.
- e. A nurse practitioner licensed and certified pursuant to Title 32, Chapter 15.
- f. A physician assistant licensed pursuant to Title 32, Chapter 25.
- g. A health care provider who is licensed or certified by another state or jurisdiction of the United States and who works in a federal health care facility.

Note: Health Care Provider also includes a physician assistant who works under a physician who is responsible for the duties performed by the physician assistant.

Hospital – as defined in A.A.C. R9-10-101, a class of health care institution that provides, through an organized medical staff, inpatient beds, medical services, continuous nursing services, and diagnosis or treatment to a patient.

Legal Age – a person who is at least eighteen years of age or who is emancipated by a court order.

Medical Record – as defined in A.R.S. § 12-2291, all communications related to a patient's physical or mental health or condition that are recorded in any form or medium and that are maintained for purposes of patient diagnosis or treatment, including medical records that are prepared by a health care provider or by other providers.

Person – as defined in A.R.S. § 1-215, includes a corporation, company, partnership, firm, governmental agency, association or society, as well as a natural person.

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DIVISION PRIMARY POSITION OF RESPONSIBILITY

Bureau Chief, Assistant State Registrar, Bureau of Vital Records

POLICY

Requests for amendments to a registrant’s registered birth record may be submitted by:

1. A hospital administrator or the person in charge of medical records for the hospital where the registrant was born,
2. A health care provider who attended the registrant’s birth and submitted the initial birth registration,
3. The registrant, if the registrant is of legal age or married, or
4. The registrant’s parent or guardian.

Different documents are required depending on the person submitting the request for amendment and depending on the timeframe and nature of the amendment.

Requests for amendments to information in registered birth records must meet the requirements outlined in A.A.C. R9-19-208. The review process in A.A.C. R9-19-103 shall be completed before approval or denial of a request. Evidentiary documents, if applicable, shall be submitted and reviewed according to A.A.C. R9-19-102 and any fees as applicable in A.A.C. R9-19-105 must be included.

Requests to amend a birth record for birth years 1997 and after may be submitted to either the County Vital Records Office or to the BVR. Requests to amend a birth record for 1996 and prior years can only be submitted to the BVR.

PROCEDURE

A. Court Order – Required When Requested Amendment is Not Specified in A.A.C.

Except for an amendment specified in another subsection of this policy, to request an amendment to a registrant’s registered birth record, a person requesting the amendment shall submit to the County Vital Records Office or the BVR:

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1. A letter or application that includes:
 - a. The date of the request;
 - b. The registrant's name currently listed in the registered birth record;
 - c. The registrant's date of birth;
 - d. The registrant's mother's name before first marriage;
 - e. If known, the:
 - i. Registrant's sex;
 - ii. State file number listed on the birth record;
 - iii. Town or city of the registrant's birth;
 - iv. County of the registrant's birth;
 - v. Hospital where the registrant was born, if applicable;
 - vi. Name of the registrant's father; and
 - vii. Dates of birth of the registrant's parents;
 - f. The name and mailing address of the person requesting the amendment;
 - g. The relationship between the registrant and the person requesting the amendment; and
2. An affidavit attesting to the validity of the submitted amendment, signed by the person requesting the amendment;
3. A copy of the court order to amend the registrant's registered birth record, certified by the issuing court and including the specific information to be amended (i.e., the information to be added or deleted);
4. If the person submitting the request for the amendment to the registrant's registered birth record is the registrant's guardian, a certified copy of the court order establishing guardianship;
5. A valid government-issued picture identification which bears the applicant's signature or the letter or application must be notarized; and
6. The fee in R9-19-105 for a request to amend information in a registered birth record.

B. Hospital

An administrator of a hospital or the person in charge of the medical records for the hospital where the registrant was born, who is requesting an amendment to the registrant's registered birth record, shall submit to the County Vital Records Office or the BVR:

1. A letter requesting the amendment on the hospital's letterhead that includes:
 - a. The date of the request;
 - b. The registrant's name currently listed in the registered birth record;
 - c. The registrant's date of birth;

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- d. The registrant's mother's name before first marriage;
 - e. If known, the:
 - i. Registrant's sex;
 - ii. State file number or the facility control number listed on the birth record;
 - iii. Town or city of the registrant's birth;
 - iv. County of the registrant's birth;
 - v. Hospital where the registrant was born, if applicable;
 - vi. Name of the registrant's father; and
 - vii. Dates of birth of the registrant's parents;
 - f. The specific information in the registrant's registered birth record to be amended (i.e., the information to be added or deleted);
 - g. The name of the hospital administrator or the person in charge of the hospital's medical records who is requesting the amendment;
 - h. A written statement attesting to the validity of the submitted amendment signed and dated by the hospital administrator or the person in charge of the hospital's medical records; and
2. A copy of the registrant's or the registrant's mother's medical record containing the specific information to be amended.

C. Health Care Provider

The health care provider who attended the registrant's birth and submitted the request for the registrant's birth registration shall submit the following to the County Vital Records Office or the BVR to request an amendment to the birth record:

1. A letter on the health care provider's letterhead that includes:
 - a. The date of the request;
 - b. The registrant's name currently listed in the registered birth record;
 - c. The registrant's date of birth;
 - d. The registrant's mother's name before first marriage;
 - e. If known, the:
 - i. Registrant's sex;
 - ii. State file number listed on the birth record;
 - iii. Town or city of the registrant's birth;
 - iv. County of the registrant's birth;
 - v. Hospital where the registrant was born, if applicable;
 - vi. Name of the registrant's father; and

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- vii. Dates of birth of the registrant's parents;
 - f. The specific information in the registrant's registered birth record to be amended (i.e., the information to be added or deleted);
 - g. The name of the health care provider who attended the registrant's birth and who is requesting the amendment;
 - h. A written statement attesting to the validity of the submitted amendment, signed and dated by the health care provider who attended the registrant's birth; and
2. A copy of the registrant's or the registrant's mother's medical record containing the specific information to be amended.

D. Registrant (if of legal age), Registrant's Parent or Guardian

Adding a registrant's name 90 days or less after the registrant's birth:

To add a registrant's first name, middle name, or suffix to the registrant's registered birth record 90 days or less after the registrant's birth, the registrant's parent or guardian shall submit to the County Vital Records Office or the BVR:

1. A letter or application requesting the amendment that includes:
 - a. The date of the request;
 - b. The registrant's name currently listed in the registered birth record;
 - c. The registrant's date of birth;
 - d. The registrant's mother's name before first marriage;
 - e. If known, the:
 - i. Registrant's sex;
 - ii. State file number listed on the birth record;
 - iii. Town or city of the registrant's birth;
 - iv. County of the registrant's birth;
 - v. Hospital where the registrant was born, if applicable;
 - vi. Name of the registrant's father; and
 - vii. Dates of birth of the registrant's parents; and
 - f. The specific information in the registrant's registered birth record to be amended (i.e. add first name, middle name and suffix);
 - g. The name and mailing address of the person requesting the amendment;
2. An affidavit attesting to the validity of the submitted amendment, signed by the parents whose names are listed in the birth record or the registrant's guardian requesting the amendment;

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3. If the request for amendment of the registrant's registered birth record is submitted by:
 - a. The registrant's guardian, a certified copy of the court order establishing guardianship;
4. A valid government-issued picture identification which bears the applicant's signature or the letter or application must be notarized; and
5. The fee in R9-19-105 for a request to correct information in a registered birth record.

Adding a registrant's name more than 90 days but less than seven years after the registrant's birth:

To add a registrant's first name, middle name, or suffix more than 90 days but less than seven years after the registrant's birth, the registrant's parent or guardian shall submit to the County Vital Records Office or the BVR:

1. A letter or application requesting the amendment that includes:
 - a. The date of the request;
 - b. The registrant's name currently listed in the registered birth record;
 - c. The registrant's date of birth;
 - d. The registrant's mother's name before first marriage;
 - e. If known, the:
 - i. Registrant's sex;
 - ii. State file number listed on the birth record;
 - iii. Town or city of the registrant's birth;
 - iv. County of the registrant's birth;
 - v. Hospital where the registrant was born, if applicable;
 - vi. Name of the registrant's father; and
 - vii. Dates of birth of the registrant's parents;
 - f. The specific information in the registrant's registered birth record to be amended (i.e. add first name, middle name and suffix);
 - g. The name and mailing address of the person requesting the amendment;
2. An affidavit attesting to the validity of the submitted amendment, signed by the parents whose names are listed in the birth record or the registrant's guardian requesting the amendment;
3. An evidentiary document that includes the first name, middle name, or suffix to be added; and that was created within one year after the date of the registrant's birth;
4. If the request for amendment of the registrant's registered birth record is submitted by:
 - a. The registrant's guardian, a certified copy of the court order establishing guardianship;

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5. A valid government-issued picture identification which bears the applicant's signature or the letter or application must be notarized; and
6. The fee in R9-19-105 for a request to amend information in a registered birth record.

Note: To add a registrant's name seven years or more after the registrant's birth, reference Section A of this policy.

Amending a registrant's name 90 days or less after the registrant's birth:

To request the amendment of a registrant's name in the registrant's registered birth record 90 days or less after the registrant's birth, the registrant's parent or guardian shall submit to the County Vital Records Office or the BVR:

1. A letter or application requesting the amendment that includes:
 - a. The date of the request;
 - b. The registrant's name currently listed in the registered birth record;
 - c. The registrant's date of birth;
 - d. The registrant's mother's name before first marriage;
 - e. If known, the:
 - i. Registrant's sex;
 - ii. State file number listed on the birth record;
 - iii. Town or city of the registrant's birth;
 - iv. County of the registrant's birth;
 - v. Hospital where the registrant was born, if applicable;
 - vi. Name of the registrant's father; and
 - vii. Dates of birth of the registrant's parents;
 - f. The specific information in the registrant's registered birth record to be amended (i.e. specific name to be deleted and added);
 - g. The name and mailing address of the person requesting the amendment;
2. An affidavit attesting to the validity of the submitted amendment, signed by the parents whose names are listed in the birth record or the registrant's guardian requesting the amendment;
3. If the request for amendment of the registrant's registered birth record is submitted by:
 - a. The registrant's guardian, a certified copy of the court order establishing guardianship;
4. A valid government-issued picture identification which bears the applicant's signature or the letter or application must be notarized; and

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5. The fee in R9-19-105 for a request to amend information in a registered birth record.

Amending a registrant's name more than 90 days but less than one year after the registrant's birth:

To request the amendment of a registrant's name in a registered birth record more than 90 days but less than one year after the registrant's birth, the registrant's parent or guardian shall submit to the County Vital Records Office or the BVR:

1. A letter or application requesting the amendment that includes:
 - a. The date of the request;
 - b. The registrant's name currently listed in the registered birth record;
 - c. The registrant's date of birth;
 - d. The registrant's mother's name before first marriage;
 - e. If known, the:
 - i. Registrant's sex;
 - ii. State file number listed on the birth record;
 - iii. Town or city of the registrant's birth;
 - iv. County of the registrant's birth;
 - v. Hospital where the registrant was born, if applicable;
 - vi. Name of the registrant's father; and
 - vii. Dates of birth of the registrant's parents;
 - f. The specific information in the registrant's registered birth record to be amended (i.e. specific name to be deleted and added);
 - g. The name and mailing address of the person requesting the amendment; and
2. An affidavit attesting to the validity of the submitted amendment, signed by the parents whose names are listed in the birth record or the registrant's guardian requesting the amendment;
3. An evidentiary document that includes the name to be added; and that was created within one year after the date of the registrant's birth;
4. If the request for amendment of the registrant's registered birth record is submitted by:
 - a. The registrant's guardian, a certified copy of the court order establishing guardianship;
5. A valid government-issued picture identification which bears the applicant's signature or the letter or application must be notarized; and
6. The fee in R9-19-105 for a request to amend information in a registered birth record.

Note: To amend a registrant's name one year or more after the registrant's birth, please reference

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Section A of this policy.

Amendments to the month or day of a registrant's birth:

To amend the month or day of a registrant's birth in the registrant's registered birth record, the registrant, if the registrant is of legal age or married, or the registrant's parent or guardian shall submit to the County Vital Records Office or the BVR:

1. A letter or application requesting the amendment that includes:
 - a. The date of the request;
 - b. The registrant's name currently listed in the registered birth record;
 - c. The registrant's date of birth;
 - d. The registrant's mother's name before first marriage;
 - e. If known, the:
 - i. Registrant's sex;
 - ii. State file number listed on the birth record;
 - iii. Town or city of the registrant's birth;
 - iv. County of the registrant's birth;
 - v. Hospital where the registrant was born, if applicable;
 - vi. Name of the registrant's father; and
 - vii. Dates of birth of the registrant's parents;
 - f. The specific information in the registrant's registered birth record to be amended (i.e. month or day to be deleted and added);
 - g. The name and mailing address of the person requesting the amendment;
2. An affidavit attesting to the validity of the submitted amendment, signed by the registrant, if applicable, parent whose name is listed in the birth record or the registrant's guardian requesting the amendment;
3. An evidentiary document that includes the month or day to be added;
4. If the request for amendment of the registrant's registered birth record is submitted by:
 - a. The registrant's guardian, a certified copy of the court order establishing guardianship;
5. A valid government-issued picture identification which bears the applicant's signature or the letter or application must be notarized; and
6. The fee in R9-19-105 for a request to amend information in a registered birth record.

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Amendments to information regarding a registrant's parent in a registrant's registered birth record:

To amend the date of birth, place of birth or part of a parent's name in a registrant's registered birth record, the registrant (if the registrant is of legal age or married) or the registrant's parent or guardian shall submit to the County Vital Records Office or the BVR:

1. A letter or application requesting the amendment that includes:
 - a. The date of the request;
 - b. The registrant's name currently listed in the registered birth record;
 - c. The registrant's date of birth;
 - d. The registrant's mother's name before first marriage;
 - e. If known, the:
 - i. Registrant's sex;
 - ii. State file number listed on the birth record;
 - iii. Town or city of the registrant's birth;
 - iv. County of the registrant's birth;
 - v. Hospital where the registrant was born, if applicable;
 - vi. Name of the registrant's father; and
 - vii. Dates of birth of the registrant's parents;
 - f. The specific information in the registrant's registered birth record to be amended (i.e. the date of birth, place of birth of the parent or the mother's last name prior to first marriage to be deleted and added);
 - g. The name and mailing address of the person requesting the amendment;
2. An affidavit attesting to the validity of the submitted amendment, signed by the registrant, if applicable, parent whose name is listed in the birth record or the registrant's guardian requesting the amendment;
3. One evidentiary document for the parent that contains the specific information to be added to the birth record such as:
 - a. A certified copy of the registrant's parent's registered birth certificate;
 - b. A copy of the registrant's parent's passport; or
 - c. A certified copy of an administrative order or court order establishing paternity.
4. If the request for amendment of the registrant's registered birth record is submitted by:
 - a. The registrant's guardian, a certified copy of the court order establishing guardianship;
5. A valid government-issued picture identification which bears the applicant's signature or the letter or application must be notarized; and
6. The fee in R9-19-105 for a request to amend information in a registered birth record.

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Note: To change a parent's complete name (first, middle, and last) in a registered birth record, a court order is required.

Amendments regarding voluntary acknowledgement of paternity by the registrant's biological father:

To request the amendment of a registrant's registered birth record based on the registrant's biological father's voluntary acknowledgement of paternity, the registrant's mother and biological father shall submit to the County Vital Records Office or the BVR:

1. A letter or application requesting the amendment that includes:
 - a. The date of the request;
 - b. The registrant's name currently listed in the registered birth record;
 - c. The registrant's date of birth;
 - d. The registrant's mother's name before first marriage;
 - e. If known, the:
 - i. Registrant's sex;
 - ii. State file number listed on the birth record;
 - iii. Town or city of the registrant's birth;
 - iv. County of the registrant's birth;
 - v. Hospital where the registrant was born, if applicable;
 - vi. Name of the registrant's father; and
 - vii. Dates of birth of the registrant's parents;
 - f. The specific information in the registrant's registered birth record to be amended (i.e. registrant's name and father's information listed in the voluntary paternity to be added and deleted);
 - g. The name and mailing address of the registrant's parent requesting the amendment;
2. A voluntary acknowledgment of paternity form that complies with A.R.S. § 25-812 and provides information about the registrant's mother and biological father;
 - a. If the request is submitted 90 days or less after the date of the registrant's birth, the amendment to the first, middle, last and suffix name requested for the registrant; and
 - b. If the request is submitted more than 90 days after the date of the registrant's birth, the amendment to only the last name requested for the registrant;
 - c. If the registrant has a presumed father as described in A.R.S. § 25-814(A)(1), a written document (Waiver of Paternity Affidavit) that contains:
 - i. The registrant's name;
 - ii. The registrant's presumed father's name;
 - iii. The registrant's mother's name;

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- iv. A jurat within the Waiver of Paternity Affidavit, signed by the registrant's father:
 1. Attesting to the fact that, although the registrant's presumed father was married to the registrant's mother, the registrant's presumed father is not the biological father of the registrant; and
 2. Relinquishing and waiving all legal rights to the registrant; and
3. A valid government-issued picture identification which bears the applicant's signature or the letter or application must be notarized; and
4. The fee in R9-19-105 for a request to amend information in a registered birth record.

Note: A voluntary acknowledgment of paternity may only be accepted for a registrant who less than 18 years of age. Either parent may rescind the voluntary acknowledgment within 60 days of the date of the last affixed signature. Rescission forms must be obtained from the Arizona Department of Economic Security's Hospital Paternity Program.

Amendments to registered birth records based on administrative or court orders establishing paternity:

To request the amendment of a registrant's registered birth record based on an administrative order or court order establishing paternity, a person shall submit to the County Vital Records Office or the BVR:

1. A letter or application requesting the amendment that includes:
 - a. The date of the request;
 - b. The registrant's name currently listed in the registered birth record;
 - c. The registrant's date of birth;
 - d. The registrant's mother's name before first marriage;
 - e. If known, the:
 - i. Registrant's sex;
 - ii. State file number listed on the birth record;
 - iii. Town or city of the registrant's birth;
 - iv. County of the registrant's birth;
 - v. Hospital where the registrant was born, if applicable;
 - vi. Name of the registrant's father; and
 - vii. Dates of birth of the registrant's parents;

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- f. The specific information in the registrant's registered birth record to be amended (i.e. registrant's name and father's information listed in the court order to be added and information to be deleted);
- g. The name and mailing address of the registrant's parent requesting the amendment;
2. A certified copy of the administrative order or a court order establishing paternity;
3. The following information which may be submitted as part of the administrative order or a court order establishing paternity or in a Department-provided format (i.e., an affidavit):
 - a. The following information about the father to be added to the registrant's registered birth record:
 - i. Name;
 - ii. Date of birth;
 - iii. State, territory, or foreign country where the registrant's father was born; and
 - iv. If the person requesting the amendment is not the issuing entity (not a court):
 1. Social security number;
 2. Race;
 3. Whether the father is of Hispanic origin and, if so, the type of Hispanic origin; and
 4. Highest degree or level of education completed by the father at the time of the registrant's birth;
4. A valid government-issued picture identification which bears the applicant's signature or the letter or application must be notarized; and
5. The fee in R9-19-105 for a request to amend information in a registered birth record.

Note: If a court order is received and does not acknowledge that the mother was married at the time of birth/conception, add the father listed in the court order to the birth record regardless of if her husband is listed on the birth record or not. The order also does not need to order Vital Records to remove the existing father. If another father is listed on the birth record based on an Acknowledgment of Paternity (AOP) and a court order is submitted to Vital Records naming a different father, remove the father added by the AOP, the AOP date and add the father listed in the court order.

Amendments where the registrant's sex is changed:

To request an amendment to a registrant's registered birth record where the registrant has undergone a sex change operation or has had a chromosomal count that establishes the sex of the registrant as different than in the registrant's registered birth record, a registrant, if the registrant is of legal age or

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is married or the registrant's parent or guardian shall submit to the County Vital Records Office or the BVR:

1. A letter or application requesting the amendment that includes:
 - a. The date of the request;
 - b. The registrant's name currently listed in the registered birth record;
 - c. The registrant's date of birth;
 - d. The registrant's mother's name before first marriage;
 - e. If known, the:
 - i. Registrant's sex;
 - ii. State file number listed on the birth record;
 - iii. Town or city of the registrant's birth;
 - iv. County of the registrant's birth;
 - v. Hospital where the registrant was born, if applicable;
 - vi. Name of the registrant's father; and
 - vii. Dates of birth of the registrant's parents;
 - f. The specific information in the registrant's registered birth record to be amended (i.e. the registrant's sex currently listed in the birth record to be deleted and the requested sex to be added);
 - g. The name and mailing address of the person requesting the amendment;
2. An affidavit attesting to the validity of the submitted amendment, signed by the registrant, if applicable, parent whose name is listed in the birth record or the registrant's guardian requesting the amendment;
3. A written statement on a physician's letterhead paper signed and dated by the physician, that the registrant has:
 - a. Undergone a sex change operation, or
 - b. Had a chromosomal count that establishes the sex of the registrant as different from that in the registrant's registered birth record;

**County Vital Records Offices - All requests involving a sex change operation or chromosomal count shall be reviewed and approved by the BVR. Please e-mail a copy of the request, physician's letter, etc. to the BVR Registry Team (call 602-364-2428 to identify the available team member to e-mail). The BVR Registry Team shall review the request within two (2) business days. After the request has been reviewed, the BVR Registry Team will contact the County Vital Records Office to provide direction whether or not the birth record can be amended.*

4. If the request for amendment of the registrant's registered birth record is submitted by:

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- a. The registrant's guardian, a certified copy of the court order establishing guardianship;
5. A valid government-issued picture identification which bears the applicant's signature or the letter or application must be notarized; and
6. The fee in R9-19-105 for a request to amend information in a registered birth record.

Note: Older birth records - If a health care provider or other person responsible for submitting the request to register a birth registration made an error on the registrant's sex when providing the information to register the birth record, the registrant, if of legal age, or the registrant's parent or guardian shall submit the aforementioned requirements to request the amendment. One exception is the change in content of the letter from the physician. The registrant's physician shall only provide a written statement attesting that the registrant was born a male/female. A copy of a medical record to support the amendment may be submitted but is not required. Note:

Amendments to the Mother's Marital Status

To amend the registrant's mother's marital status in the registrant's registered birth record, the registrant's parent or guardian shall submit to the County Vital Records Office or the BVR:

1. A letter or application requesting the amendment that includes:
 - a. The date of the request;
 - b. The registrant's name currently listed in the registered birth record;
 - c. The registrant's date of birth;
 - d. The registrant's mother's name before first marriage;
 - e. If known, the:
 - i. Registrant's sex;
 - ii. State file number listed on the birth record;
 - iii. Town or city of the registrant's birth;
 - iv. County of the registrant's birth;
 - v. Hospital where the registrant was born, if applicable;
 - vi. Name of the registrant's father; and
 - vii. Dates of birth of the registrant's parents;
 - f. The specific information in the registrant's registered birth record to be amended;
 - g. The name and mailing address of the person requesting the amendment;
2. An affidavit attesting to the validity of the submitted amendment, signed by the parent whose name is listed in the birth record or the registrant's guardian requesting the amendment;

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3. One evidentiary document for the parents that contains the specific information to be added and deleted in the birth record such as:
 - a. A certified copy of a marriage certificate; or
 - b. A certified copy of a court order (e.g., divorce decree/dissolution of marriage court order).
4. If the request for amendment of the registrant’s registered birth record is submitted by:
 - a. The registrant’s guardian, a certified copy of the court order establishing guardianship;
5. A valid government-issued picture identification which bears the applicant’s signature or the letter or application must be notarized; and
6. The fee in R9-19-105 for a request to amend information in a registered birth record.

Please seek direction from a supervisor or manager concerning complex scenarios that may arise.

Additional Processing Information

The Affidavit to Correct or Amend a Birth Certificate

1. Only the English "Affidavit to Correct or Amend a Birth Certificate" form that is available on the Bureau of Vital Records (BVR) website shall be used to process an amendment. A foreign language version of the form may be created to use as reference only and must mirror the English version of the form in format and word content.
2. A photocopy of the completed/approved Affidavit to Correct or Amend a Birth Certificate form shall be provided to the applicant that submits the request to amend a birth record. The copy must be stamped, "**This is a true and official copy on file at the Bureau of Vital Records.**" The copy can be used to present to the Social Security Administration for the purpose of correcting the information on the registrant’s Social Security Card.

Evidentiary Documents

1. All documents, except the affidavit, where applicable, shall be returned to the person requesting the amendment after reviewing the documents.

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2. Photocopies of the evidentiary documents shall be made and each stamped "original seen" on the face of the copy and include the initials of the person processing the documents and date received.
3. If the evidentiary document is in a language other than English, the evidentiary document must be accompanied by:
 1. An English translation of the evidentiary document; and
 2. A written statement signed by the translator, attesting that the translator is competent to translate the evidentiary document and that the English translation is an accurate and complete translation of the evidentiary document.

The translation must be filed with the evidentiary documents retained by the County Vital Records Office or the BVR.

Evidentiary documents submitted to amend a birth record shall be reviewed and accepted pursuant to A.A.C. R9-19-102.

E. Completion of amendments to a registrant's registered birth record:

The County Vital Records Office or the BVR shall amend a registrant's registered birth record based on:

1. A request for an amendment, if the County Vital Records Office or the BVR determines according to R9-19-103, that the information and evidentiary documents in the request for amendment supports the amendment of the registrant's registered birth record; or
2. If a court order is submitted.

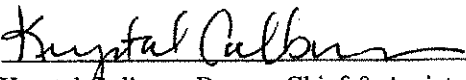
The County Vital Records Office or the BVR shall not amend the date of birth in a registrant's registered birth record to a year later than the year of birth currently shown in the registrant's registered birth record if the County Vital Records Office or the BVR received the information to register the birth record before the later date requested.

When the County Vital Records Office or the BVR amends a registered birth record, the County Vital Records Office or the BVR shall seal the:

1. Registered birth record that existed before the amendment, and
2. Evidentiary documents submitted to support the amendment.

Note: The split copy of the birth record prior to the amendment and the evidentiary document(s) shall be mailed to the BVR on a weekly basis.

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Approved:  _____ Krystal Colburn, Bureau Chief & Assistant State Registrar	Date: <u>3/28/19</u>
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