CHAPTER TWO

REVIEW OF LITERATURE

2.0.0. Introduction

A literature review is a text written by someone to consider the critical points of current knowledge including substantive findings, as well as theoretical and methodological contributions to a particular topic. A literature review is a description of the literature relevant to a particular field or topic. A critical literature review is a critical assessment of the relevant literature. It is unlikely that you will be able to write a truly critical assessment of the literature until you have a good grasp of the subject, usually at some point near the end of your thesis.

2.1.0. Components of Literature Review

Similar to primary research, development of the literature review requires four stages:

- **Problem Formulation** - which topic or field is being examined and what are its component issues?
- **Literature Search** - finding materials relevant to the subject being explored.
- **Data Evaluation** - determining which literature makes a significant contribution to the understanding of the topic.
- **Analysis and Interpretation** - discussing the findings and conclusions of pertinent literature.(www.rmit.edu.au)

Literature reviews should comprise the following elements:
• An overview of the subject, issue or theory under consideration, along with the objectives of the literature review.

• Division of works under review into categories (e.g. those in support of a particular position, those against, and those offering alternative theses entirely).

• Explanation of how each work is similar to and how it varies from the others.

• Conclusions as to which pieces are best considered in their argument, are most convincing of their opinions, and make the greatest contribution to the understanding and development of their area of research.

In assessing each piece, consideration should be given to:

• **Provenance** - What are the author's credentials? Are the author's arguments supported by evidence (e.g. primary historical material, case studies, narratives, statistics, recent scientific findings)?

• **Objectivity** - Is the author's perspective even-handed or prejudicial? Is contrary data considered or is certain pertinent information ignored to prove the author's point?

• **Persuasiveness** - Which of the author's theses are most/least convincing?

• **Value** - Are the author's arguments and conclusions convincing? Does the work ultimately contribute in any significant way to an understanding of the subject? (www.rmit.edu.au)
2.1.1. Definition and Use/Purpose of Literature Review

A literature review may constitute an essential chapter of a thesis or dissertation, or may be a self-contained review of writings on a subject. In either case, its purpose is to:

- Place each work in the context of its contribution to the understanding of the subject under review.
- Describe the relationship of each work to the others under consideration.
- Identify new ways to interpret, and shed light on any gaps in, previous research.
- Resolve conflicts amongst seemingly contradictory previous studies.
- Identify areas of prior scholarship to prevent duplication of effort.
- Point the way forward for further research.
- Place one's original work (in the case of theses or dissertations) in the context of existing literature. (www.rmit.edu.au)

A literature review must do the following things:

1. be organized around and related directly to the thesis or research question you are developing
2. synthesize results into a summary of what is and is not known
3. identify areas of controversy in the literature
4. formulate questions that need further research

The investigator classified the related studies of transgender persons into four sections which are as follows:
• Related studies on biological dimension of transgender person

• Related studies on psychological dimension of transgender person

• Related studies on sociological dimension of transgender person

• Related studies on legal dimension of transgender person

2.2.0. Related studies on biological dimension of transgender

**Nuttbrock & Hwahng (2010)** studied on Psychiatric Impact of Gender-Related Abuse across the Life Course of Male-to-Female Transgender Persons. The psychiatric impact of interpersonal abuse associated with an atypical presentation of gender was examined across the life course of 571 male-to-female (MTF) transgender persons from the New York City Metropolitan Area. Gender-related abuse (psychological and physical), suicidality, and Diagnostic and Statistical Manual of Mental Disorders major depression were retrospectively measured across five stages of the life course using the Life Chart Interview. Among younger respondents (current age of 19–39), the impact of both types of abuse on major depression was extremely strong during adolescence and then markedly declined during later stages of life. Among older respondents (current age of 40–59), the impact of both types of abuse on major depression was strong during adolescence and then marginally declined during later stages of life. The effects of both types of abuse on suicidality were weaker but more consistently observed across the life course among both the younger and older respondents. Gender-related abuse is a major mental health problem among MTF transgender persons, particularly during adolescence.

**Addis et al (2009)** reported the findings of a literature review of the health, social care and housing needs of lesbian, gay, bisexual and transgender older people. Major themes were identified and the findings synthesized using a meta narrative approach. The literature indicated that the health, social care and housing needs of
LGBT older people was influenced by a number of forms of discrimination which may impact upon the provision of access to and take up of health, social care and housing services. Understanding of the health, social care and housing needs of older LGBT people was limited and research in this area was scarce. They concluded that discrimination in various forms has a major impact on needs and experience, leading to marginalization of LGBT people both in the provision of health and social care services and neglect of these groups in public health research.

Whittle et al (2008) conducted an intra-European survey of trans people’s experiences of access to, and discrimination within, healthcare. In the field of transsexual research, due to that fact that there is so little being done, close international collaboration amongst those working in the field has become inevitable, including one split site project comparing Sweden and Australia. However, the different administrative, ethical and financial set-up in each country has led to enormous variation in nationally appropriate methodologies. They point out; the difficulties in calculating a national prevalence of transsexualism are such that the study of differences between societies might be viewed with even more caution, particularly given this unavoidable variation in methodology.

Operario (2008) Sex Work and HIV Status among Transgender Women Systematic Review and Meta-Analysis Transgender women are a key risk group for HIV, and epidemiologic studies have attributed high rates of HIV infection to behaviors associated with sex work in this population. This systematic review compared HIV prevalence among transgender female sex workers (TFSWs) with prevalence among transgender women who do not engage in sex work, male sex workers, and biologically female sex workers. We conducted systematic searches of 6 electronic databases, and including studies that met pre-established criteria. They
identified 25 studies among 6405 participants recruited from 14 countries. Overall crude HIV prevalence was 27.3% in TFSWs, 14.7% in transgender women not engaging in sex work, 15.1% in male sex workers, and 4.5% in female sex workers. Meta analysis indicated that TFSWs experienced significantly higher risk for HIV infection in comparison to all other groups (relative risk [RR] = 1.46, 95% confidence interval [CI]: 1.02 to 2.09), and particularly in comparison to female sex workers (RR = 4.02, 95% CI: 1.60 to 10.11). They observed significant heterogeneity among the included studies, along with methodologic limitations and imprecise definitions of sex work and gender. TFSWs could benefit from targeted HIV prevention interventions, HIV testing, and interventions to help reduce the risk of contracting or transmitting HIV. Structural interventions to reduce reliance on sex work among transgender women may be warranted.

Schonfield and Gardner (2008) carried out a large survey of 647 trans people focusing upon trans people’s experiences of NHS health services. The questionnaires could be completed online or in paper copy, returned by freepost. Paper copies of the questionnaire were distributed by trans organisations, whilst the online survey was hosted by key trans organizations. The survey included anyone identifying as trans, regardless of the stage of transition they were at. Even including such studies, it is very difficult to make generalizations about transpeople’s experiences in many areas of life. This is partly because surveys have tended to have very small samples and so the ability to generalize from them has been questionable methodologically. Equally, we do not have baseline data on who the trans population is, in order to determine how representative studies may be.

Kenagy (2005) studied on Transgender Health: Findings from Two Needs Assessment Studies in Philadelphia. Data were collected from two needs assessment
surveys of transgender people: The Needs Assessment for the Transgender Communities in the Philadelphia Region (survey one) and the Delaware Valley Transgender Survey (survey two). Survey one was initiated by a Philadelphia-based AIDS services agency, which was given funding to study transgender people. The agency, in collaboration with another AIDS services agency and a local university, conducted a needs assessment of a community-based sample of transgender people in the Greater Philadelphia area. Snowball sampling was used to recruit respondents. Data were collected through face-to-face structured interviews by eight transgender interviewers trained to administer the needs assessment survey. Interviews lasted about one hour. Respondents were administered the needs assessment survey in places of their choosing so that they would feel as safe and comfortable as possible. Among the 177 respondents who provided information on their HIV status, 6.2 percent were HIV positive, 77.4 percent were HIV negative, and 16.4 percent didn't know their HIV status. A statistically significant difference in HIV status was found among MTFs and FTMs (p < .001). Ten percent of MTFs were HIV positive, whereas none of the FTMs were. MTFs appeared to be less informed about their HIV status than FTMs. More than two-fifths (21.8 percent) of MTFs said that they didn't know their HIV status compared with 7.5 percent of FTMs.

Lawrence (2004) contended a different connection between sexual orientation and gender identity. He examined autogynephilia, defined as “a male’s propensity to be sexually aroused by the thought or image of him as female”. This study also examines only biological males. Autogynephilia can be considered a sexual orientation of its own. Many autogynephiles are more than just sexually aroused by the idea of himself as female; he is comforted, inspired, and transformed to something that makes sense. GID may provide “the ‘push’ toward [SRS], … autogynephilic
sexual desire provides the ‘pull’” (Lawrence, 2004, p. 75). The medical community accepts as a valid reason to pursue SRS (Lawrence, 2004). Autogynephilia meets the criteria set forth by the *DSM-IV-TR* for GID and the treatment that typically follows. The autogynephilia model is not without critics.

Seil (2004) discussed the diagnosis and treatment of transgendered patients. Gender Identity “illustrates that another factor unknown at birth plays an important role in the later life of the child. Gender identity is the subjective sense a person has of her or his own gender, regardless of biological sex. The diagnosis of GID relies heavily on self-reportage of the patient. The only way of making a diagnosis is by listening to the patient. Treatment requires the “intervention of a team of professionals from general medicine, endocrinology, surgery, psychiatry, psychology, and social work”. The treatment reinforces the binary gender system, the belief that there are only two genders, man and woman. A person with GID is seen on the wrong side of the gender fence and the goal of treatment is to help her or him transition to the other gender. This treatment recommendation is consistent with what the *DSM-IV-TR* recommends.

Schaefer and Wheeler (2004) looked closely at the guilt many transgender people feel in relation to their cross-gender tendencies. They gathered data on 787 patients and found 13 themes of guilt. “Guilt is often the motivating factor that dictates how gender-distressed persons interpret, manage, and live their lives”. These feelings of guilt focus on who the patient is instead of something the patient has done wrong. The guilt transgender people experience includes: not being normal, appearing to be one gender but feeling another, and religious or spiritual guilt. Schaefer and Wheeler (2004) contend that medical professionals must be aware of the crucial impact guilt has on GID.
Carroll and Gilroy (2002) completed additional examination of a counselor’s role with GID patients. They found that counselors must help GID individuals handle the guilt that is presented with their identity. The counselors must recognize traditional approaches “have pathologized individuals with nontraditional gender identities”. This is partly due to the DSM-IV-TR’s assumption that gender identity is a binary system. Transgender people inherently have little trust for mental health professionals. Counselors and other professionals must have a client-centered approach to therapy and work to reverse this distrust. A therapist must validate the patients’ feelings. It is “especially paramount to the therapy because of the discrimination and negative stigma that await [transgender people] outside the therapy zone”. A transgender person’s identity must be affirmed for the emotional well being of the individual.

Nuttbrock, Rosenblum, and Blumenstein (2002) presented four processes that are crucial to mental health in transgender people. The first process, identity awareness, entails the person making others aware of her or his transgender identity. The second process, identity performance, is the act of a transgender person acting on cross-gender desires. The third process, identity congruence, refers to the establishment of relationships with others surrounding the transgender identity. The final process, identity support, concentrates on feedback the individual receives from relationships with others focusing on the transgender identity. The creation of positive identity support is crucial to negate many mental health issues that are associated with being transgender. Professionals that work with transgender students of all ages should engage the transgender person in a way that positively affirms the person’s gender identity.
Docter and Fleming (2001) sought to identify the components of transgenderism in their study. The DSM-IV-TR identified four criteria that a person must meet before being diagnosed with GID; Docter and Fleming wanted to know more about other factors that affect this diagnosis. A total of 455 transvestites and 61 transsexuals were the subjects of this study. The study performed were not very inclusive of the wide range of transgender identities that exists. Only biological males who were diagnosed as transsexuals or transvestites were used in this study. Five factors were “identified and interpreted: Transgender Identity, Role, Sexual Arousal, Androallure, and Pleasure”. The findings of this study show that GID is too simple of an explanation for most people. Specifically, GID “offers a one dimensional focus on what [the authors] see as highly complex, multidimensional cognition and behavior of the transsexual”. Docter and Fleming (2001) also attempted to explain the connection of sexual orientation to person’s identity as transgender. After the study, they had to conclude transgenderism is likely “independent of sexual partner preference”.

Suicide among transgender people has rarely been studied. Although researchers have speculated that transsexuals are prone to suicide (Block & Tessler, 1973; Levine, 1978; Wicks, 1977), only two empirical studies were found that asked transgender people about suicide (Clements, Marx, Guzman, Ikeda, & Katz, 1998; Xavier, 2000). A study of 515 transgender people in San Francisco found that 32 percent of the sample had attempted suicide (Clements et al.). The percentage of transgender people who had attempted suicide was lower (16 percent) among a Washington, DC, sample (N = 252), however, 35 percent had experienced suicidal ideation and among them, 64 percent had thought about suicide because of gender issues.
2.3.0. Related Studies on psychological dimension of transgender person

Grossman et al (2011) studied on the Aspects of Psychological Resilience among Transgender Youth. In this study Fifty-five transgender youth described their gender development and some of the stressful life experiences related to their gender identity and gender expression. More than two-thirds of youth reported past verbal abuse by their parents or peers related to their gender identity and nonconformity, and approximately one-fifth to one-third reported past physical abuse. The more gender nonconforming the youth were, the more abuse they reported. Four aspects of psychological resilience were examined: a sense of personal mastery, self-esteem, perceived social support, and emotion oriented coping. A regression model of the selected aspects of resilience accounted for 40%–55% of the variance in relation to depression, trauma symptoms, mental health symptoms, and internalizing and externalizing problems. Emotion-oriented coping was a significant predictor of negative mental health as determined by each of the mental health variables.

Riggle (2011) focused on the positive aspects of a transgender self-identification. Research to date has primarily focused on health risks, psychopathologies and negative life experiences with little attention to the positive aspects of identifying as transgender. An online survey collected data on self-reports of the positive aspects of a transgender identity \((n = 61)\). Qualitative thematic analysis revealed eight positive identity themes: congruency of self; enhanced interpersonal relationships; personal growth and resiliency; increased empathy; a unique perspective on both sexes; living beyond the sex binary; increased activism; and connection to the GLBTQ communities. These findings are compared to previous research on the positive aspects of gay, lesbian and bisexual identities. The implications of these findings for providing strength-based therapeutic approaches
and training counsellors to be culturally competent with transgender-identified clients are discussed.

**Norton, A. T., & Herek, G. M. (2011)** studied on Heterosexuals' attitudes toward transgender people: Findings from a national probability sample of U.S. adults. Using data from a national probability sample, the present study describes public attitudes toward transgender people and assesses the extent to which they are explained by traditional gender role attitudes and sexual prejudice. Heterosexuals' feelings toward transgender people were significantly more negative than their attitudes toward gay men, lesbians, and bisexual women, but not bisexual men. In univariate analyses, attitudes differed significantly by respondent gender, educational level, geographic region, religiosity, political ideology, degree of egalitarianism, authoritarianism, endorsement of traditional gender roles, and prior contact with a gay or lesbian person. In regression analyses, heterosexuals' negative attitudes toward transgender people were predicted by a lower education level, greater religiosity (particularly among women), endorsement of traditional gender role attitudes, lack of prior contact with sexual minorities, the belief that society is changing too rapidly, and higher levels of sexual prejudice (particularly toward gay men).

**Herek, G. M., Norton, A. T., Allen, T. J., & Sims, C. L. (2010)** had done a study on the Demographic, psychological, and social characteristics of self-identified lesbian, gay, and bisexual adults in a U.S. probability sample. Using data from a U.S. national probability sample of self-identified lesbian, gay, and bisexual adults \(N = 662\), this paper reports population parameter estimates for a variety of demographic, psychological, and social variables. Special emphasis is given to information with relevance to public policy and judicial decisions. Compared to the U.S. adult population, respondents were younger, more highly educated, and less likely to be
non-Hispanic White, but differences were observed between gender and sexual orientation groups on all of these variables. Overall, respondents tended to be politically liberal, not highly religious, and supportive of marriage equality for same-sex couples. Women were more likely than men to be in a committed relationship. Virtually all coupled gay men and lesbians had a same-sex partner, whereas the vast majority of coupled bisexuals were in a heterosexual relationship. Compared to bisexuals, gay men and lesbians reported stronger commitment to a sexual minority identity, greater community identification and involvement, and more extensive disclosure of their sexual orientation to others. Most respondents reported experiencing little or no choice about their sexual orientation.

Grossman, A.H., & D’ Augelli, A.R. (2007) reported that sexual minority status is a key risk factor for life threatening behaviors among transgender youth. In a study among fifty five transgender youth on their life threatening behaviors nearly half of the sample reported having seriously thought about taking their lives and one quarter reported suicide attempts. Factors significantly related to having made a suicide attempt include suicidal ideation related to transgender identity, experiences of past parental verbal and physical abuse and lower body esteem especially thoughts of how others evaluate the youth bodies.

Herek, G. M., & Gonzalez, M. (2006) focused on the Attitudes toward homosexuality among U.S. residents of Mexican descent. This study examined attitudes toward lesbians and gay men in a sample of northern California residents of Mexican descent (N = 616), using 3-item versions of the Attitudes Toward Gay Men (ATG) and Attitudes Toward Lesbians (ATL) scales presented simultaneously in Spanish and English. Males' attitudes toward homosexual men were significantly more negative than females' attitudes, whereas females expressed relatively negative
attitudes toward lesbians. Overall, respondents expressing negative attitudes endorsed more traditional gender attitudes than respondents with positive attitudes, tended to be older and less educated, had more children, were more likely to belong to a fundamentalist religious denomination and to attend religious services frequently, were more conservative politically, and were less likely to have personal contact with gay people. Further analyses revealed that the associations between attitudes and education, number of children, personal contact, and religious attendance occurred mainly among respondents who spoke and read English (rather than Spanish) or identified with U.S. culture (rather than Mexican culture).

Herek, G.M. (2002) studied on Heterosexuals' attitudes toward bisexual men and women in the United States. This research examines heterosexual adults' attitudes toward bisexual men and women using data from a 1999 national RDD survey (N = 1,335). Ratings on 101-point feeling thermometers were lower (less favorable) for bisexual men and bisexual women than for all other groups assessed – including religious, racial, ethnic, and political groups – except injecting drug users. More negative attitudes toward bisexuals were associated with higher age, less education, lower annual income, residence in the South and rural areas, higher religiosity, political conservatism, traditional values concerning gender and sexual behavior, authoritarianism, and lack of contact with gay men or lesbians. White heterosexual women expressed significantly more favorable attitudes than other women and all men. A gender difference was observed in attitudes toward bisexuals and homosexuals: Heterosexual women rated bisexuals significantly less favorably than they rated homosexuals, regardless of gender, whereas heterosexual men rated male targets less favorably than female targets, regardless of whether the target was bisexual or homosexual.
Herek, G.M. (2000) did a study on Sexual prejudice and gender: Do heterosexuals' attitudes toward lesbians and gay men differ? This study explores the question of whether and how heterosexuals' attitudes toward lesbians differ from their attitudes toward gay men. Data from a 1997 national survey are presented to show that heterosexual women generally hold similar attitudes toward gay men and lesbians, whereas heterosexual men are more likely to make distinctions according to gender. Moreover, men's attitudes toward lesbians are susceptible to situational manipulations. Nevertheless, the underlying unity of attitudes toward lesbians and gay men is demonstrated by the fact that they are highly correlated for both heterosexual men and women. It is suggested that heterosexuals' attitudes toward gay people are organized both in terms of minority group politics and personal sexual and gender identity, and that attitudes toward lesbians are most likely to be differentiated from attitudes toward gay men in the latter realm.

Herek, G.M., & Capitanio, J. C. (1999) experimented on Sex differences in how heterosexuals think about lesbians and gay men: Evidence from survey context effects. Two experiments were embedded in a 1997 telephone survey of US households to assess possible differences in how heterosexuals think about lesbians versus gay men. In each experiment, one half of the sample first responded to one or more attitude items about lesbians, followed by comparable items about gay men. The other half received the gay male item(s) first. Results are reported separately for White ($N = 976$) and Black ($N = 479$) heterosexuals. For White and Black men alike, self-reported attitudes toward lesbians tended to be more favorable when they were assessed without reference to gay men (i.e., lesbian items presented first). White men's reactions to gay men tended to be less negative when assessed after the questions about lesbians were presented, but Black men's responses did not
consistently show this pattern. For some items, women gave more favorable ratings of lesbians and less favorable ratings of gay men when the lesbian items were presented first. The findings suggest possible gender differences in the cognitive organization of heterosexuals' attitudes toward lesbians and gay men.

2.4.0. Related studies on sociological dimension of transgender person

Herman (2013) studied on Gendered Restrooms and Minority Stress: The Public Regulation of Gender and its Impact on Transgender People’s Lives. Transgender and gender non-conforming people report being denied access to gendered restrooms, and experiencing verbal harassment and physical assault in these spaces at alarming rates. The Washington, DC-based survey, conducted with the DC Trans Coalition, found that 70 percent of survey respondents report experiencing verbal harassment, assault, and being denied access to public restrooms. The study identifies the impact that transgender people’s negative experiences in gendered restrooms can have on their education, employment, health, and participation in public life. Findings show that 27 percent of those who worked in Washington, DC, experienced problems using restrooms at work that, in some cases, caused them to change jobs or leave their employer entirely. 54 percent of all respondents reported having some sort of physical problem from trying to avoid using public restrooms, such as dehydration, kidney infections, and urinary tract infections. 58 percent reported that they have avoided going out in public due to a lack of safe public restroom facilities. 10 percent of survey respondents who attended school in Washington, DC, reported a negative impact on their education, including having excessive absences and dropping out of school due to issues related to restroom access. People of color and people who have not medically transitioned fared worse in some measured survey outcomes.
Thomas, D.G.A., Sudha, R., & Shekhar, B. (2012) focused on a comparative study of the dimension of victimization of transgender residing in Thoothukudi (a rural town) and Chennai (an urban city) in Tamil Nadu. This study on Transgender victimization assessed the differences and association of the demographic profile of the transgender people living in Chennai and Thoothukudi. A purposive sampling technique was adopted. This is a non probability sampling technique. A total of 32 transgender were selected who are currently residing at Chennai. In Thoothukudi, a total of 58 transgender were selected who were residing at that city. There is a statistically significant negative correlation found between the level of education and the victimization of the transgenders residing at Chennai (r= -0.376; p 0.05 level) and Thoothukudi (-0.43; p 0.01 level). From this, it was inferred that as the level of education increased the severity of victimization decreased among the transgender in both the cities.

Gazzola (2012) emphasized on the stereotypes of transgender women and men: content, strength, and valence was an exploratory examination of the stereotypes individuals ascribe to transgender men and women. Specifically, university students’ awareness of the stereotypes society holds about transgender men and women (i.e., the cultural stereotypes) and the stereotypes individuals personally hold about transgender men and women (i.e., personal beliefs) were assessed. Focus groups were conducted to gather in-depth information about participants’ opinions of the cultural stereotypes and personal beliefs about transgender men and women. The findings show that all participants could identify at least one person whom they had seen in the media or personally met who fit the provided definitions of transgender men and women. Furthermore, participants evidenced little confusion over who transgender individuals are in the resultant discussions. Therefore, the present sample appears to
have some working knowledge about transgender individuals which allows them to identify and contemplate issues pertinent to them when prompted. Eight themes were extracted from participants’ discussions about transgender men and women. These themes were found to apply to both transgender men and women; however, variations by gender were evident within these themes.

**Bishop (2010)** focused on How Visible and Integrated are Lesbian, Gay, Bisexual, and Transgender Families: A Survey of School Psychologists Regarding School Characteristics This study examined what elementary schools in New York State are doing to recognize lesbian gay, bisexual, and transgender (LGBT) families in terms of curriculum, policies, and practices. One hundred and sixteen participants were recruited through the New York Association of School Psychologists email list serve and completed a brief online survey. Results indicate that schools that had a higher per pupil expenditure had more inclusive curriculum, policies, and practices regarding LGBT-headed families. The type of community in which a school district was located did not relate to the level of recognition LGBT-headed families receive. There was a mild correlation between the curriculum and practices, as well as the policy and practices, indexes. The findings demonstrate that even though LGBT families live in school districts, few schools have comprehensive curricula, practices, and polices that create a welcoming environment for them.

**Nagoshi (2010)** studied on Transgender Theory: Embodying Research and Practice. Transgender theory is an emerging theoretical orientation on the nature of gender and gender identity in understanding the lived experiences of transgender and transsexual individuals. It is distinct in emphasizing the importance of physical embodiment in gender and sexual identity. Transgender theory integrates this embodiment with the self and socially constructed aspects of identity through the
lived experiences of those with intersecting identities. Thus, it provides a theoretical basis for reconciling feminist and queer theoretical scholarship with social work practice and advocacy, with regard not only to issues of working with transgender but also to larger issues of group identity and social oppression. This study describes the emergence of transgender theory from feminist and queer theories that used social constructivist approaches to challenge essentialist ideas that maintained the oppression of certain gender and sexual identities. Transgender theory is also applied to specific issues of understanding, working with, and empowering transgender persons and building coalitions between them and other socially oppressed groups.

**Denton (2009)** examined on The Lived Experiences of Lesbian/Gay/[Bisexual/Transgender] Educational Leaders. Homophobia has created barriers to the safety and security of LGBT educational leaders. Legalized discrimination, found in the history and current practice of informal actions/attitudes of society, and the formal policies/laws create a context for the lived experiences of LGBT educational leaders. Within the context of formal policies/laws and informal actions/attitudes of society, the purpose of this study is to come to understand the commonalities of the personal and professional lived experiences of LG [BT] educational leaders. Data analysis revealed fear as the overarching theme interwoven throughout the data. From the overarching theme of fear, two major themes, five minor themes, and twenty-one supporting cluster themes were identified.

Amnesty International USA (AI) in a report on stonewalled: Police abuse and misconduct against Lesbian, Gay and Transgender in the US (2009) mentioned that AI heard a number of reports of dehumanizing and degrading verbal abuse against transgender individuals. Verbal harassment include deliberately humiliating transgender people by using inappropriate pronouns or an individual’s prior female or
male name, and questioning what a person’s real gender is. Advocates report that many officers have no respect for transgender women, make fun of them and call them freaks, he/she/it, or he/she. Men who do not confirm to traditional gender norms are targeted for verbal abuse, including comments such as sissy and princess. Individuals were being subjected to physical abuse including being kicked, slammed against walls and beaten with a baton. Reports also included allegations of rape and sexual abuse by police officers including sexual assault and sexual contact.

**Schonfield and Gardner (2008)** carried out a large survey of 647 trans people focusing upon trans people’s experiences of NHS health services. The questionnaires could be completed online or in paper copy, returned by freepost. Paper copies of the questionnaire were distributed by trans organisations, whilst the online survey was hosted by key trans organisations. The survey included anyone identifying as trans, regardless of the stage of transition they were at.

**Whittle et al (2007)** carried out a general survey of trans people commissioned for the Equalities Review: *Engendered Penalties: Transgendered and Transsexual People’s Experiences of Inequality and Discrimination*. The purpose of the study was to ‘document the inequalities and discrimination that trans people faced and, specifically, in what areas of their lives these were experienced and what the trigger points were’. They employed a mixed qualitative–quantitative methodology. The quantitative element was an online voluntary questionnaire containing 129 questions on a wide range of areas of life which was advertised on various trans websites. 872 valid responses were received. The qualitative element was an analysis of the correspondence databases of messages sent over a number of years to Press for Change and the FtM Network. In total, these databases contained 102,000 messages. The survey appears to have been conducted entirely online. The Internet has afforded
researchers unprecedented opportunities to access trans people, this method can be biased towards well-educated, computer literate people. The survey was also self-completion and no incentives appear to have been offered, favouring those with the time and perhaps political interest in completing it.

Stonewall Scotland (2007) note that ‘the housing needs of transgender people have received little attention and it should be acknowledged that much of the existing housing research focuses on lesbian, gay and bisexual issues’. This dearth of research exists despite evidence which points to trans people having particular issues around housing which are in need of further investigation. This could include whether housing issues are different for different subsections of the trans community, for example young people. Future research might also examine the experiences and needs of trans people in relation to housing in order to develop best practice guidance.

Whittle et al (2007) report problems in schools from their much larger sample of trans people. They collected data on whether respondents had experienced bullying and, if so, what forms it took. They report a marked difference between MtF people and FtM people: 64 per cent of FtM people had experienced harassment or bullying and 44 per cent of MtF people had experienced harassment or bullying from staff or pupils. This, they say, questions the common assumption that ‘sissy boys’ are treated worse than ‘tomboys’. They also argue that uniform regulations in schools often discriminate against trans pupils, who may be uncomfortable in the uniform of their natal sex.

Denvir et al (2007) cite an example of a MtF trans employee being refused permission to use the ladies’ toilet. It also includes a report of a MtF employee demoted to performing tasks far less challenging than those which she did as a man. They do not specify what the outcomes of these claims were.
Keogh et al (2006) found that trans respondents were more likely than LGB respondents to experience problems at work (33 per cent versus 13 per cent). a:gender (2007a) also report on research by trans campaigning groups which suggested that over 50 per cent of transsexual people suffer discrimination and harassment at their place of work. One in four feel obliged to move to another job as a consequence of bullying and harassment and 42 per cent of those who identify as having an unfulfilled need for gender transition, cite the workplace as the reason for their not living in that gender.

Edward Mac Manus (2004) conducted a study on the school-based lives of lesbian, gay, bisexual and transgender (LGBT) youth. The study investigates the school-based experiences of lesbian, gay, bisexual and transgender (LGBT) students. The national and international literature is reviewed and limited survey-based research undertaken with twenty six (n=26) members of a publicly funded LGBT youth group. Results mirror the findings in the literature with the majority (n=19; 73%) of respondents reporting problems at school and approximately one fifth (n=5; 19%) of respondents reporting early school leaving as a result of these problems. The majority (n=18; 69%) of respondents also report school to be an unsafe environment for LGBT students. Models of best international practice in the protection of LGBT youth are investigated and recommendations made for the protection of LGBT youth in Irish schools.

Phoenix et al (2003) conducted 45 group discussions and two individual interviews with 11–14-year-old boys attending 12 London schools. They found that a key theme in the boys’ accounts ‘was the importance of being able to present themselves as properly masculine in order to avoid being bullied by other boys being
labelled gay’. It is possible therefore that they would also react violently to others who do not conform to gendered stereotypes and behaviours.

**Ashley’s (2003)** study of children in primary school concluded that peers, not teachers, are the key role models for boys. Findings from the study showed that some boys from ethnic minority communities particularly pursued ‘hyper’-masculine identities, including the overt display of violence and/or sexual prowess in order to demonstrate that they were not gay. By comparison, there is relatively limited discussion of the role of heterosexual femininity in homophobic bullying.

**Herek, G.M. (2002)** examined on Gender gaps in public opinion about lesbians and gay men. Using data from a 1999 national RDD survey (N = 1,335), this paper examines gender gaps in heterosexuals’ attitudes toward lesbians, gay men, and a variety of topics related to homosexuality. Attitudes toward lesbians differed from attitudes toward gay men in several areas, and significant differences were observed between male and female heterosexual respondents. Survey participants generally were more likely to regard gay men as mentally ill, supported adoption rights for lesbians more than for gay men, and had more negative personal reactions to gay men than to lesbians. Overall, heterosexual women were more supportive than men of employment protection and adoption rights, more willing to extend employee benefits to same-sex couples, and less likely to hold stereotypical beliefs about gay people. Heterosexual men’s negative reactions to gay men were at the root of these gender differences. Of all respondent-by-target combinations, heterosexual men were the least supportive of recognition of same-sex relationships and adoption rights for gay men, most likely to believe that gay men are mentally ill and molest children, and most negative in their affective reactions to gay men. Heterosexual men's response patterns were affected by item order, suggesting possible gender differences in the
cognitive organization of attitudes toward gay men and lesbians. The findings demonstrate the importance of differentiating lesbians from gay men as attitude targets in survey research.

**Cochran (2002)** conducted a study on the Challenges Faced by Homeless Sexual Minorities: Comparison of Gay, Lesbian, Bisexual, and Transgender Homeless Adolescents with their Heterosexual Counterparts. *The goal of this study was to identify differences between gay, lesbian, bisexual, and transgender (GLBT) homeless youths and their heterosexual counterparts in terms of physical and mental health difficulties. A sample of 84 GLBT adolescents was matched in regard to age and self-reported gender with 84 heterosexual adolescents. The 2 samples were compared on a variety of psychosocial variables. GLBT adolescents left home more frequently were victimized more often, used highly addictive substances more frequently, had higher rates of psychopathology, and had more sexual partners than heterosexual adolescents. Homeless youths who identify themselves as members of sexual minority groups are at increased risk for negative outcomes. Recommendations for treatment programs and implications for public health are discussed.*

**Boehmer (2002)** studied on Twenty Years of Public Health Research: Inclusion of Lesbian, Gay, Bisexual, and Transgender Populations This study determined to what extent lesbian, gay, bisexual, and transgender (LGBT) populations have been studied over the past 20 years of public health research. From MEDLINE English-language articles on human subjects published between 1980 and 1999, I identified study that included LGBT individuals. The abstracts were analyzed with a coding procedure that categorized the content by topic, sexual orientation, and race/ethnicity. LGBT issues were addressed by 3777 articles, or 0.1% of all Medline articles; 61% of
the articles were disease-specific, and 85% omitted reference to race/ethnicity. Research unrelated to sexually transmitted diseases addressed lesbians and gay men with similar frequency, whereas bisexual persons were less frequently considered, and the least amount of research focused on transgender individuals. Findings supported that LGBT issues have been neglected by public health research and that research unrelated to sexually transmitted diseases is lacking.

2.5.0. Related studies on legal dimension of transgender person

Hebert (2009) conducted a study on Transforming Transsexual and Transgender Rights. Transsexual and transgendered individuals receive only sporadic and non-comprehensive protection against discrimination in employment. Most efforts to extend that protection, through avenues of protection as a disability or enacting legislation extending protected class status, have been unsuccessful or incomplete. More successful in recent years has been to extend protection against sexual stereotyping to transsexual and transgendered individuals. Least successful has been the argument that discrimination against transsexual and transgendered individuals is itself prohibited sex discrimination. This study argues that in fact the structure to protect transsexual and transgendered individuals from discrimination is already in place through federal and state statutes prohibiting discrimination on the basis of sex, because this discrimination is classic sex discrimination. Based on common understanding of the term sex, medical definitions of sex and gender identity, and legal definitions of that term and other grounds of prohibited discrimination, this study argues that the term sex should be defined more broadly than courts have seen fit to do with respect to sexual minorities, to extend protection not only on biological status but gender-linked traits, including gender identity.
Stone (2009) conducted an exploratory study of American lesbian and gay activists’ attitudes toward transgender inclusion in the GLBT movement. She found that most existing analysis of transgender inclusion in the American GLBT movement has focused almost exclusively on a handful of events, including the Michigan Womyn's Music Festival. According to a review of previous studies conducted by Stone (2009), Weiss and Meinter show that transphobia and gender-neutral gay identity have been blamed for the failure of lesbians and gay men to integrate transgender issues and individuals adequately within the American movement. As part of a larger study on transgender inclusion in non-discrimination ordinances in three Midwestern cities and towns, Stone conducted interviews with 32 Midwestern lesbian and gay activists involved with LGBT politics between 1992 and 2002.

Morton (2008) found that: ‘62 per cent (44/71) of respondents stated that they had experienced transphobic harassment from strangers in public places who perceived them to be transgender: mostly this had taken the form of verbal abuse but 40 per cent (22/71) had experienced transphobic threatening behaviour, 16.9 per cent (12/71) had been physically assaulted and 4.2 per cent (3/71) had been sexually assaulted. 22.5 per cent (16/71) stated they have never been perceived to be transgender by strangers.’

Scottish Transgender Alliance (2008) reviewed on Transgender Experiences In Scotland. The overall aim of the research was to provide greater insight into the lives and concerns of transgender people with a particular focus on public service provision. The survey was distributed both as a paper survey and an equivalent secure online survey during the period July 2007 to September 2007 inclusive. Distribution was via transgender support groups and transgender and LGBT email news lists and gender identity clinics. A total of 71 valid, non-duplicated survey responses were
received. This is the largest survey of transgender people in any published Scottish research to date. The mean average age of the survey respondents is 40 years old and the median average age is 39 years old (with a respondent age range spread of 16 years old to 70 years old). 48% (34/71) of the survey respondents are (transsexual) women who have previously transitioned, or are currently transitioning, from male-to-female (MTF) and are therefore living as women.

Bettcher (2007) believes that victims of transphobic violence can oftentimes be blamed for the violence perpetrated upon them by allegations that they are deceitful. A transgender woman might be a man in women's clothing. However, if that person presents him/herself as a woman, then he/she is subject to the intertwined notions of appearance, reality and discovery as perceived or learned by those around them (p. 47). In October, 2002 in Newark California, Gwen Araujo, an American trans woman, was beaten, killed, then buried 150 miles away in the Sierra wilderness. Gwen was a young person who at birth was pronounced male. Just three years earlier she had come out to her mother feeling like a woman trapped in a man's body and began calling herself Gwen, in hopes of one day having a sex change operation. This unfortunate murder was in part blamed on Gwen for misrepresenting herself to the young men who killed her by —leading them on. One had been intimate with Gwen and had even discussed Gwen's identity with a friend days earlier. The attorney for one of the killers asked for a lighter charge that was come to be known as the —trans panic defense. This is similar to the —gay panic defense and argues that the killing was committed in the —heat of passion only after learning Gwen

Kidd and Witten (2007) cite possible causes for transgender violence. First, there is the general ignorance of the public about transgender identities. Many perpetrators of anti-transgender hate violence in Los Angeles use homosexual terms
such as fag, dyke or faggot during violent incidents, which may indicate the perpetrator's confusion between gender and sexual orientation. Another reason for causality is the bias or confusion of the terminology that represents sex and gender within institutional settings. Kidd and Witten cite studies where medical students could not see past strict XY and XX chromosomal designations. This also contributes to a lack of adequate medical care whereby the aging transgender individual is further marginalized within the medical setting. Kidd and Witten also bring up the point that hate violence (as it is today) serves to reinforce the gender binary in that the current law protects genetic women.

Whittle et al (2007) much larger survey found a somewhat more mixed picture. They report that ‘respondents to our survey were asked “how confident are you that you would be treated appropriately by members of the police services as your Whittle (2007) also found that 18.5 per cent (68/367) of those respondents who had had interactions with the police felt that they were treated inappropriately. The authors provide examples of the experiences of survey respondents who felt this (for example, police not taking attacks seriously, and being inappropriately searched by police officers). In Morton (2008), only 5 of 11 respondents who had reported transphobic harassment to the police felt that they had been treated appropriately, though this finding must be treated with caution given the very small sample size.

One reason for inappropriate treatment from the police may be police officers’ lack of knowledge of how to deal with trans people. This was found in Frazer’s (2005) study of LGBT people and hate crime in a mid-sized British city which also surveyed 220 police officers working in the area. The authors report that their ‘survey of the police working in the area of study (N = 220) indicates that they are far less confident of
their skills working with transgender and transsexual people, and somewhat less comfortable with transgender and transsexual people, than LGB people’.

**Whittle et al (2007)** found that a majority of respondents had faced harassment in public spaces. They noted that ‘73 per cent of respondents experienced comments, threatening behavior, physical abuse, verbal abuse or sexual abuse while in public spaces’. They also suggest that the 27 per cent of respondents who had not experienced abuse may not have done so not because of social acceptance, but rather because they ‘pass’ so convincingly as their post-transition gender that people are unaware of their previous gender status. Trans people were reluctant to report such incidents to the police for fear that they will not be treated fairly, appropriately or with respect. There is also fear that their previous gender status will be disclosed if they do so. The police have been found to be less knowledgeable and confident in dealing with trans people than with lesbian, gay and bisexual (LGB) people, suggesting the need for training and good practice guidance in these respects.

**Whittle et al (2007)** consider the motivations for hate crime, linking them with homophobia. They suggest that: ‘there is a strong argument that much homophobic crime is actually transphobic, as it is a person’s gender presentation which attracts attention in public spaces rather than a prior knowledge of their sexual orientation. In other words, effeminate men or masculine women are more likely to suffer harassment and abuse (Mason, 1996; Namaste, 1996) than those whose gender presentation is more normative’ (p. 55). Thus, research on trans people and hate crime may also have implications for LGB people.

**Lambeth, Keogh et al (2006)** report that ‘compared to others, trans people were less likely to be confident that they would be treated fairly if they were victims
Hill and Willoughy (2005) conducted a series of three studies were conducted to develop and validate a scale to measure violence, harassment, and discrimination toward cross-dressers, transgenderists, and transsexuals. In Study 1, we developed the Genderism and Transphobia Scale (GTS). In Study 2, we established the GTS's ability to predict parents' reactions to either a gender conforming or a gender non-conforming boy or girl. Correlations between the GTS and scales that assess homophobia and gender role ideologies suggest convergent validity. In Study 3, we conducted a factor analysis of the scale, found further evidence of the scale's discriminant and convergent validity, and tested the scale's ability to predict previous contact with gender non-conformists. Taken as a whole, the results of these studies demonstrate the basic psychometric properties of a new and useful scale to measure antipathy toward people who cross genders and sexes.

Whittle and Stephens' (2001) pilot study on provision for trans people in prisons, and the information needs of their probation officers. This involved a survey of 172 probation officers (with nine of whom e in depth telephone interviews were later conducted), two focus groups, and a needs assessment of two transsexual people who had spent time in prison. The study reports a range of issues for trans prisoners. It stated that trans prisoners who are pre-gender reassignment will almost certainly be incarcerated with people from their natal sex, and this may make it extremely difficult to continue living as their chosen gender. If they do attempt to, they make themselves vulnerable to bullying, sexual assault and violence. Furthermore, those receiving hormone therapy will be likely to have their treatment stopped, at least in the short term.
Lombardi et al (2001) report that poorer trans people may be more likely to experience hate crime: their investigation found that ‘experiencing economic discrimination because one is transgendered had the strongest association with experiencing a transgender-related violent incident. Economic discrimination was related to transgendered people's experience with violence’.

Herek, G.M., Gillis, J.R., & Cogan, J. C. (1999) focused on Psychological sequelae of hate crime victimization among lesbian, gay, and bisexual adults. To assess the psychological correlates of hate crime victimization based on sexual orientation, and to compare the sequelae of bias crimes with those of other crimes, questionnaire data about victimization experiences were collected from 2259 lesbians, gay men, and bisexuals (total $N = 1170$ females, 1089 males) in the Sacramento (CA) area. Approximately one-fifth of females and one-fourth of males had experienced a bias-related criminal victimization since age 16; one-eighth of females and one-sixth of males had experienced a bias crime recently (in the previous 5 years). Hate crimes were less likely than non bias crimes to have been reported to police authorities. Compared to lesbian and gay victims of recent non bias crimes, recent hate crime victims displayed significantly more symptoms of depression, anger, anxiety, and post-traumatic stress. Significant differences were not observed among bisexuals. Gay and lesbian hate crime survivors manifested significantly more fear of crime, greater perceived vulnerability, less belief in the benevolence of people, lower sense of mastery, and more attributions of their personal setbacks to sexual prejudice than did non bias crime victims and non victims. The findings highlight the importance of recognizing hate crime survivors' special needs in clinical settings and in public policy.
Wilchins et al (1997) surveyed 402 predominately white (70.9 percent) transgender people and found that 47 percent had been assaulted during their lifetime. In the year before the survey, 16 percent of respondents had been assaulted compared with data from the National Crime Victimization Report, which found an 8.2 percent assault rate. The study also found that 14 percent of respondents had been either raped or the victim of an attempted rape. Among 515 transgender people who took part in a needs assessment study in San Francisco, 68 percent of MTFs and 55 percent of FTM s had been forced to have sex. A need assessment study of transgender people (N = 252) in Washington, DC found that 43 percent of respondents had been a victim of violence or crime.

In the following chapter, the investigator brief about the profile of the study area.