

3-6-2024

The Lived Experiences of African American Transgender Men Living in the Southern United States

Coltena Reynolds
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Psychology and Community Services

This is to certify that the doctoral dissertation by

Coltena L. Reynolds

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Lamart Hightower, Committee Chairperson, Human Services Faculty

Dr. Shari Jorissen, Committee Member, Human Services Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2024

Abstract

The Lived Experiences of African American Transgender Men Living in the Southern

United States

by

Coltena L. Reynolds

MS, Capella University, 2020

MS, Troy University, 2010

BS, Troy University, 2006

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human Service

Walden University

May 2024

Abstract

Transgender individuals face challenges such as safety, stereotyping, mental illness, racialized violence, lack of support, and cultural challenges. There has been considerable media attention paid to transgender people, but there was little knowledge of the lived experiences of African American transgender males and how they manage situations in which invisibility is required to survive in the world, especially in the southern United States. The purpose of this qualitative phenomenological study was to understand the lived experiences of African American transgender men in this region. Crenshaw's theory of intersectionality was used to understand how the intersectionality of many social statuses impacts the transgender experience of African American transgender men. Semistructured interview data were collected from 10 African American transgender men. The results of coding and thematic analyses indicated (a) awareness of transgender identity was difficult to achieve for African American transgender men in the South; (b) navigating Southern culture is challenging and potentially dangerous as an African American transgender man; (c) mental health and well-being are dependent on one's internal resilience and access to a support network for African American transgender men in the South; and (d) due to social norms, religious dogma, and gender norms, it can be challenging for African American transgender men to cultivate and sustain healthy relationships with others.

The Lived Experiences of African American Transgender Men Living in the Southern

United States

by

Coltena L. Reynolds

MS, Capella University, 2020

MS, Troy University, 2010

BS, Troy University, 2006

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human Service

Walden University

May 2024

Dedication

My dissertation is dedicated to my great uncle, maternal and paternal grandparents, great grandparents, and aunts who have helped shape my life. I express sincere appreciation to my maternal grandma, Ida Mae Smith, and aunt, Dorothy Westmoreland, for their unwavering support and fervent prayers. I would like to dedicate this dissertation to my late grandfather, Nathaniel Smith; my late great uncle, Harding Miley; my late great grandmother, Hattie Mae McKenzie; my late paternal great grandparents, Mr. and Mrs. Jasper Brown; my late paternal grandmother, Cora Russ; and my late paternal grandmother, Douglas Leonard, for demonstrating unconditional love and serving as an example of what God's grace is like.

I dedicate this work to my husband, Veander Reynolds, whose strength, support, patience, and motivation supported me throughout this entire experience. Your presence as my companion in this waltz through life is a blessing. "So now faith, hope, and love abide, these three; but the greatest of these is love" (1 Corinthians 13:13).

I also dedicate my dissertation to my mother and stepfather, the late Henry Harrison and Linda Harrison, as well as my father, Otis Leonard, for instilling in me the values of perseverance and compassion that will direct my life forever.

I dedicate this work to my 15 nieces, 11 nephews, five great nephews, and eight great nieces. The bar has been set. "For nothing will be impossible with God" (Luke 1:37).

Acknowledgments

I would like to express my gratitude to the members of my committee who were extremely kind with their knowledge and their valuable time. In particular, I would want to express my gratitude to Dr. Lamart Hightower, who served as the chair of my committee, for the countless hours he spent contemplating, reading, encouraging, and most importantly being patient during the entire process. I would like to express my gratitude to Dr. Shari Jorissen for volunteering to serve on my committee. Before concluding, it is important to note that the research participants were essential to the success of this study.

Table of Contents

List of Tables	v
List of Figures	vi
Chapter 1: Introduction to the Study.....	1
Background.....	2
Problem Statement	5
Purpose of the Study	6
Research Question	7
Theoretical Framework.....	7
Nature of the Study	9
Definition of Terms.....	12
Assumptions.....	13
Scope and Delimitations	14
Limitations	14
Significance.....	15
Summary	15
Chapter 2: Literature Review	17
Literature Search Strategy.....	19
Theoretical Framework.....	20
Development of Intersectionality Theory	20
Intersectionality.....	22
Literature Review Related to Key Variables and Concepts.....	30

United States Society and Race	30
Intimate Partner Violence	32
Gender Identity and Transgenderism in the United States	36
Changes in Transgenderism Acceptance in the United States.....	39
Resistance to Changes in Transgender Acceptance.....	41
Negative Experiences Associated With Being Transgender (Social Determinants of Health).....	44
Relationships With Family and Friends.....	45
Summary and Conclusion.....	62
Chapter 3: Research Method.....	64
Research Design and Rationale	65
Role of the Researcher	66
Methodology	68
Participant Selection Logic	68
Procedures for Recruitment, Participation, and Data Collection	74
Data Analysis Plan.....	75
Issues of Trustworthiness.....	76
Credibility	77
Transferability.....	77
Dependability	78
Confirmability.....	78
Ethical Procedures	79

Summary	80
Chapter 4: Results	82
Setting	83
Demographics	84
Data Collection	84
Data Analysis	85
Evidence of Trustworthiness.....	90
Credibility and Dependability.....	90
Transferability and Confirmability	91
Results	91
Theme 1	92
Theme 2	94
Theme 3	97
Theme 4	99
Summary	103
Chapter 5: Discussion, Conclusions, and Recommendations	105
Interpretations of the Findings	106
Interpretation of Findings in Relation to the Theoretical Framework	107
Interpretation of the Findings in Relation to the Literature	112
Limitations of the Study.....	119
Recommendations.....	121
Implications.....	122

Implications for Social Change.....	122
Implications for Practice.....	123
Conclusion	124
References.....	127
AIDSVu. (2019). Emory University, Rollins School of Public Health.	127
Appendix A: Recruitment Flyer.....	160
Appendix B: Demographic Sheet	161
Appendix C: Interview Protocol	162
Appendix D: Permissions to Post Recruitment Materials.....	164
Appendix E: Human Subjects Training Certificate	165

List of Tables

Table 1. Participant Demographics.....	84
Table 2. Step 1: First Round Review and Insights/Thoughts	86
Table 3. Step 2: Initial Coding	87
Table 4. Step 3: First Round Themes.....	88
Table 5. Step 4: Second Round Themes	89
Table 6. Final Themes.....	90

List of Figures

Figure 1. Intersectionality	24
Figure 2. Frequency of Blacks by Region	31
Figure 3. Frequency of Individuals Who Have Experience IPV by Gender Identity	35
Figure 4. Transgender Frequencies in the United States	37
Figure 5. Different Types of Discrimination Experienced by Transgender Individuals ..	43
Figure 6. Black LGBTQ Individuals Living Below the U.S. Poverty Line	49
Figure 7. Population Density of Individuals Living With HIV/AIDs in the Southern Region of the United States	54
Figure 8. Individuals by Gender Who Have Experienced Sexual Assault	57

Chapter 1: Introduction to the Study

The cultural, spiritual, physiological, and political ramifications of nonheteronormative societies have been the subject of earlier research (Agénor et al., 2020; Begun & Kattari, 2016; Brumbaugh-Johnson & Hull, 2019; Burton, 2021; Gatos, 2018; Goldenberg, 2018; Hoffkling et al., 2017; Ng et al., 2016; Reisner et al., 2023). The African American population has been found to have a strong sense of what is appropriate in sexual and gender identity (E. Burns, 2021; Gibbs & Jones, 2013; Quinn et al., 2016). Transgender awareness has grown in the United States due to the increased attention in the media and due to changes in public policy (Heaton, 2017; K. Burns, 2019).

Despite increased public awareness of transgender issues and an increase in qualitative research on transgender experiences (Billard & Zhang, 2022; MacCarthy et al., 2015; McLaren et al., 2021; Mocarski et al., 2019; Pang et al., 2022; Ng et al., 2019), there was little qualitative research on the social, cultural, and economic challenges African American transgender males face in the United States (Ghaziani, 2014; Forstie, 2020). African Americans have challenges that go beyond race, sexuality, and gender (Beatty Moody et al., 2021). Other socioeconomic considerations contribute to faith, family, values, beliefs, health, and cultural traditions influencing gay, lesbian, bisexual, and transgender people in general and African American transgender males (Crezo et al., 2019; Grim & Grim, 2016). Gender roles and identity are regulated by norms in African American culture (Khumalo et al., 2020).

It is expected of both men and women to live up to social and cultural expectations. Any role or identity that deviates from the norm is thought to be detrimental to the African American community (Woody et al., 2016). Defending one's identity in the face of the media, family, and the Black community, as well as surviving in the world, is difficult. Transgender people are the most discriminated and oppressed population in the United States (Nadal et al., 2015). The experiences of transgender people living in northern cities have been studied (Anderson et al., 2020), but little was known about the experiences of African American transgender men living in the southern United States because this population is largely unrepresented in the literature (Rogers, 2022).

This chapter begins with a summary of relevant studies, the problem statement, the purpose, and the research question addressing the lived experiences of African American transgender males. The intersectionality theory is discussed as the theoretical framework selected to describe how intersecting identities shape individual and social identities and experiences.

Background

The John Hopkins Gender Identification Clinic was established in 1965 to serve people struggling with gender identity (Siotos et al., 2019). In 1966, Harry Benjamin introduced transgender as a new gender identity in *The Transsexual Phenomenon* (Reay, 2014). Christine Jorgensen, a transgender woman, rejected application of the term "transgender" to her life because it did not adequately describe her experience (Walker et al., 2016). Five years after coining the term "transsexual," Jorgensen began looking for a

new term to describe her experience (C. Williams, 2014). As a result, transsexualism and gender change were published in the *American Journal of Psychiatry* in 1967. The term transsexual has been used in reference to transsexuals, transgender individuals, and cross-dressers (C. Williams, 2014).

Gender identity disorder was first used in the *Diagnostic Statistical Manual of the American Psychological Association* to label people who were transgender as having a psychological disorder (Coston & Kimmel, 2012; Drescher, 2009). This medical paradigm was one of the first to categorize gender disorders (Beeymn, 2013; Costen & Kimmel, 2012). When the APA amended the *Diagnostic Statistical Manual*, gender identity disorder was removed and replaced with “gender dysphoria” (Davy, 2015). However, like homosexuality being removed by the APA as a mental disorder, it has been argued that gender expressions should also not be classified as a mental illness and should be removed from the *Diagnostic Statistical Manual* (Coston & Kimmel, 2012; Drescher, 2009).

In 2015, approximately 18 million individuals identified as transgender in the United States (Flores et al., 2016). Western culture has held that there are only two gender options (male or female; Lang & Kuhnle, 2008). People who identify as gender nonconforming may face discrimination or be ignored because they do not fit into society’s binary belief system (Anderson et al., 2020; Heaton, 2017). There has been considerable research on the influence of transgender people’s social environments on their health (Glicke et al., 2019; Reisner et al., 2016; Smart et al., 2020). The World Health Organization (2015) defined social determinants of health as the conditions in

which people are born, grow, work, live, and age and the wider set of forces and systems shaping the conditions of daily life. These include economic policies and systems, development agendas, social norms, social policies, and political systems. Experiences of discrimination, racism, transphobia, and violence at all levels result in poor outcomes for transgender Americans including African American transgender men (Hunter et al., 2018; Martinez et al., 2019; Smart et al., 2020; Tan et al., 2019; Vance et al., 2021).

The transgender community faces obstacles to equality as a result of their gender identity. Inequality affects all transgender people in the United States, but it has a disproportionately large influence on the lives of African American transgender people. When racial and gender differences come together, the greatest levels of inequality for African American transgender individuals are seen (White Hughto et al., 2016). However, most of the transgender research has been undertaken in the setting of larger northern metropolitan areas (Johnson et al., 2022; Poteat et al., 2021), with a particular focus on African American and White transgender women and men (Johnson et al., 2022; Lombardi, 2009; Poteat et al., 2021; Sanchez et al., 2009; Schmitz & Tyler, 2018). The social determinants of health in the transgender community have received a great deal of attention in the literature (Glick et al., 2019). Prior research on the negative impact of social determinants of health on daily functioning has not included African American transgender men.

For African American transgender males, religion, family, values, beliefs, health, and cultural conventions obstruct success (Heaton, 2017; Pew Research Center, 2019). Two major themes emerged from research on African American transgender males. First,

there was a lack of representation in the literature on transgender Black males with a focus on southern cities. Despite the growing body of qualitative research on transgender experiences (Harrell, 2015; Harris, 2009; Hill, 2013), there was little research on the social, cultural, and economic challenges faced by African American transgender males in the southern United States. Researchers had not explored the fundamental cause of the unequal distribution of institutional, intrapersonal, interpersonal, and systemic power across racial and gender lines as it relates to the social determinants of health among African American transgender males (Wesp et al., 2019). The frameworks of systematic power play a major role in determining overall health and well-being.

Problem Statement

People who are transgender face challenges such as safety, racial stereotyping, suicide, mental illness, healthcare, and HIV/AIDS (Lee & Kanji, 2017; Silvestrini et al., 2020; White & Fontenot, 2019). Racialized violence, lack of support, lack of representation, cultural challenges, and concerns of manhood are also faced by these individuals (Cavalante, 2017; Heaton, 2017; Mocarski, 2019; Nicolazzo, 2016). African American transgender men encounter daily problems such as access to public restrooms, avoiding confrontation, obtaining work, housing, and avoiding discrimination (Rogers, 2022).

There has been considerable media attention paid to transgender persons, particularly African American transgender people (K. Burns, 2019). However, there is little knowledge of the lived experiences of African American transgender males and how they manage situations in which invisibility is required to survive in the world (James et

al., 2017). The issue is that the continuing invisibility of African American transgender men's experiences impacts research agendas on delivering social services to this demographic. This field of research is dominated by studies on HIV/AIDS interventions (Nanney et al., 2020), social and human services (Cicero et al., 2019), mental health (Perez-Brumer et al., 2018), hazardous behaviors (Glynn & Van den Berg, 2017), physical health care (Henderson et al., 2019), health insurance (Reisner et al., 2016), employment (Garcia & Crosby, 2020), and access to proper health care (Gomez et al., 2021; Schuyler et al., 2020). However, there was a need for more research on the lived experiences of African American transgender men to better understand their experiences.

Purpose of the Study

The purpose of this qualitative phenomenological study was to understand the lived experiences of African American transgender men at the intersection of race, gender, and sexuality living in the southern U.S. cities of Alabama, Florida, and Georgia. In contrast to the broader United States population, transgender individuals residing in the southern region face greater challenges when it comes to matters pertaining to transgender individuals than other areas of the world (Johnson et al., 2022). Alabama, Florida, and Georgia were chosen due to the lack of transgender-inclusive policies and laws. This study was conducted to fill a gap in the literature by qualitatively investigating the topic of African American transgender men living in the south, which is a region that is not easily defined.

The South has a history of conservatism, racism, resistance, and adversity. Because the South is less likely to have inclusive laws and protections for LGBTQ

individuals, the LGBTQ population is more likely to face hostile policies (Connell, 2016; Ghaziani, 2014). Despite having the largest LGBTQ population of any region in the country, southern laws are discriminatory and harmful (Movement Advancement Project and Campaign for Southern Equality, 2020). The current study may promote knowledge and understanding among human service, health service, and other professionals who serve African American transgender men regarding their realities, challenges, and experiences. The findings of the study may aid human service agencies and organizations that serve the transgender community in enhancing their services.

Research Question

This research was guided by one overarching question: What are the lived experiences of African American transgender men living in the southern United States?

Theoretical Framework

Intersectionality refers to ideas and practices that maintain that gender, race, class, sexuality, age, ethnicity, ability, and similar phenomena cannot be analytically understood in isolation from one another; instead, these constructs signal an intersecting constellation of power relationships that produce unequal material realities and distinctive social experiences for individuals and groups positioned within them (Collins & Chepp, 2013). Intersectionality encompasses many social identities, differences, and inequalities including race, gender, religion, class, and sexual orientation (Else-Quest & Hyde, 2016; Kang et al., 2017). Multiple identities such as race, class, ethnicity, gender, sexuality, age, and ability must be evaluated simultaneously because they all contribute to a subjective view of the world (Collins, 2015; Lopez et al., 2018). Intersectionality theory

was applied in the current study to interpret information shared by African American transgender males in the southern United States about their experiences. The theory has been used in research on racism (Henny & Jeffries, 2019; Pastrana, 2016; White et al., 2020), gender discrimination (Crenshaw, 1991,2017; DeRoest, 2018; Morgenroth & Ryan, 2018; Phillips & Yi, 2019), and gender identity discrimination (Anderson et al., 2020; Begun & Kattari, 2016; Collins, 2015; East, 2016; Harris, 2009; Hill, 2013; Lopez et al., 2018; Hunter et al., 2018; Martinez et al., 2019; Morrison et al., 2017, Schnabel, 2018; Smart et al., 2020; Tan et al., 2019; Vance et al., 2021).

Intersectionality theory was critical to the current study because it explains how the confluence of many social statuses impacts the transgender experience of African American men. Intersectionality adds nuance to the identity experiences of Blackness and transness in a southern United States. An additive identity model emerges that encompasses both privileged and disadvantaged identities when identities are linked. A White man may be considered to have privilege and authority and unlimited opportunities for success (Weller & Hanks, 2018). However, although a Black man may benefit from his gender, he may be limited in resources or opportunities due to his race (Kang et al., 2017). One minority status or experience can also accentuate another (Else-Quest & Hyde, 2016). For example, compared to their White colleagues who are attracted to the same sex, African American men who are attracted to men confront a different set of risks. (Nicolazzo, 2016). This increased homonegativity has been found to be related to an increase in the existence of mental illness in this population (B. J. Williams, 2020).

Using a multiethnic feminist perspective, I acknowledged that race and gender are social constructions with advantages and disadvantages. The significance of race, institutionalized racism, and racial oppression must be understood from a feminist perspective to understand how various forms of dominance influence lived experiences. The essence of queer theory is that power solidifies traditional gender and sexual expressions by emphasizing society's unequal power dynamic between heteronormativity and nonheteronormativity (Rusham, 2017). The lived experiences of African American transgender men are built on the fundamental issues of poverty, homelessness, and financial insecurity. Theorists agreed that marginalized groups' social circumstances determine how the world is perceived (Atewologun, 2018; Collins, 2015; Crenshaw, 1989). However, because no single identity can fully characterize an individual, various identities such as race, class, ethnicity, gender, sexuality, age, and ability must be examined simultaneously because they all influence a person's subjective perception of the world (Collins, 2015; Hwahng et al., 2019; Lopez et al., 2018). In the social context of ascribed positions, power is exploited. These roles represent the mainstream gender discourse, implying that gender cannot be changed, and heteronormativity is the primary force shaping society.

Nature of the Study

I used a phenomenological approach to understand the lived experiences of African American transgender men in the southern United States. Qualitative methodology is used to explore a specific cultural group's experience based on their lived experience through behaviors, beliefs, opinions, emotions, and relationships (Tenny et al.,

2021). The qualitative researcher uses the data from open-ended questions to explore a phenomenon, explain relationships, and describe experiences and norms (Tenny et al., 2020). Previous researchers have focused on transgender identity issues in the United States metropolitan northern cities (Forstie, 2020; Poteat et al., 2021).

The southern region of the United States is made up of 11 states (Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas, and Virginia), and it is home to 37.1% of the American population (; Fontenot et al., 2018; South, 2020). According to Pew Research Center (2021), 46.8 million African Americans live in the United States, with 53% residing in the South. In recent years, the number of African Americans has increased significantly, mirroring historical migration patterns (Pew Research Center, 2021). This region has some of the widest disparities in relation to poverty and health disparities, especially in Alabama, Georgia, Louisiana, Mississippi, and North Carolina (Fontenot et al., 2018; South, 2020).

Nevertheless, researchers have studied transgender people's lived experiences in northern cities, African American transgender men in the south have been overlooked. Alabama, Florida, and Georgia were chosen for the current study due to their large LGBTQ populations and the disparities affecting the African American transgender population. It is estimated that 525,000 LGBTQ people live in the South, out of a total population of 117 million, with approximately 3.6 million LGBTQ people living in the United States (Movement Advancement Project and Campaign for Southern Equality, 2020). The southern United States currently have the harshest policies in the world, limiting legal protections for LGBTQ people (South, 2020). The South is also difficult to

live in because of poverty, job insecurity, high crime rates, health disparities, housing, and education. These issues are exacerbated for African Americans by the history of slavery, racism, prejudice, and discrimination, as well as a political landscape dominated by one party (South, 2020). Despite discriminatory laws, the South has the country's largest LGBTQ population (South, 2020). As a result, it is surprising that the LGBTQ population south of the Mason Dixon line has been marginalized in social determinants research, which has focused on northern cities (Ghaziani, 2014).

The African American transgender population, like the larger transgender population, is underserved and invisible (James et al., 2017). However, transgender people in the South face more severe violence, discrimination, transphobia, and racism than those in the North (Heaton, 2017). Nonetheless, transgender people in the South have received little attention in existing research, which is particularly scarce for African American transgender men. This is an oversight because research findings about the LGBTQ experience cannot be generalized beyond cities such as New York, San Francisco, Los Angeles, and Chicago because geographic location influences identity development (Forstie, 2020; Heaton, 2017). According to the McCree et al. (2019), southern states have a high poverty rate. The poverty rate in the southern region disproportionately affects the transgender population, particularly African American transgender individuals (McCree et al., 2019). There is also a lack of enforcement of transgender protection laws in southern states (Harless et al., 2019). The lived experiences of African American transgender men in the southern United States are not comparable to those of their White counterparts due to intersecting identities in states

founded on dominance. Historically, African American transgender men have been underrepresented in studies on social factors related to HIV/AIDS, housing, employment, and mental health (Henny & Jeffries, 2019).

Definition of Terms

The terminology used in the transgender community is changing (Perzanowski et al., 2020) Therefore, I used the following definitions:

Female to male (FTM): An acronym denoting a transgender individual born as a female who identifies as a male through clothing, attitude, surgery, or hormones (National Institutes of Health, 2021).

Gender: The condition of being male, female, or neither in terms of the attitudes, feelings, and behaviors that a given culture associates with a person's biological sex (American Psychological Association, 2012).

Gender expression: An external manifestation of gender exhibited through clothing, haircut, name, voice, and body characteristics. A person's gender expression may not be consistent with socially prescribed gender roles (American Psychological Association, 2012).

Gender identity: A person's internal sense of self as male, female, or something else (American Psychological Association, 2012).

Genderqueer: An individual who does not adhere to the two-gender presentation set forth by what culture allows, including lesbian, gay, bisexual, and transgender (American Psychological Association, 2012).

Male to female (MTF): An acronym denoting a transgender individual born as a male who identifies as a woman through clothing, attitude, hormones, or surgery (National Institutes of Health, 2021).

Queer: An umbrella term that individuals may use to describe a sexual orientation, gender identity, or gender expression that does not conform to dominant societal norms (American Psychological Association, 2012).

Sex: An individual's biological status, typically categorized as male, female, or intersex (American Psychological Association, 2012).

Sexuality: The identity regarding the type of person one is sexually or romantically attracted to, such as being attracted to members of the same sex (gay or lesbian), someone of the other sex (heterosexual), or members of both sexes (bisexual) (American Psychological Association, 2012).

Transgender man: A biological female who chooses to live and identify as a man, also known as a transgender man (GLLAD Transgender Glossary, 2014).

Transgender women: A biological male who chooses to live and identify as a woman, also known as transgender woman (GLLAD Transgender Glossary, 2014).

Transition: The process of changing from one sex to another (i.e., male to female) often indicated by things such as hormone treatment, surgical procedures, and living as the other sex (National Institutes of Health, 2021).

Assumptions

The study's first assumption was, that due to their southern residency, African American transgender men's experiences with gender identity are different from those of

White transgender men. This assumption was based on the belief that race is important in identity formation (Yip, 2018), as well as the strict conservative gender beliefs and values of the South (Brown-Saracino, 2017). The second assumption was I expected the participants to be forthright and open about their experiences as Black transgender men living in the South. The third assumption was that participants would provide sufficient data to answer the research question.

Scope and Delimitations

This study focused on African American transgender men at least 18 years old who identify as such and reside in one of three southern states: Alabama, Florida, or Georgia. The lived experiences could contribute to a better understanding of how gender is navigated as a Black transgender man in the South. This study was delimited in that it did not include individuals who are not African American and do not identify as transgender because they do not face the same barriers as African American transgender men living in the southern United States.

Limitations

The sample for this study was limited to transgender African American men. In comparison to the number of transgender people in the South, the sample size for phenomenological study was small (10 participants). The findings are not generalizable beyond the sample of participants in the study (Lester & Lochmiller, 2020). Another limitation of the study was that it included participants from only three southern states: Alabama, Florida, and Georgia. The experiences of the participants may not be applicable to other states. African American transgender men in Alabama, Florida, or Georgia were

assumed to have different social and economic advantages than African American transgender men in other parts of the country (Heaton, 2017). Qualitative methodology was chosen because it would provide a voice to Black transgender men and who were underrepresented in the literature.

Significance

Concerning African American transgender men and the intersection of race, gender, and sexuality, this study has the potential to add to the limited literature on the topic (see Ghaziani, 2014; Pastrana, 2016; White et al., 2020). I hoped that more understanding would be gained about the lives of African American transgender men in the southern United States because the culture in this part of the United States is different than other regions (see Kuran et al., 2020). Findings may help clarify or debunk existing myths about African American transgender men and the consequences of their gender identity (see Hwahng et al., 2019). Human service, health, and other professionals who provide services to African American transgender men may benefit from increased awareness of this population's realities, challenges, and experiences. The findings may inform human service agencies and organizations that serve the transgender population to improve their services. The study contributed to the body of knowledge regarding intersecting identities and the adverse outcomes experienced by Black transgender men.

Summary

The purpose of the study was presented in this chapter, which was to provide descriptive themes in exploring the lived experiences of African American transgender men using a phenomenological design. I also included the problem statement, the study's

nature, the conceptual framework, definitions of terms, and the study's significance. Transgender people are not easily accessible to researchers due to oppression in their communities. African American transgender men are oppressed, marginalized, and underrepresented in the transgender literature (Pastrana, 2016). I employed a phenomenological design to gather comprehensive, significant, and illustrative data regarding the marginalized African American transgender male population of the 21st century.

In addition, the study's findings may provide an understanding of what it is like to be Black and transgender in the southern United States. The benefits of this social science research may stem from its contribution to practitioners' understanding of the difficulties that African American transgender men face daily. The purpose of this research was to understand the issues affecting the lives of marginalized and underserved African American transgender men. The second chapter provides a review of recent literature on the historical marginalization of African American transgender men in U.S. society.

Chapter 2: Literature Review

Culture is what binds people together, and culture evolves over time (Valentine & Shipherd, 2018). Cultural perspectives on sexuality, gender identity, and behaviors around the world challenge expressions that do not conform to social norms (Mongenroth & Ryan, 2018). In recent years, social issues for transgender people have become more prominent in the United States (Haimson et al., 2021). The number of people openly identifying as transgender in the United States has increased (Flores et al., 2016). Despite the growing acceptance of the transgender community, how to provide equality, liberty, and justice for these individuals is a contentious and volatile issue (Valentine & Shipherd, 2018). There has been an increase in media coverage of transgender people, but it has focused on White transgender males and Black and White transgender women (Cavalcante, 2017). This limited focus obscures the issues that Black transgender men face.

The purpose of this qualitative phenomenological study was to understand the lived experiences of African American transgender men at the intersection of race, gender, and sexuality living in the southern U.S. cities of Alabama, Florida, and Georgia. Due to legislation prohibiting the provision of safeguards for transgender people in gender-affirming care and gender-specific care, and hate crime laws addressing LBGTQ individuals, these three southern states were chosen for this study. The study was intended to fill a gap in the literature by investigating the lived experiences of African American transgender men living in the South, which has different social, religious, and political values than other regions of the United States (Connell, 2016; Ghaziani, 2014).

A small body of literature previously focused on African American transgender males' lived experiences and how they navigate environments where invisibility is essential for survival (Hwahng et al., 2019; White et al., 2020). African American transgender men have daily challenges such as using public restrooms, avoiding confrontation, finding employment, finding housing, discrimination, safety, and racial profiling. Furthermore, they may suffer from mental illness, lack of health care, HIV/AIDS, racialized violence, lack of support, lack of representation, and cultural issues that could lead to suicide (Cicero et al., 2019; Grant et al., 2011; James et al., 2016; Wright et al., 2018).

Gender has been solely classified as male and female in Western societies (Saewyc, 2021). These gender binaries have lowered the sense of belonging of transgender population and made them invisible. Previous researchers have shown that transgender issues have been addressed in larger northern metropolises (Forstie, 2020; Poteat et al., 2021). Homelessness, mental illness, prejudice, drug misuse, survival sex, and HIV/AIDS were the primary topics of these investigations (Gomez et al., 2021; Schema, 2020; Schmitz & Tyler, 2018; Schuyler et al., 2020; Wesp et al., 2019). African Americans have challenges that go beyond race, sexuality, and gender. Other socioeconomic issues, such as religion, family, values, beliefs, health, and cultural customs impede their success, impacting gay, lesbian, bisexual, transgender, and African American transgender males (Wesp et al., 2019).

There is a growing amount of qualitative research on transgender experiences (Cavalcante, 2017; Hwahng et al., 2019; K. Burns, 2019); nevertheless, there is little qualitative research on the social, cultural, and economic challenges that African

American transgender males encounter in the southern United States. To obtain a better understanding of this phenomenon, more information on African American transgender males' lived experiences is required. The second chapter of the current study includes a review of the literature on the lived experiences of African American transgender men in the southern United States and literature supporting Crenshaw's (1991, 2017) theoretical framework on the intersectionality of gender, race, and class as well as African American discrimination. I also discuss the literature searches, critical term searches, and databases used for the review. The purpose of this review was to examine recent research on African American transgender men and how their transgender identity is shaped by invisibility in the literature, the transgender population, and the larger African American community.

Literature Search Strategy

I obtained literature through an online search at the Walden University Library. ProQuest, Google Scholar, SocINDEX, and Academic Search Premier databases were used to conduct the literature search, which included the search terms *Black, African Americans, Intersectionality theory, marginalization, discrimination, homophobia, transphobia, female-to-male, male-to-female, transgender, bisexual, lesbian, gay, gender, transmasculine, trans masculinity, cisgender, and oppression*. Additional key terms were *discrimination against transgender men, intersectionality and gender, intersectionality and race, intersectionality, gender, queer, and intersectionality*. When choosing sources for a subsequent evaluation, I used the words African American, Black, interchangeably, with a concentration on recent research that was no more than 5 years old. Nonetheless,

some older pieces were included to highlight the continuing importance and growth of transgender concerns and the theoretical framework of the study.

Theoretical Framework

The intersectionality theory was applied to comprehend the systemic oppression and prejudice encountered by African American transgender males in southern cities of Florida, Georgia, and Alabama. The theory has been used in research on racism (Henny & Jeffries, 2019; White et al., 2020), gender discrimination (DeRoest, 2018; Morgenroth & Ryan, 2018; Phillips & Yi, 2019), and gender identity discrimination (Anderson et al., 2020; Fraser et al., 2019; Lopez et al., 2018; Hunter et al., 2018; Martinez et al., 2019; Morrison et al., 2017; Schnabel, 2018; Smart et al., 2020; Tan et al., 2019; Vance et al., 2021). I used a feminist perspective on gender identities, focusing on a person's feelings of self rather than actions (Kuper et al., 2018), with queer theory emphasizing society's unequal power dynamic between heteronormativity and nonheteronormativity. The assertion was that power solidifies traditional gender and sexual expressions (Rusham, 2017). In the social context of ascribed positions, power is exploited. These roles represent the mainstream gender discourse, implying that gender cannot be changed, and heteronormativity is the primary force shaping society.

Development of Intersectionality Theory

African American feminists coined the term intersectionality to explain and recognize injustice from a systemic perspective (Crenshaw, 1991). In the late 1980s, the emergence of intersectionality resulted from ethnic women's work experiences in the United States (Crenshaw, 1991). Crenshaw (2017), a civil rights activist and law

professor, looked into how race, gender, sex, and class interacted in various systems and social structures for specific groups. Crenshaw (1991) focused on privilege and how experiences were viewed from a White perspective.

Using the concept of lived experiences, Crenshaw (1991) explained how Black women are marginalized in the workplace. When the focus was on Black women, it was based on the femininity of White women. Crenshaw identified how the legislation failed to recognize how the confluence of experiences based on privileged White women's social identities is measured. This was used to demonstrate how the legal system failed to protect women of color in the *De Graffenreid v General Motors* case (Crenshaw, 1991). In this case, the court refused to see how sex and gender discrimination intersected as Black women were overlooked in hiring and promotions based on their race and gender (Saewyc, 2021). Due to differences in sexual orientation, gender, class, ethnicity, and other sociocultural elements, as well as a range of work experiences, the single identity paradigm ignores gender and racial distinctions. (Crenshaw, 1991). This intersectionality and resulting prejudice were not understood or considered when the case was decided. Crenshaw (1991) asserted that intersectionality and identity politics are linked and should have been considered by the courts.

Crenshaw's critical analysis highlighted the importance of numerous social identities intertwining with power. Later researchers revealed inconsistencies in the intersection of race and gender from a legal perspective, which has been used to demonstrate racial and gender discrimination (The Oxford Handbook of Feminist Theory, 2015). Intersectionality is now more concerned with the future than the present or past.

Instead of a debate, the fundamental cause of inequality and its manifestation is used as a representation. However, this is mistaken because America's historically unequal past as a slave society was ignored. Inequalities in race, gender, and sexuality have all played a role in American history (Barsigian et al., 2020; DeFina & Hannon, 2016; Vigod & Rochon, 2020). There are several dimensions of intersectionality in the different identities of transgender people, particularly African American transgender men, which are relatively unexplored (Antewologun, 2018; James et al., 2017).

Intersectionality

Definition of Intersectionality

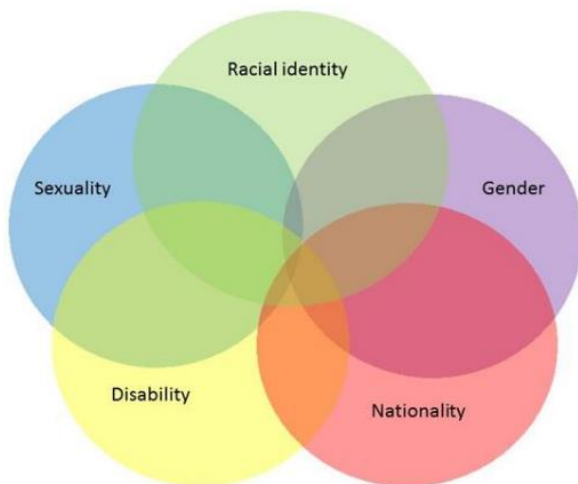
According to Tormos (2017), intersectionality refers to being disadvantaged by multiple oppressive systems that interact with one another. Many people have different ideas about what intersectionality is and what it means in various academic fields. Collins and Chepp (2013) established a working definition of intersectionality, which consists of an assemblage of ideas and practices that maintain that gender, race, class, sexuality, age, ethnicity, ability, and similar phenomena cannot be analytically understood in isolation from one another; instead, these constructs signal an intersecting constellation of power relationships that produce unequal material realities and distinctive social experiences for individuals and groups positioned within them.

Numerous socioeconomic statuses and demographic combinations have an effect on a person's perspective (Else-Quest & Hyde, 2016). Experiences are classified into additive, multiplicative, and overlapping perspectives. Although people share some characteristics, their experiences, needs, and concerns are unique due to the interaction of

their characteristics and how those characteristics are interpreted by the world around them (Collins, 2015; Kuran et al., 2020; Lopez et al., 2018). These societal factors are intertwined. Individuals can recognize their unique social identities through intersectionality. Each social identity has a number of benefits and limitations (Tormos, 2017). For instance, Black transgender men's lived experiences are distinct from those of Black transgender women, White transgender men, and White transgender women. According to the intersectionality theory, no social identity can be understood in isolation from other intersecting identities (Coaston, 2019). Because each person embodies multiple identities, intersectionality rejects stereotypes. As a result, assumptions about lived experiences cannot be made without considering social identities such as race, gender, or sexuality.

Components of Intersectionality

Intersectionality encompasses many social identities, differences, and inequalities, including race, gender, religion, class, and sexual orientation (Else-Quest & Hyde, 2016; Kang et al., 2017). Multiple identities, such as race, class, ethnicity, gender, sexuality, age, and ability, must be evaluated simultaneously because they all contribute to a subjective view of the world (Collins, 2015; Lopez et al., 2018). Figure 1 illustrates how different characteristics overlap to result in the unique combination of characteristics that the individual possesses. This intersection (combination of factors) is the individual as a whole.

Figure 1*Intersectionality*

Note. Intersectionality diagram adapted from Taylor, B. (2019). *Intersectionality 101: what is it and why is it important*. Womenkind Worldwide.

I determined that the characteristics of race, gender identity, and sexuality required additional explanation in relation to intersectionality because they were the primary identifying characteristics for individuals who participated in my study.

Race. According to the APA (2019), race is the most significant physical distinction among groups within societies and cultures. Race has been used to establish privilege, oppression, and power in society (DeFina & Hannon, 2016). The United States hierarchical system was created to stratify lower status and higher status positions, with White people occupying the highest positions (DeFina & Hannon, 2016). Race and discrimination create difficulties for people of color in school, with police, in the workplace, and in health care, and these experiences can have a negative effect on people's physiological health (White et al., 2020). Race discrimination has been

historically exhibited as disrespect and condescension toward people of color as well as character discrimination and hostility (Keith et al., 2017). Variation in skin tone has been found to result in different forms of race discrimination (Keith et al., 2017). Researchers have found that the darker a person's skin tone, the more likely they were to experience more serious discrimination such as hostility while those with lighter complexions were more likely to experience disrespect and condescension (Keith et al., 2017).

Understanding the lived experiences of transgender individuals, particularly African American transgender men, requires an understanding of race.

Gender. Sex is a dichotomous variable that includes male or female and is biologically assigned (Garcia & Crosby, 2020). Gender is a sociological construct that can cross time, place, and society (Garcia & Crosby, 2020; Little et al., 2016). Gender and gender roles have historically been assigned at birth based on chromosomal and physical characteristics associated with being male or female (Little et al., 2016). Gender identity is different because one's identity is not defined solely by the gender that one has been assigned based on biological sex (Hamilakis et al., 2015). Social norms determine what are considered appropriate activities and behaviors for males and females (Cislaghi & Heise, 2019). Historically in American culture boys have been expected to be forceful and masculine while girls have been expected to be feminine, prim, and appropriate at all times (Risman, 2018). Those who do not identify as the gender they were assigned based on their biological sex are considered transgender (Coleman et al., 2011). This is problematic because transgender people are held to a standard dictated by the binary medical model and its associated standards although they do not fit within those

constraints (Anderson et al., 2020). As a result, this can lead to social exclusion and misunderstanding by others (Barsigian et al., 2020).

Because transgender people do not fit into the ideals of American society, they face violence, stigma, discrimination, transphobia, and substandard health outcomes (James et al., 2017). Because identifiable gender dictates how an individual is addressed and respected in society, transgender individuals are frequently misgendered, denied privacy, and made to have sexual pathology (Gomez et al., 2021; Schuyler et al., 2020). Individuals who experience discrimination, stigma, or transphobic violence are more likely to self-injure or abuse drugs (James et al., 2017). Their mental health outcomes are often poor, they have few or no resources available to them, and they may develop inadequate and harmful coping mechanisms (Chipkin & Kim, 2017; Perez-Brumer et al., 2018).

Sexuality. Expectations for sexuality are regulated by law, religion, and societal expectations (Vigod & Rochon, 2020). Sexuality is determined by sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction (Garcia & Crosby, 2020). Although sexuality and sexual practices are intrinsically connected, these topics are privately considered taboo to bring up in conversation. Sexuality and sexual behaviors are defined by a confluence of sex roles, ideals, wants, and fantasies and the society one lives in determines what would be considered acceptable and unacceptable sexual behaviors (Ventriglio & Bhugra, 2019).

Queerness is a new way of thinking about how sex, gender, and sexualities are fluid, and it contradicts past gender studies and gender norms. Queer theory is utilized to

frame the junction of multiple social identities in a transgender environment. Because power is used to validate traditional gender and sexual norms while discarding non-conforming individuals, traditional sexuality and gender categories are opposed (Rusham, 2017). Scholars believe that gender and sexuality evolve on a continuum (Piantato, 2016; Rusham, 2017). The concept is essential to people living in southern U.S. cities who identify as black or transgender. The processes that explain how overlapping identities affect Black transgender men's daily lives and how they navigate the world are not well understood.

Sexuality's social component becomes visible in society (Little et al., 2016). Sexuality plays a significant role in body image and self-esteem (Quinn-Nilas et al., 2016). Gender identity and sexuality are reported to violate the rules of heteronormativity as defined by society. The dominant gender schema perpetuates inequalities in terms of status, power, and influence (Little et al., 2016). As a result, this defines social positions. Religion is the most powerful influence of heteronormativity on southern transgender individuals (Connell, 2016; Heaton, 2017; Kolysh, 2017;).

Due to sexuality and sexual behavior being a historically taboo subject in the United States, health issues related to sexually transmitted diseases (STIs), HIV/AIDS prevention, STI risk reduction, and sexual safety are all issues that are exacerbated if one is a member of a sexual minority. Health care providers may make assumptions about the sexuality and sexual behavior of individuals who are transgender (A. Scheim et al., 2020). Thus, things like sexual practices, preferences, partners, partner violence, prior history of sexually transmitted infections (STIs), and prior history of STI protection may

not discussed during medical visits for transgender individuals who have access to these services (Chipkin & Kim, 2017). This can increase risks related to well-being, mortality, morbidity, and chronic disease for individuals who are transgender (Edmiston et al., 2016).

Intersectionality of Race, Gender, and Sexuality. Due to the interaction of these social identities, several academics have asserted that race, gender, and sexuality all face some fundamental challenges (Brown-Saracino, 2017). It is necessary to consider the problems impact on disadvantaged populations. Society prosecutes transgender people on a variety of fronts. The majority of society disapproves of their gender identity and sexual orientation (for example, bisexual and homosexual transgender preferences) (Phillips & Yi, 2019). As a result, their treatment is predicated on these concepts. Discrimination occurs at work, in public spaces, in religion, in the military, and in education. Discrimination against transgender people, both chronic and acute, is exacerbated by race. Verbal assaults, physical threats, and service denial are all examples of acute discrimination experienced by African American transgender males (White et al., 2020).

Application of Intersectionality in United States Society

Social patterns in the United States are based on varying degrees of oppression and marginalization (Kuran et al., 2020). Structural disparities in society create marginalization. Vulnerable and marginalized groups are classed based on economic, cultural, and social crises without considering the causes of inequality, exclusion, and resource barriers (Atewologun, 2018). Social patterns are used to highlight inequities

based on the social construct of identities, which shape marginalized and larger groups in society (Atewologun, 2018; Kuran et al., 2020). African American transgender men, for example, are more likely than Caucasian transgender men to be profiled by law police (Jones, 2021). Caucasian transgender men, on the other hand, have a better chance of getting work than African American transgender men (James et al., 2017; Nanney et al., 2020).

Systematic oppression is invisible when only one social category defines experiences without considering other identities (Collins, 2015). Inequality is at the heart of a feminist perspective that promotes social injustice and women of color's marginalization and oppression (Crenshaw, 2017). Intersectionality theory is one framework to study of how racism, sexism, and economic disadvantages create layers of inequality that influence men's and women's race and other groups' relative positions (Crenshaw, 2017). It is also a method for framing structural and dynamic ramifications of the interaction of two or more types of discrimination or subordination systems (United Nations, 2000). Sojourner Truth, Ida B. Wells, and Frances Beales contributed to the literature by demonstrating the importance of inclusivity and attentiveness for Black women through their research into the lived realities of racism, sexism, and classism among women of color (Ruiz, 2017). According to scholars, women of color confront gender, class, and racial discrimination in a white-dominated society (Crenshaw, 2017; Ruiz, 2017). Discrimination is likely to occur at employment, in public areas, in doctors' offices, educational institutions, and in housing communities. One bad encounter might set a negative cultural conversation. Much of the published research on the transgender

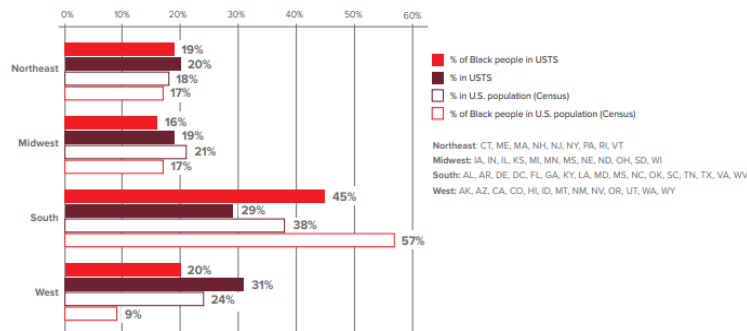
community is lived experience is based on privileged white experiences. Because there are some everyday functioning experiences, this is tough, but the differentiation is discovered at the intersection of race, gender, and cultural beliefs on gender identity.

An additive identity model emerges that encompasses both privileged and disadvantaged identities when identities are linked. A White man may be considered to have privilege and authority and unlimited opportunities for success (Weller & Hanks, 2018). However, while a Black man may benefit from his gender, he may be limited in resources or opportunities due to his race (Kang et al., 2017). One minority status or experience can also accentuate another (Else-Quest & Hyde, 2016). For instance, African American men who are homosexual face a unique set of threats compared to their Caucasian counterparts who are homosexual (Nicolazzo, 2016). When compared to their white counterparts, this increased homonegativity leads to an increase in mental illness. When compared to their white counterparts, this increased homonegativity has been found to be related to an increase in the existence of mental illness in this population (Williams, 2020).

Literature Review Related to Key Variables and Concepts

United States Society and Race

Throughout its history, the United States has been referred to as a “melting pot” because of its large immigrant population. As a result, the population of the country now consists of people from a variety of ethnic backgrounds. People of African descent make up a significant portion of the population in many parts of the United States, but this is especially true in the South (see Figure 2).

Figure 2*Frequency of Blacks by Region*

Note. Location by region displayed by bar graph Adapted from James, S., Herman, J., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. A. (2016). The report of the 2015 US transgender survey.

The United States has a history of discriminatory practices related to race and a case has been made that race continues to drive social systems and interactions between individuals (Loury, 2019). Inequality of Black, brown, and other nonwhite races have not improved significantly due to the legacy of American history in terms of racial relations (Cox et al., 2019). Even when a Black president was elected, those opposed questioned his race, birthplace, and religion, claiming he did not fit their ideal of what a Black man should be and/or disagreed with his politics and positions (Williams, 2020). Even though he was elected by the populace, those who were in opposition did not focus on his knowledge and ability to do the job but, instead, focused more on the personal traits related to his race.

There is evidence that Whites continue to police Black people in some areas in some capacity. Additionally, it has been suggested that being Black in America is

dangerous, particularly if you are a Black man, as demonstrated by Ahmaud Arbery, George Floyd, Freddy Gray, Tamir Rice, and Trayvon Martin (Williams, 2020). Race has been found to be a relevant factor in violence against people throughout American history and many believe that.

As evidenced by an increase in individuals feeling empowered and able to make racist statements directly to another person or via social media, self-perceived power breeds undesirable and inappropriate behaviors (White et al., 2020). This is a trend that has been documented by others, particularly among white women on social media posts (Williams, 2020). These individuals, dubbed “Karen,” engage in inappropriate behavior and then contact the police to report threatening behavior by a Black person, even if the Black person has not done or said anything threatening (White et al., 2020). This frequently results in unwelcome, unwarranted, and potentially negative interactions between Black individuals and law enforcement. While these women believed their actions were justified, their belief merely reflects their self-perceived “white privilege.” (Williams, 2020).

Intimate Partner Violence

Traditional gender roles have largely been maintained in American culture, with men viewed as breadwinners, family heads, protectors, and the stronger sex. Historically, women have been viewed as a calming influence on their male counterparts, as mothers, demure, homemakers, the weaker sex, and less intelligent than men. Attitudes have had a significant impact on societal expectations for men and women, as well as on legislation. (Hamilakis et al., 2015). Ruth Bader Ginsberg was the most well-known advocate for the

abolition of legal discrimination against women (Minow, 2021). While advancements have enabled women to fill a variety of traditionally male-dominated roles (and men to fill traditionally female-dominated roles), these historical notions continue to complicate these choices (Mongenroth & Ryan, 2018).

While cultural and political perspectives on gender have evolved, negative gender-related experiences, such as violence, persist. Males and females, as well as transgender women and men, are all victims of violence (Whitfield et al., 2021). Gender and violence are inextricably linked, particularly in the case of intimate partner violence (IPV), 15% of violent crimes against the victim are committed by intimate partners. (Smith et al, 2017). While women are more frequently the victims of IPV perpetrated by men, men are also victims of IPV perpetrated by women and other men. IPV affects one in every four women and one in every seven men (Smith et al., 2017). They frequently do not disclose due to societal expectations of masculinity. Transgender men and women are more likely to be harmed as a result of IPV.

The prevalence of IPV in the transgender population has received scant attention and documentation (Wong et al., 2020). Any behavior in an intimate relationship that causes physical or psychological harm, such as physical aggression, sexual coercion, psychological abuse, and controlling behaviors, is considered IPV (Whitfield, 2021; Wonf et al., 2020; World Health Organization, 2010). IPV research has primarily been focused on cisgender women in relationships (Seahorn, 2020; Whitfield, 2021). IPV has been reported in 31.1% to 50% of transgender people (Goldenberg et al., 2018).

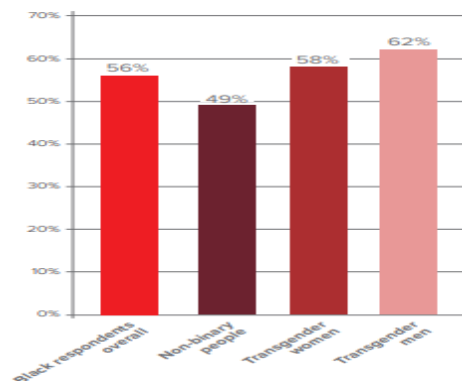
According to research, transgender people are exposed to IPV at the same rate as heterosexual people (T. Goldenberg et al., 2018).

How violence is managed or reported is determined by the dynamics of power, control, and relationship stage. The rate of IPV between sexual minorities and cisgender discovered that in cisgender relationships, verbal abuse is more common than physical abuse (Whitfield et al., 2021). Concurrently, sexual abuse was nine times more common in transgender relationships. Some transgender people in the relationship were described as victims. The violence was motivated by their sexual orientation and gender identity. IPV causes poor healthcare outcomes in the LGBT population (Whitfield et al., 2021). Psychological issues, physical injury, depression, substance use, sexually transmitted diseases, suicidal ideation or attempts, poor nutrition, and negative body images are all examples of poor healthcare outcomes in transgender relationships. Victims are still in violent, abusive relationships, and their daily abuse and threats go unreported to authorities (Colliver, 2021; Whitfield et al., 2021).

IPV is primarily regarded as a heterosexual concept in which men perpetrate violence against women (Seahorn, 2020). This, however, is not an accurate depiction of IPV. To persuade victims that no one would believe abuse reports, perpetrators (of any gender) frequently use emotional stress, victim isolation, being outed, and homophobic, transphobic, or biphobic comments. Victims are still in violent, abusive relationships, and their daily abuse and threats go unreported to authorities. Figure 3 illustrates the percentage of individuals who have experienced IPV by gender identity.

Figure 3

Frequency of Individuals Who Have Experience IPV by Gender Identity



Note. Adapted from James, S., Herman, J., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. A. (2016). The report of the 2015 US transgender survey.

There has been little research on IPV in the transgender population. As a result, trans women are more likely than trans men, gays, and lesbians to experience IPV. However, according to Whitfield et al. (2021), 26% to 33% of gay men and 32% to 42% of gay women, bisexual men, and 61%-91% of bisexual women have been victims of IPV within a lifetime. Also, according to data, the rates of IPV experienced by diverse sexual populations are higher than those experienced by heterosexual men. Transgender people are the most frequently victimized. Hate incidents and hate crimes are underreported to authorities (Langenderfer-Magruder et al., 2016). Hate incidents include teasing, threats, and non-physical bullying. These actions are influenced by how others perceive the individual.

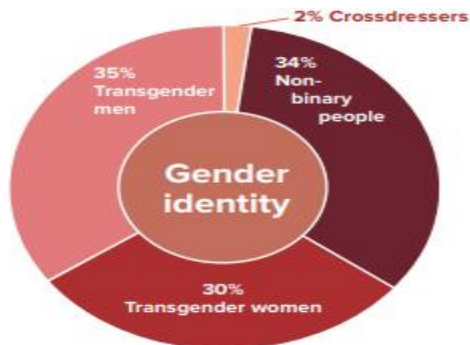
Gender Identity and Transgenderism in the United States

Intersectional words are used in transgender research to characterize transgender identities, such as transfeminine, which refers to being born with a masculine gender but identifying with or conforming to feminine ways or feminine gender. Cis feminine is a woman born with the feminine gender and identifies with it. A person born feminine but conforms to or identifies as male is referred to as transmasculine. Cis masculinity refers to a man born male but does not identify as such (Dinno, 2017).

In the mid to late nineteenth century, medical practitioners in the United States and Europe recognized nonconforming people (American Psychological Association, 2012). In 1950, there was a wealth of research on transitioning from one gender to another, hormone therapy, and genital surgery. During this period, understanding “self” was an attempt to get transgender people the assistance they needed to transition and remove the mental health label from their identity. The term transgender refers to a person whose gender does not correspond to the gender assigned at birth (American Psychological Association, 2012). There are other definitions for the term transgender, including female-to-male and male-to-female. Transgender is an umbrella term used to encompass people of various gender identities, including transsexuals, drag queens and drag kings, masculine women, feminine men, and others who violate normative gender laws but do not necessarily seek or obtain surgical and medical treatment (American Psychological Association, 2012). Figure 4 illustrates the transgender frequencies reported in the United States.

Figure 4

Transgender Frequencies in the United States



Note. Adapted from James, S., Herman, J., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. A. (2016). The report of the 2015 US transgender survey.

Many transgender people struggle with their gender identification from childhood (Rudin et al., 2020). Transgender people question their gender identity during their formative years. When they affirm their gender identity, they keep it secret to avoid the world's reaction to people who do not fit within the heteronormative paradigm. Gender diverse groups are vulnerable to violent attacks, denial of services, and marginalization (Meyer, 2015). The transgender identity of African American transgender men living in the south at the intersection of gender and race have not been extensively studied by researchers. Being transgender and African American creates a compounded sense of discrimination (Hunter et al., 2018; Martinez et al., 2019; Schnabel, 2018). Many African American transgender males strive to pass to avoid being discriminated against (Anderson et al., 2020).

Transgender people face societal rejection, isolation, a lack of or no social support, and verbal and physical assault (Divan et al. 2016). It has been difficult to obtain

identity documents that reflect their lived identity as well as picture identification that matches their identity (Sue et al., 2019). Clinical depression, anxiety, self-harm, suicide, and suicidal ideation, as well as drug and alcohol abuse, are all linked to the need to conceal one's identity (Cicero et al., 2019; Nadal et al., 2015). Coursouille (2019) claims that trans men frequently blame themselves for being victims of violence, mistreatment, and racial discrimination.

Transgender homicide is common, but data is inaccurate because gender identity is removed when a death is reported in announcements, death certificates, police reports, and hospital records (Dinno, 2017). Family members can also contribute to death reporting misrepresentation. The inaccuracy of the number of transgender people and transgender homicides makes determining the true victimization homicide based on gender identity difficult (De la Cretaz, 2018; Dinno, 2017; Garge et al., 2020). Every three days, a transgender person is murdered in the United States, according to Stotzer (2021). Prior research found patterns of discrimination, but none for homicide in the transgender population as a whole. The lack of identifying patterns could be attributed to transgender people being wary of strangers, avoiding certain areas, or learning to protect themselves from potentially dangerous situations. Meanwhile, Dinno (2017) reported that the number of transgender people in the United States is uncertain, as are transgender homicides. The information obtained from the corner, death certificates, police reports, hospital records, and obituaries does not accurately represent the transgender population. Different people differently define domestic violence and relationships. Because of the disparities in understanding, collecting accurate data on transgender groups is difficult.

As a result, a standard definition of domestic violence is required to differentiate how domestic violence affects specific groups accurately.

The Southern Trans Report (2019) looked at transgender and gender nonconforming people in 13 southern states and discovered that discrimination, racism, and transphobia are on the rise. There is no evidence that African American transgender people in the South are subjected to the most heinous forms of racism or transphobia (Mapping LGBT, 2020; Southern Trans Report, 2019). However, according to research participants, the southern United States is one of the most difficult places to live if you are transgender (Southern Trans Report, 2019).

Changes in Transgenderism Acceptance in the United States

Reform Movements

Regulations and legislation supporting transgender people have been implemented as a result of legislative and political developments. Researchers have discussed how social change is progressing in the right direction for transgender people's equal rights (Cavalante, 2017; Heaton, 2017), and how more attention is being paid to the nonbinary population's ongoing sociocultural development (Mocarski, 2019; Nicolazzo, 2016). Several advances have been made to ensure that transgender people have equal rights in the twenty-first century (Mocarski, 2019; Nicolazzo, 2016; Wang et al., 2016). Despite progress in the social reform movement to remove barriers for sexual and gender minorities, issues such as transphobia, discrimination, housing, poverty, and sexual assaults continue to affect this group (James et al, 2016). As a result, African American transgender men in the southern United States face a disproportionate number of social

health issues such as housing, education, health, employment, mental health, drug addiction, incarceration, and violence (Nanney et al., 2018). This demonstrates the importance of understanding the perspectives of this population's lived experiences in order to better inform support and future directions.

Changes to Legislation and Government Over Time

In the United States, transgender visibility is promoted as a positive trend (Stryker, 2017). The federal government mandated in 2013 that transgender students enrolled in public schools be allowed to use toilets that match their gender identity. This "Bathroom Bill" of the federal government was enacted in 12 states, 125 municipalities, and several corporations and universities (Lyness et al., 2019; Mason, 2019); In 2015, the United States Supreme Court ruled in favor of marriage equality in all 50 states, removing the legal barrier to same-sex marriages (Hart-Brinson, 2020).

Gender transition, surgical reassignment, medicine (including hormone replacement therapy), testosterone, and psychiatric treatment were added to active-duty US military healthcare benefits in 2016 (Schaefer et al., 2016). This was an important transition in military history as it also allowed transgender persons to serve openly in the military (Dunlap et al., 2021). Previously, transgender people could serve in the military, but the "Don't Ask, Don't Tell" (DADT) policy did not allow them to live openly and they could be removed from military service if others found out they were transgender (Lyness et al., 2019).

The progressive change movement assists transgender inmates seeking medical transition treatment. Following the passage of the Affordable Care Act (ACA), they were

given security and protection (Wang et al., 2016). Similarly, insurance providers cannot deny coverage to transgender patients who have previously been diagnosed with illnesses (Jones, 2021). Those who are transgender have garnered much attention in terms of healthcare coverage (Lyness et al., 2019; Mason, 2019). Schafer et al. (2016) found that having more benefits helped them achieve the medical requirements for transition. Anti-bullying policies are in place in many educational institutions.

Changes like these have increased transgender visibility, and acceptance of policy change has aided in the transition away from outdated policies (Dunlap et al., 2021; Schafer et al., 2016). Transgender people have become more visible in the media in recent decades, which can be attributed to the widespread use of social media platforms such as YouTube, Facebook, Instagram, and Tumblr (K.K Burns, 2019). Because of these open forums, prominent transgender people have been able to freely express their stories in the media. Despite increased visibility and access for transgender people around the world, the transgender community continues to face challenges in daily life (Cavalante, 2017; Heaton, 2017; Mocarski, 2019; Nicolazzo, 2016).

Resistance to Changes in Transgender Acceptance

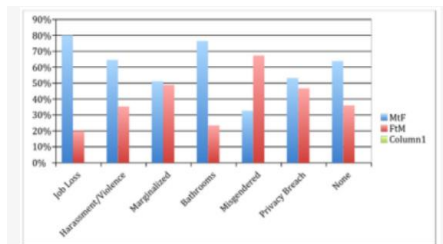
Social inclusion and equality are critical for ending past prejudices against gender nonconforming people. To put an end to historical abuses against gender nonconforming communities, social inclusion and equality are required. These significant achievements in support of transgender rights have been met with harsh criticism (K. K Burns, 2019). As a result, the transgender community has been stigmatized and discriminated against more vocally and publicly, and has faced sexual harassment, stalking, sexual assaults, and

housing insecurity (K. K Burns, 2019). These issues disproportionately affect African American transgender people (Gomez et al., 2021; Schuyler et al., 2020).

In the years 2017 and 2018, the transgender population was victimized at a rate of 86.2% per 1,000 individuals (Flores et al., 2021). Within the transgender community, more than half of the victimizations are go unreported out of fear of retaliation. Several of these acts and experiences of abuse take place in intimate partner violence relationships. Homicide is one of the most common negative impacts on transgender people, with a murder rate higher than the general population (Dinno, 2017; Stotzer, 2017). In the United States, mass killings of members of the LGBTQ community have a long history. The murders of 50 people at the Pulse nightclub in 2016 were the worst incident since 1973 (Sands, 2018). The death toll from the Pulse Nightclub shooting surpassed that of the mass shooting at Virginia Tech, where 32 students were killed and injured 53. According to the findings, the most severe kind of gender hatred is a gender identity that does not correspond to heteronormative norms. Figure 5 illustrates the occurrence of different types of discrimination experienced by MTF and FTM transgender individuals.

Figure 5

Different Types of Discrimination Experienced by Transgender Individuals



Note. Adapted from Rosich, G. R. (2020). Sexual citizenship theory and employment discrimination among transgender-identified people. *Societies*, 10(1), 17. *Transgender African American Men*.

African American trans men's sexual health needs are unmet in comparison to the larger transgender population (Gonzales & Henning-Smith, 2017; Krempasky et al., 2020). African American trans men face a lack of visibility in preventative, contraceptive, and regular healthcare, as well as a high risk of developing HIV/AIDS and STIs (Krempasky et al., 2020). Healthcare clinicians make assumptions about transmasculine sexual and reproductive health based on their outward appearance (Agenor et al., 2020). For example, researchers have found that clinicians assumed that transmasculine men do not have sex with men but that their partner is female, they are not at risk of HIV/AIDS, and there is no need for sexually transmitted infection testing (Agenor et al., 2020). Trans men, on the other hand, have a diverse set of sexual preferences, engage in a variety of sexual practices, and may still have female reproductive organs that require ongoing medical attention (S. Reisner, 2023).

African American transgender men have not traditionally been included in research studies (Hill, 2013; Forstie, 2020; Poteat et al., 2021; Schmitz & Tyler, 2018). Researchers have instead focused on transgender men from white, educated, and middle-class backgrounds (Forstie, 2020; Poteat et al., 2021; Schmitz & Tyler, 2018). Black trans men are a distinct population with a different language, identity, and sexual customs from other groups (Kolysh, 2017; B. Williams, 2020). Black trans men, like black and white transwomen and white trans men, have the same right to be exposed and visible.

African American transgender males are more likely to conceal their sexual orientation and gender identity, or to pass as cisgender, in order to avoid some of the negative experiences associated with being transgender (E. Burns, 2021). Historically, the Black community has had a strong disdain for identities, presentations, and sexual orientations that do not correspond to biblical principles (Quinn et al., 2016). In the Black community, being gay is regarded as one of the worst things a person can be (Tolliver & Snorton, 2016).

Negative Experiences Associated With Being Transgender (Social Determinants of Health)

The World Health Organization (2020) defined social determinants of health as the conditions under which people are born, grow, work, live, and age, as well as the broader collection of factors and institutions that shape daily living conditions. These include economic policies and systems, development agendas, social norms, and political systems. The social determinants of health are at the nexus of race, gender, and identity harm transgender people (Glicke et al., 2019; Reisner et al., 2016; Smart et al., 2020). A

large body of research suggests that transgender Americans suffer from chronic discrimination, racism, transphobia, and violence at all levels (Hunter et al., 2018; Martinez et al., 2019; Smart et al., 2020; Tan et al., 2019; Vance et al., 2021).

Transgender people in the United States face challenges in obtaining housing, mental health and HIV/AIDS support, work, drug and alcohol usage, suicide, education, violence, and criminal justice concerns due to gender inequity (Garcia & Crosby, 2020).

Relationships With Family and Friends

The coming out and being out process is unique for every member of the LGBTIA+ community (E. Burns, 2021; Earles, 2019; Pastrana, 2016). Being out is defined as freely living in a heteronormative world (Brumbaugh-Johnson et al., 2018). According to Pastrana (2016), family support is the most vital factor for deciding to “be out” as a member of a sexual minority and is also influenced by race and age. Many transgender people in the south revealed their gender identification exclusively to their immediate relatives (James et al., 2016). Simultaneously, 46 % and 42 % shared this information with coworkers and classmates, respectively (James et al., 2017). Due to this sharing, 26% of respondents said their relationships terminated when they came out, 47% encountered familial rejection, and 59% received support after disclosing their transgender identity (James et al., 2017).

Many transgender people struggle with the conditions and consequences of exposing an identity that society does not recognize (Earles, 2019; Pastrana, 2016). Being out and coming out increases the likelihood of discrimination, loss of family support, financial insecurity, and lack of safety (Brumbaugh-Johnson et al., 2018). However,

transgender people want to present themselves as their true selves in order to navigate the world.

Transgender people are increasingly utilizing social media to connect with other transgender people, build support, and find people who are similar to them (Haimson et al, 2021). According to Haimson's (2021) findings from a qualitative study of 240 Tumblr blogs, the intersectionality approach is required to understand the multiple identities and experiences of living as a transgender person. According to the study findings, positive social media images and post-transition create an emotional feeling of settlement. However, the author observed significant differences in White and Black male and female transgender experience narratives based on geographical location. Caucasian transmen in the north were discovered to have advantages in housing, employment, and healthcare compared to Black transmen in the south, who were also subjected to racial profiling and excessive force (Haimson et al, 2021).

As African American transgender people face financial difficulties, their visibility grows (Haimson et al, 2021). Because of the intersection of race and gender identity, African American transgender men have higher rates of homelessness and poverty and limited access to education, identity protection, privacy, and employment. Thus, one could argue that whether a person's gender identity opens doors and creates opportunities for success is primarily determined by his or her race (Andrucki & Kaplan, 2018; Crezo et al., 2020; Harden, 2019; Johnson, 2017; Sue et al., 2019).

Socioeconomic Status Factors

Education. Bullying occurs in higher education, as well as secondary and primary schools (A. Goldberg et al., 2018; James et al., 2017). Transgender adults have reported being verbally, sexually, and physically abused in colleges and universities (A. Goldberg et al., 2018). Sixteen percent of transgender higher education students reported that they withdrew from the higher education institution due to their negative experiences with others (James et al., 2017). In addition to conflicts with others at the institution, lack of financial help or transitional assistance hurdles were cited as reasons for withdrawal (A. Goldberg et al., 2018). Furthermore, transgender people of color, particularly transgender men, have been compelled to withdraw from higher education due to continuous prejudice based on their gender identity. As a result, victims of abuse prior to college enrollment become victims as first-year college students.

Higher education institutions reinforce discrimination toward transgender students. Victimization in the past harms a student's success and increases psychological distress (A. Goldberg et al., 2018). For example, student records and identification often require gender of birth, non-inclusive toilets are found across campuses, and sex-based housing remain exclusionary to those that do not identify within the binary definition of gender (Greathouse et al., 2018). In addition, higher education institutions in southern cities are different because of evangelical values, conventional ideas, and conservative viewpoints (Baunach & Burgess, 2013). Political affiliation and religion influence acceptable gender expression (Baunach & Burgess, 2013).

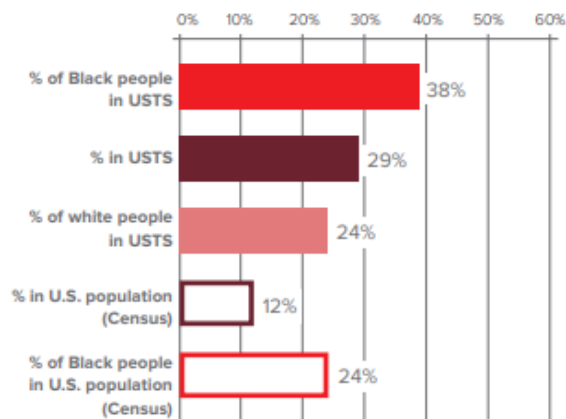
Employment and Poverty. Increased discrimination has a detrimental effect on all aspects of transgender people's adult functioning, contributing to unemployment, a lack of worker protection, unequal distribution of employee benefits, and hazardous working conditions (Henderson et al., 2019; James et al., 2017; Nanney et al., 2020; Smart et al., 2020; Reisner et al., 2016). According to survey data, 32% of transgender people have encountered workplace bias, 48% have been rejected employment purely because of their gender identity. Some 16% have been harassed, 15% have been assaulted on the job, 13% have been sexually assaulted on the job, and 50% have engaged in sex work and drug dealing for financial stability (Smart et al., 2020).

Transgender people's employment trends are also influenced by their race (James et al., 2017; Nanney et al., 2020). African American transgender people have been found to have fewer job options, earn less than their Caucasian counterparts, and face more workplace prejudice (James et al., 2017; Nanney et al., 2020). As a result, most transgender persons are constantly concerned about money, paying rent, and purchasing food. Even employed people are likely to have low-paying jobs (Henderson et al., 2019). States have passed laws in existence to protect working Americans from discrimination based on race and ethnicity, but an employer can still fire an employee based on gender identity or sexual orientation in most states as it is not a protected class (Henderson et al., 2019; Reisner et al., 2016). While the transgender population suffers from adverse outcomes across all socioeconomic levels, occupational discrimination primarily affects African Americans (Henderson et al., 2019; James et al., 2017; Nanney et al., 2020;

Smart et al., 2020; Reisner et al., 2016). Figure 6 illustrates the frequency of Black LGBTQ individuals living below the United States poverty line.

Figure 6

Black LGBTQ Individuals Living Below the U.S. Poverty Line



Note. Adapted from James, S., Herman, J., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. A. (2016). The report of the 2015 US transgender survey.

Housing and Homelessness. Discrimination in housing has long been a problem in the United States. Despite the passage of the Civil Rights Act of 1968 and the Federal Fair Housing Act (FHA) in 1968 to prohibit discrimination based on race, color, religion, nationality, sex, or family status, it disproportionately impacts minority populations (Foggo & Villasenor, 2020; Jones et al., 2018). Housing discrimination based on gender identity remains pervasive, leaving transgender people homeless and vulnerable to abuse, harassment, and sexual assault, often resulting in death (Fraser et al., 2019; Schuetz, 2017). Most transgender people will endure at least one episode of homelessness (Begun & Kattari, 2016; East, 2016; Fraser et al., 2019; Glick et al., 2019; Henderson et al., 2019; James et al., 2017; Shelton et al., 2018). According to the National Center for

Transgender Equality's (2016) poll, 10% of transgender people have been evicted because of their gender identification, and 20% have faced housing discrimination (Begun & Kattari, 2016; East, 2016; Glick et al., 2019; Shelton et al., 2018).

Given that disadvantaged groups are frequently thought to be heterogamous, they consistently differ in terms of revenue, assets, debt level, and employment. Levy et al. (2017) conducted a Paired Testing Pilot Study in Dallas-Fort Worth, Los Angeles, and Washington, DC, to document housing discrimination against transgender people in action. They found that realtors would not inform transgender and homosexual male renters who shared their gender identity about any available leases. Renters could, however, examine rental spaces if their transgender identification were not disclosed. Likewise, gay males paid \$272 more in rent than cisgender men. However, no discrepancies in viewing or scheduling were observed for lesbian and cisgender women, demonstrating that transgender and gay males of color face heightened discrimination due to multiple identities (Levy et al., 2017).

Health Care

Access to Health Care. Inequality between transgender and cisgender people in the United States is also visible in their access to healthcare (Scheim et al., 2020), with transgender people facing stigma, discrimination, and exclusion during medical treatment (Gomez et al., 2021; Scheim et al., 2020). Many transgender persons encounter difficulties obtaining healthcare insurance and lack access to a knowledgeable primary care physician despite having limited financial resources to pay for their care (Gonzales & Smith, 2017). In Alabama, for example, providing gender-affirming care is a felony.

Meanwhile, an Arkansas bill was just approved to limit the amount of transgender affirming care for medical treatment during the transition (Armuaud et al., 2020).

Researchers found that that 87% of transgender people (mostly men) have experienced being verbally harassed while in a medical setting (Chipkin & Kim, 2017).

The degree of treatment transgender people receive in the medical sector is generally low (Armuaud, 2020). Inexperienced medical practitioners may not be equipped to meet the medical needs of a transgender patient and the patient may not receive the information they need or receive incorrect information (Gomez et al., 2021; Edmiston et al., 2016). It was found that 18% of trans males believed testosterone was an effective contraceptive based on information provided by uninformed medical experts (Gomez et al., 2021). Medical professionals may also ask needless questions that had little to do with the nature of the medical visit (Gomez et al., 2021).

Many healthcare providers have a lack of transgender healthcare competency, particularly in affirming treatment (Armuaud et al., 2020). Because trans men are physiologically female, their healthcare needs include family planning, pap smears, pelvic exams, and breast and gynecological care. Conversely, Gomez et al. (2021) claimed trans men are frequently denied the same degree of treatment as cis women. As a result of such experiences, this population may avoid medical treatment at any cost. Negative interactions between providers and transgender patients included misidentification, misuse of pronouns, denial of services, lack of knowledge of affirming care, or the transition process, causing the transgender population to delay seeking needed medical care (Gomez et al., 2021).

In practice, federal laws do not protect the transgender population, as institutional hurdles to access programs like Medicaid and Medicare keep minority people subjugated (Gonzales & Smith, 2017). They have additional challenges since they lack gender-congruent identification required for government services such as healthcare eligibility (Gomez et al., 2021). Special therapies, such as gender reassignment therapy and hormone therapy, are generally not covered by commercial or public insurance providers (Gonzales & Smith, 2017).

Furthermore, transgender people are often not offered accurate contraception information and do not have access to information on sexual reproductive healthcare, gender-affirming care, affirming care professionals, and other relevant service providers (Armuand et al., 2020; Edmiston et al., 2016). The transgender community's inability to obtain medical care demonstrates how vulnerability, prejudice, and stigma contribute to the injustices faced by the transgender population (Gomez et al., 2021; Scheim et al., 2020). Again, as a result, in addition to removing these barriers, it is critical to increasing communication between healthcare practitioners and sexual minorities to close the gap in services required. While not all medical requirements are transgender-related, culturally competent medical providers are needed to accommodate the health disparities (Armuand et al., 2020; Chipkin & Kim, 2017; Gomez et al., 2021, Gonzales & Smith, 2017; Reisner et al., 2021; Scheim et al., 2020; Edmiston et al., 2016).

HIV/AIDS Health Care. Transgender men in the United States continue to have unmet social and healthcare needs despite changes in legislation (Lemons et al, 2018). This is especially true in regard to HIV/AIDS. One in ten transgender people who

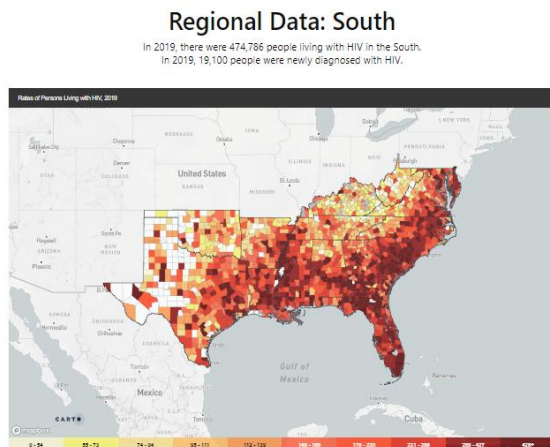
received HIV treatment were transgender men (Center of Disease Control, 2019).

HIV/AIDS affects the transgender population disparately and also predominantly affects the African American LGBT community (Center of Disease Control, 2019; Perez-Brumer et al., 2018, Reisner et al.,2019, Schmitz & Tyler, 2018). Because HIV/AIDS is most prevalent in the southern United States (Center of Disease Control, 2019).

Poverty and unemployment are the major causes of HIV/AIDS in the south. According to McCree et al. (2019), these factors contribute to poor overall health outcomes, aggravating HIV, and other chronic medical disorders. While Medicaid is the most common insurer for those living with HIV in the south, expanded Medicaid coverage is not accessible in nine of the 16 southern states (McCree et al., (2019). The south is home to half of all uninsured Americans and southern states also lag behind the rest of the country in care networks, preventative care, testing facilities, and viral suppression for HIV-positive people (McCree et al., 2019). Figure 7 illustrated the population density of individuals living with HIV/AIDSs in the southern region of the United States.

Figure 7

Population Density of Individuals Living With HIV/AIDS in the Southern Region of the United States



Note. Adapted from Emory University’s Rollins School of Public Health in partnership with Gilead Science, Inc., and the Center for AIDS Research at Emory University (CFAR).

Mental Health. Due to the general fear of systematic marginalization (e.g., violence, discrimination, stigma), transgender people are hesitant to identify as a gender minority (Zhao et al., 2020). Stigma, discrimination, and social exclusion, the trans male population is at significant risk of mental health problems (Chipkin & Kim, 2017; Gomez, 2021; Scheim et al., 2020; Edmiston et al., 2016); however, these minority stressors have received little attention in the research. Gender inclusive identification on surveys is essential to bridge the gap on transgender mental illness, particularly for African American transgender men.

Discrimination and Mental Health. The relationship between prejudice and mental illness has been studied in the literature on transgender women, but there has been less research on transgender men (Perez-Brumer et al., 2018). For instance, consider research conducted in San Francisco by Thompson (2016) discovered that 62% of transwomen suffer from depression and are less likely to seek psychological help. According to a New York survey, 52% of transwomen experience psychological difficulty throughout their lives while transgender males suffer from depression at 55 (Perez-Brumer et al., 2018). Many transgender people commit suicide as a result of minority stresses.

The Centers for Disease Control and Prevention (2017) established suicide as the tenth highest cause of death in the United States. It is the second leading cause of death among juveniles and young people aged 15 to 24. Suicide rates among many groups are high, as the evidence demonstrates that discrimination, prejudice, stigma, and violence damage these groups (Romero et al., 2019). Roughly 41% of transgender people have attempted suicide while 49% of Black transgender people have attempted suicide at some time in their lives (James et al., 2017). Suicide risk in the transgender population was six times greater than in the general population (Edmiston et al., 2016). Suicide rates are even higher among people who have been subjected to verbal abuse, physical attacks, bullying, or expulsion because of their gender identity or expression. Most transgender people are defeated by a lack of acceptance, humiliation, and prejudice, contributing to poor mental health and health outcomes (Chipkin & Kim, 2017; Perez-Brumer et al.,

2018). Being a victim of physical violence incidents increased the possibility of suicide attempts (King, 2019).

It has been reported that geographical location and active anti-discrimination laws influence the quality of life and positive mental health. It provides a sense of security, support, and overall well-being. States with no anti-discrimination laws had worse mental health outcomes. Transgender people were more likely than cisgender people to tweet negative messages ranging from rage to worry to despair (Zhao et al., 2020).

Discriminatory acts were observed to negatively influence 68% of transgender people's psychological health and 47.7% of their spiritual well-being. Among all states, Rhode Island has been found to have the highest score for sadness; Alaska had the highest score for anger, and Arkansas had the highest negative emotion of worry (Zhao et al., 2020).

Positive attitudes were more likely to be seen in tweets from people whose states have anti-discrimination laws (Zhao et al., 2020). Pansexual tweets indicated negative

emotions of rage and grief compared to gay, bisexual, lesbian, and asexual individuals.

Tweets from heterosexual people elicited more negative anxiety emotions than tweets

from pansexual people (Zhao et al., 2020). When assessing tweets from various genders

groups, Zhao et al. (2020) It was discovered that different gender identity subgroups

tweeted more negative feelings and anger than transgender men, women, bigender, and

genderfluid people. According to the study, sexual and gender minorities are negatively

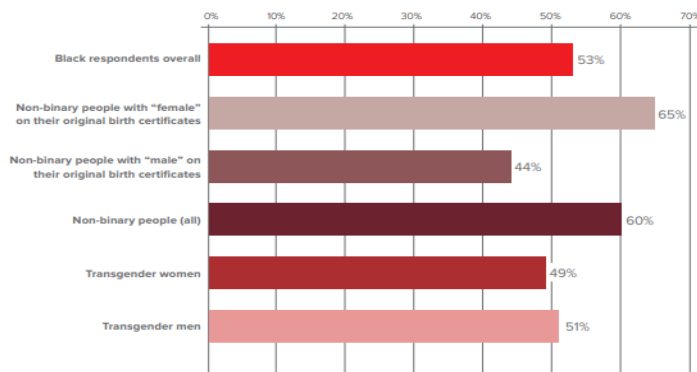
impacted by systematic marginalization, which has an impact on their overall

psychological well-being.

Violence and Mental Health. The rate of violence against transgender people of color, particularly African Americans, is high.

Figure 8

Individuals by Gender Who Have Experienced Sexual Assault



Note. Adapted from James, S., Herman, J., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. A. (2016). The report of the 2015 US transgender survey.

According to the National Anti-Violence Coalition Program (2015), people of color made up 80% of all homicide victims in 2014. Most homicide victims (60%) were Black and African American, with Latinas accounting for 15% and Whites accounting for 15%. More than half of the victims, 55%, were transgender women, with transgender women of color accounting for 50% of homicide victims. The data focused on the transgender population, with men accounting for 35% of homicides (National Coalition of Anti-Violence Programs, 2015). Being a victim of violence has been strongly correlated with poor mental health.

Mental Health and Substance Abuse. One of the negative outcomes of experiencing poor mental health is substance use and abuse. In the United States,

approximately 20 million people use mood-altering substances for extended periods (Gonzalez et al., 2017). Excessive use of prescription medications, alcohol, and illegal drugs is a problem in the transgender community (Glynn & Van den Berg, 2017; Gonzalez et al., 2017). Drug use and abuse are high-risk behaviors that disproportionately affect the transgender population. Social stigma and discrimination experience have been found to be related to a high rate of drug use, HIV/AIDs, mental illness, and homelessness (Scheim et al., 2017).

Marijuana has been found to be the most commonly used substance among transgender adults, followed by cocaine and opioids (Hughto et al., 2020). Cocaine and opioid use were equally prevalent, with cocaine use leading the way among cisgender adults. Except for cocaine use in the west, the transgender population had a higher rate of drug use than cisgender adults in all areas, using nicotine, alcohol, or illicit drugs. When the rates of drug use of transgender men and women were compared, transgender women had three times the rate of drug use and 2.3 times the rate of alcohol use as transgender men (Hughto et al., 2020).

Substance abuse is a problem in the transgender population (Barger, 2021). According to Barger (2021), 20 million Americans struggle with drugs and alcohol, but the transgender population has a higher drug and alcohol abuse rate. This author found an occurrence of substance use and abuse in transgender participants to be 51% binge drinking, 39.8% marijuana use, and 19.7% using illicit drugs. Thirty percent of those polled said they were addicted to drugs.

Experiences With the Criminal Justice System

The transgender community has a long history discrimination at the hands of law enforcement (Asquith et al., 2017). In the United States, approximately 2.7% of the population has been incarcerated (National Coalition of Anti-Violence Program, 2015). However, Black trans men are five times more likely than cis individuals to experience jail or prison (King, 2019). Transgender people are arrested, imprisoned, and placed on community supervision at a higher rate than cisgender people (Jones, 2021). According to Asquith et al. (2017), the lives of sexual minorities and gender variant people are invisible but visible in terms of laws and practices. The lives of sexual and gender-diverse groups, on the other hand, are visible to law enforcement because they live outside of what is socially defined as the norm.

Police Interaction. Historically, transgender people and law enforcement interactions have often resulted in violence, mistrust, and intimidation (Hamilton, 2019). There is a history of distrust between transgender people and law enforcement which results in fear abuse or victimization not being reported (King, 2019; McCauley et al., 2018). One issue that has resulted in many arrests is the preconceived notion that transgender individuals are sex workers (Hamilton, 2019). This has led to police officers assuming that a transgender individual is working as a sex worker even if the individual is not involved in that activity.

Transgender adolescents have been found to be more likely to engage in criminal activities such as dealing drugs, stealing, and being a sex worker in order to survive (Jones, 2021). By the time they reach adulthood, criminality has progressed along a

spectrum (Jones, 2021). For transgender people, criminality begins with negative experiences related to their affirmed gender identity and being rejected by adults who should be taking care of them (Asquith et al., 2017).

Court Interaction. Transgender people are specifically targeted by the court (King, 2019). For example, sex work and HIV are used to criminalize transgender people. Transgender women are also stereotyped as sex workers by the court system (King, 2019). Courts have also traditionally believed that transgender individuals are a public health threat due to the potential for sexually transmitted infections (for example, a significant portion of the transgender population is HIV positive) (Hamilton, 2019). Researchers have found that transgender individuals have been given longer prison sentences than heterosexuals for the same crimes (Jones, 2021; King, 2019). Jones (2021) noted that bisexual men serve ten years more in prison than heterosexual men. Similarly, bisexual women are sentenced to prison for more extended periods than cisgender women.

Incarceration. Approximately 47% of Black transgender people have been incarcerated (McCauley et al., 2018). The incarceration rate for LGBTQ people of color is higher than for white LGBTQ people. Prison placement is determined by the gender indicated on a birth certificate (Asquith et al., 2017; King, 2019;). As a result, transgender people are not housed according to their gender identity. When placed in prison, transgender individuals face a higher level of violence, victimization, and isolation while incarcerated and are denied necessary medical treatment (McCauley et al., 2018).

While in the custody of the criminal justice system, the overall safety and well-being of inmates of various sexual orientations are jeopardized (King, 2019). As a result, LGB inmates are ten times more likely to be sexually abused by another inmate, and 2.6% have been victimized by a heterosexual staff member (Jones, 2021). In addition, prisons use solitary confinement as an ineffective form of protection and safety for transgender individuals (Colliver, 2021; Hamilton, 2019; Jones, 2021; King, 2019; National Advancement Movement, 2016; National Center for Transgender Equality, 2018). This does little to keep transgender people safe and actually can cause more harm in terms of mental health.

Despite laws designed to protect marginalized groups, discrimination and prejudice are still prevalent in prisons. While incarcerated, gender-fluid inmates are blamed for the abuse (King, 2019). Rogers (2020) investigated trans men's access to the criminal justice system. The study sought to comprehend the relationship between transgender victimization, crime, and the judicial system. To understand the oppression of gender minority populations, the researchers examined how the judicial system treats people from the intersection of race, queer identity, and feminist challenges to oppression. As a result, the literature on transgender violence suggests that violations of gender norms cause transgender violence. Momen and Dilks (2021) contended that there is no such thing as a universal transgender experience. Prior research has assumed that all transgender people face the same types of violence.

Summary and Conclusion

Transgender Americans' visibility has increased as a result of social media and broader acceptance of transgender identity. Social media platforms facilitated discussions about transgender issues such as bathroom usage, the fact that transgender people can now serve in the military, the legalization of same-sex marriages, and expanded healthcare coverage for transgender military personnel. Political and legislative changes for the transgender population remain stalled. For example, the overturning of *Roe v. Wade* has an impact on the transgender population, particularly transgender men who require or are unable to obtain reproductive healthcare. However, the opportunities available to transgender Americans who live in northern cities are not available to their southern counterparts. Research on the trajectory of inequality for African American transgender men who live in the South has not been explored. A large number of transgender people live in the South, which has a long history of racial and gender inequality. Despite this, little is known about the lived experiences of transgender people, particularly African American transgender men. Various studies have shown that transgender people have a more difficult time adjusting to daily life than their straight counterparts. Tragedy and discrimination against transgender people are just some of the challenges they face. Transgender people in major northern US cities, including African American transgender women, Caucasian transgender women, and Caucasian transgender men, have been studied by researchers for their lived experiences and social determinants of health. African American transgender men's experiences are largely undocumented in the literature. Additionally, literature does not adequately represent African American

transgender men living in the southern United States. This chapter provided a thorough review of the literature on the effects of race and gender identity on transgender population outcomes. The literature review concentrated on the theoretical framework of race and gender intersectionality in housing, employment, mental illness, criminal justice, violence, substance abuse, education, and health. The research design, sampling methods, instruments, and procedures was covered in Chapter 3.

Chapter 3: Research Method

This qualitative phenomenological study was conducted to understand the lived experiences of African American transgender men at the intersection of race, gender, and sexuality living in the southern U.S. cities of Alabama, Florida, and Georgia. The absence of laws and legislation that are inclusive of transgender individuals was the major factor that led to the selection of these southern states and the transgender population. The study was intended to fill the gap in the literature by investigating African American transgender men's lived experiences of living in the South. The three southern states included in the study currently have the harshest policies in the world, limiting legal protections for LGBTQ people (South, 2020). The South is also difficult to live in because of poverty, job insecurity, high crime rates, health disparities, housing, and education. These issues are exacerbated for African Americans by the history of slavery, racism, prejudice, and discrimination, as well as a political landscape dominated by one party (South, 2020).

Despite these discriminatory laws, the South has the country's largest LGBTQ population (South, 2020). I sought to obtain a better understanding of the social constructs that African American transgender men confront, as well as how they make meaning of their transgender identity. In this chapter, I discuss the research design and rationale, researcher's role, methodology, issues of credibility, and ethical procedures for the study.

Research Design and Rationale

The research question guiding this study was the following: What are the lived experiences of being an African American transgender man living in the southern United States? The qualitative phenomenological approach was used to provide data to answer the research question. A phenomenological design is used to explain the lived experience from the viewpoint of the subject being studied (Neubaur et al., 2019). There are advantages and disadvantages of this design. A strength is the contribution to the discovery of new knowledge about people's lived experiences, rich data, and an in-depth understanding of the phenomenon (Neubaur et al., 2019). The inquiry's weaknesses include the large volume of interview notes, tape recordings, and notetaking that must be analyzed; the possibility of researcher bias influencing the study; and the reliability and validity of subjective research (Neubaur et al., 2019). There can be no distinction between an individual's conscious knowledge of the world and their experience, so I chose the phenomenological design to answer the research question (see Neubaur et al., 2019).

The study's inquiry and theoretical framework were consistent with the concept of intersecting multiple social identities that historically oppressed populations. Individual experiences cannot be fully comprehended without considering other identities (Neubaur et al., 2019). In phenomenological research, the researcher is able to acknowledge any preconceptions and reflect on how they might affect the data analysis. Without acknowledging personal feelings about the phenomenon, the researcher cannot fully understand the lived experiences of participants being explored. Any expectations

must be set aside to view the experiences through the participants' eyes, which is accomplished through bracketing. According to Creswell and Poth (2016), to conduct effective phenomenological research, investigators must identify the participants' shared research experiences. The qualitative method was chosen for the current study because I did not make hypotheses or have any preconceived notions about the data collected. When a researcher employs a flawed research approach, they may end up asking the wrong question.

Another research design that was considered for this study was the case study. Case studies are detailed examinations of individuals or groups. Qualitative or quantitative case studies are possible depending on the study's purpose and design (Creswell & Poth, 2016). To choose a qualitative case study design, the researcher must be more concerned with the meaning of experiences for the subjects than with generalizing results to other groups of people. The strength of case studies is that the collection of data can be done through interviews, questionnaires, observations, or documented accounts of events (Creswell & Poth, 2016). Case studies have limitations in terms of duration and cost (Creswell & Creswell, 2017). As a result of these shortcomings, participants may withdraw from the study. The case study design was not appropriate for my study due to the length and increased cost of conducting the study.

Role of the Researcher

Creswell and Creswell (2017) indicated that the researcher is the key instrument used to gather data. The data are gathered through behavior observations, examination of documents, and interviews (Råheim et al., 2016). In a qualitative study, the researcher's

role is determined by their reflections on their background, culture, and experiences. These factors have the potential to influence the interpretation of the data. Researchers are responsible for monitoring and reducing bias in their research. Bias is defined as the cause of an error (Pannucci & Wilkins, 2010). Human distractions, beliefs, personal ideals, and expectations can muddle communication between researchers and participants. Qualitative researchers use confirmation bias to find meaning in data and interactions (Kappes et al., 2020). I used mindfulness and meditation to become aware of personal thoughts regarding transgender identity by remaining receptive and open to the information described by the participants (see Kappes et al., 2020).

The role of the researcher is to be competent in methods through the use of the following skills: explaining the study to potential participants without bias, conducting interviews according to the design, and analyzing and interpreting the data according to the design (Creswell & Creswell, 2017). In collecting and analyzing data, the inexperienced researcher needs to acknowledge that they are an inexperienced researcher and to consult with their chair and committee members. The final role of the researcher is to demonstrate competency in writing through the study's findings. My responsibility as the researcher was to consider my personal experiences so they did not influence the data collection and analysis. I incorporated journaling during the interview and data analysis phases (Creswell & Creswell, 2017). The data were deconstructed for interpretation using journaling. As the researcher, I had no personal relationship with the individuals who were interviewed for this study; also, I granted permission to my committee members to cross-validate and check for errors in interpretation and analysis.

Methodology

Participant Selection Logic

Population

Qualitative research involves purposeful selection of the subjects to be studied. According to Sargeant (2012), identifying the appropriate participants is the most important part of the design phase to gain a deeper understanding of the phenomenon being studied. The number of transgender people has been difficult to estimate because the only way to gather this information is through surveys that respondents voluntarily complete (World Population Review, 2022). In 2021, the Human Rights Campaign (2020) estimated that 20 million American adults identify as LGBTQ with 525,000 transgender adults living in the South, more than any other region.

Alabama is one of the top 10 states with the highest transgender population (World Population Review, 2022). In 2022, there were 22,500 transgender adults in Alabama, 55,650 in Georgia, and 100,300 in Florida (World Population Review, 2022). The transgender populations of Alabama, Florida, and Georgia constituted the current study's sample. Recent statistical data indicated that these states share similarities in terms of their transgender populations. Also, there were no rules or laws in the states of Georgia, Florida, and Alabama that provided protection for LGBTQ individuals at the time of this study.

Sampling Strategy

I used purposeful and snowball sampling for this study. Purposive sampling, according to Creswell (2017), is a subjective or selective sampling method based on

predetermined criteria. Additional Black transgender men were found through the use of snowball sampling, if necessary.

When a researcher focuses on purposeful sampling, they may choose from a variety of qualitative designs. Purposive sampling techniques provide quantitative researchers with the justification to make a generalization from their sample (Palinkas et al., 2015). These efforts must be logical, analytic, or theoretical in nature to be valid. Using purposive sampling, the researcher can select sample from the designated population so that the data can be appropriate for the study (Palinkas et al., 2015).

One weakness of purposive sampling is this strategy is prone to research bias. Furthermore, the inability to defend the representative sample and the participants chosen can undermine the data being collected using purposeful sampling (Palinkas et al., 2015). Also, the manner in which participants conduct themselves can negatively affect the data. Participants may act in a way that allows researchers to reach the conclusions they anticipate, or participants may lie to create an unintended result if they have a personal bias that they wish to publicize (Palinkas et al., 2015).

Snowball sampling is a technique in which one participant recommends other participants for interviews or the researcher asks that those who see the recruitment materials pass the information on to those who may qualify (Creswell & Creswell, 2017). Using the snowball technique, researchers are more likely to reach the sample size desired because individuals in the population may know each other. I included a statement in the recruitment materials to encourage those who saw the material to let others know about the study. I also asked participants to refer other transgender men who

could contact me if they were interested in participating in my study. I considered the benefits and drawbacks of the snowball technique when recruiting a research sample. Using too many participants from a small group in the snowball method can introduce bias (Dudovskiy, 2018). Finally, there is no guarantee that the targeted sample will be obtained using this technique (Dudovskiy, 2018).

Sampling methods such as quotas and convenience samples were considered. Quota sampling is a method in which a researcher creates a sample of people who represent a population (DeCarlo, 2019). The advantage of quota sampling is that it broadens the scope of purposive sampling. When conducting quota sampling, the researcher identifies categories that are essential to the study and for which variation is likely. Based on each category, subgroups are formed, and the researcher determines the number of individuals to include in each subgroup before collecting data from those individuals (DeCarlo, 2019). The weakness of the technique is it is impossible to randomly select participants because of the method's flaws, and this increases the possibility of researcher bias, whereby a researcher selects study participants based on whether they are difficult to approach (DeCarlo, 2019). Convenience sampling is a technique in which a researcher selects participants based on their proximity to the researcher (DeCarlo, 2019). This technique's strength is its applicability in situations where recruitment is prohibitively expensive or challenging. These sampling strategies lack the rigor required to draw conclusions about larger populations, which is a limitation, so neither was chosen.

Inclusion/Exclusion Criteria

To be eligible for this study, participants needed to (a) be African American; (b) self-identify as a transgender male; (c) be at least 18 years old; (d) reside in one of the southern states of Alabama, Florida, or Georgia; and (f) be able to read, understand, and speak English. Individuals not meeting these inclusion criteria were excluded from the study. The study focused on African American transgender men living in Alabama, Florida, or Georgia to ensure that the chosen sample was representative of the African American transgender population for this study. An upward trend in the number of young adults who identify as transgender signifies the beginning of a generational transition toward the acceptance of various gender identities (Barsigian et al., 2020). Young adults 18 years of age may have a greater inclination than older adults to accept their internal sense of self with regard to their identity, contingent upon the prevailing political climate of the state (Barsigian et al., 2020). There are conservative viewpoints regarding gender identity and gender roles that are present in the three states that were chosen for this study. These perspectives had the potential to influence the lived experiences of African American transgender males who resided in the south.

Sample Size and Saturation

The sample size needed to be large enough to allow for the discovery of all perceptions. A smaller sample size reduces the variety of perceptions that a researcher may encounter (DePaulo, 2000). A larger sample size, on the other hand, would increase the likelihood of discovering all the perceptions in knowing and understanding a phenomenon. A smaller sample size simplifies analysis by making it easier to identify

themes and connections. The sample size of 10 African American transgender men was chosen because phenomenological research necessitates a thorough understanding of individuals' lived experiences (see Mocanasu, 2020). There can be an increase in the level of exclusivity if the research is conducted on a specific age group. For the research to be intersectional and provide inclusive findings, it is vital to have a diverse range of ages represented among the lived experiences (Mocanasu, 2020).

A smaller sample size was advantageous for gaining a better understanding of the phenomenon in the current study, and the findings may contribute to social change by providing social service organizations, law enforcement agencies, and policymakers with information to better serve this population (see Myers, 2000). The greatest strengths of qualitative research, according to Myers (2000), are richness, in-depth explorations, and descriptions of the lived human experience. To reach saturation in a study of the lived experiences of African American transgender men, I sought to recruit 10 subjects; however, saturation can be reached with fewer than 10 subjects (Myers, 2000).

Because phenomenological research necessitates a thorough understanding of individuals' lived experiences of a phenomenon, a small sample size was chosen. The concept of saturation is borrowed from grounded theory (Creswell & Poth, 2016). Saturation is a common principle for determining whether a purposive sample is adequate in qualitative research (Creswell & Poth, 2016). When collected data begin to repeat, saturation has occurred. A purposive sample was more likely to yield an accurate description of the phenomenon in the current study.

Recruitment

Upon receiving approval from the Institutional Review Board (11-08-22-0286352), recruitment materials (Appendix A) were uploaded to publicly accessible groups on social media sites, including Instagram, Facebook, and Tumblr. As part of my IRB application, I requested authorization to distribute my recruitment materials through the Walden University Participant Pool.

Individuals who are interested in participating contacted me via email. Once I received an email of interest, the inclusion criteria questions (Appendix B) and informed consent were emailed to the participant. In that email I asked the participant to review the inclusion questions and answer each. They were informed that failure to meet any of the inclusion requirements with a “no” would mean that they were not eligible to participate; therefore, they are not required to take any additional actions. The participants were provided with the following information: If they answered all of the inclusion questions in the affirmative, they were to specify those responses in the reply email. Additionally, they were instructed to review the attached informed consent and append the phrase “I consent” to the reply email if they were willing to proceed with the study. A list of possible interview dates/times was sent to them if they answered “yes” to all of the inclusion questions and indicated they consented. The interview was then scheduled, and a Zoom meeting invitation was sent to them.

Instrumentation

Data was collected through individual semi structured interviews conducted using Zoom.

Demographics. Demographic information was collected from the participants in order to be able to provide a description of the sample (Connelly, 2013). This is necessary so that appropriate generalizability of results can occur (Connelly, 2013). The demographic questions can be found in the interview protocol (Appendix D).

Semistructured Interview. Semistructured interviews were used in the proposed study. A semi structured qualitative interview protocol with open ended questions about the research questions was used to collect data (Appendix C). Upon the conclusion of the interview, the participant was requested to provide any further information pertaining to the research topic that they wished to impart.

Procedures for Recruitment, Participation, and Data Collection

Participation

I began the Zoom interview by introducing myself and asking the subject if they had any questions about the study or the informed consent that I had provided. I responded to their inquiries and emphasized that their involvement in the research is entirely voluntary, and that they retain the right to revoke their consent and discontinue their involvement in the study at any point. Permission was requested to commence the audio recording. I thanked them for their time and concluded the interview if they responded “no.” If they indicated “yes,” I started the recording and asked questions regarding the topics that are outlined in the appendix of the interview protocol.

Data Collection

The semi structured interviews were recorded and transcribed through the Live Transcript service of Zoom. During the interview, I used active listening, dialogue,

notetaking, observations, field notes, and reflexive journaling to record my thoughts and biases. Participants were asked whether they had any questions following the interview. I responded to their questions and let them know that an electronic copy of their interview transcript via email for verification of its accuracy once transcription was complete. They had seven days to respond with any corrections after I emailed it. I proceeded with the data analysis if I did not receive a response from them within seven days of transmitting the transcript. I notified the participant upon completion of the research and receipt of final approval. They received a one-page summary of the findings via email (after CAO approval)

Data Analysis Plan

After interviewing all of the participants, I analyzed the data through the following steps: transcription, data organization, coding, deducing categories, themes and interpretations, and reflective journaling management. Manyam and Panjwani (2019) explained that after the data has been transcribed, the transcriptions should be read while the interview is being listened to in order to ensure accuracy. The software MAXQDA 2022 was used to organize the data. The codes that were developed facilitate categorization of the information. Despite the fact that software was used, I organized the data manually. This was completed by circling, highlighting, bolding, underlining, and/or coloring significant or rich quotes (Manyam et al., 2019).

Coding helps to identify common themes, patterns, and patterns of action in the data. While organizing data, the I used memos to keep track of my thoughts and decisions. Categories and subcategories were used to organize the data. In order to group

things that may have a commonality, the identified categories were deduced. The most critical part of the data analysis plan was to identify themes and interpretations during this step (Manyam et al., 2019). The story line was derived from the themes in order to deduce the significance that participants attach to experiencing the phenomenon.

To combat researcher bias, reflective journaling was used (Manyam et al., 2019). It also served to establish appropriate transferability and credibility measures. Hence, it helped to reexamine the choices made or themes identified for reconsideration. While analyzing the data, I recorded my thoughts and feelings in a journal. During the research process, reflective practice encourages researchers to discuss their assumptions, experiences, and actions, as well as the rationales behind them (Manyam et al., 2019). An audit trail was used to keep track of everything that happened during the research and how the results came to be developed. It also established transferability and credibility metrics (Manyam et al., 2019). Thus, it assisted in reevaluating options and/or themes. Journaling assisted me in keeping themes and decisions simple, consistent, and clear. The data was used to draw conclusions, and the findings was reported in Chapter 4.

Issues of Trustworthiness

Stahl and King (2020) stated that there has been considerable debate regarding the reliability of qualitative research. The term trustworthiness is frequently used to assess the substance of qualitative research, indicating whether the material is worth investigating. All of these factors contribute to the goal of creditability, transferability, dependability, and confirmability-

Credibility

Credibility in research ensures that the findings are valid (Stahl & King, 2020). Credibility is concerned with ensuring that the information gathered during the interview accurately reflects the perspectives of the participants. In qualitative research, rigor is achieved through a variety of creditability strategies, such as member verification, extended field experience, triangulation, interview methodologies, and time sharing. I utilized member verification of interview content through participant review of transcripts. Member verification is critical to creditworthiness (Stahl & King, 2020). According to reports, member checking is the best way to ensure research credibility (Gunawan, 2015). The data was reanalyzed by an experienced colleague as part of the member checking process. This was done to ensure that the data was properly analyzed.

Transferability

Transferability is a term that refers to the ability of outcomes to be generalized to others (Anney, 2014). Due to my use of purposeful and snowball sampling, this could be a limitation of my study results in relation to transferability. However, I collected demographic information from each of my participants and reported this information in aggregate so that the reader can understand the makeup of my sample, and this may also help with generalizability of the results. In addition, transferability was established through detailed descriptions which share the specific data included in the themes so that the results can be generalized to other who experienced similar experiences (Anney, 2014).

Dependability

The term dependability refers to the ability of research findings to be replicable (Gunawan, 2015). This does not only mean another researcher conducting the same study with different participants and arriving at similar results but also another being able to review the same data that I did and arriving at similar coding and themes (Gunawan, 2015). Techniques such as triangulation, audit trial, peer inspection, and the code recorder method can be used to establish reliability in qualitative injury (Gunawan, 2015). I ensured dependability by repeating the study step by step to look for similarities in the results. Audit trails were also used to ensure dependability. Interview data, including dates, times, observations, notes, and electronic audio recordings, was meticulously documented by the researcher. The interview notes from each participant and reflections helped eliminate any potential bias (Gunawan, 2015).

Confirmability

Confirmability is used to ensure that the conclusions reflect the data and interpretations, rather than being dependent on the researchers' interpretations of the data (Anney, 2014). Confirmability can be established in a variety of ways, including triangulation, reflective journaling or practice, or an audit trail. Triangulation was used to gain a thorough understanding of the events that occurred during this investigation. As a result, a wealth of well-developed data was generated from a variety of sources. This strategy contextualized findings, ensures their consistency, and enables other researchers to validate them. The researcher used indicators such as the justifications for theoretical, methodological, and analytic choices throughout the entirety of the study, so that others

can comprehend how and why decisions were made. Reflective journaling was another technique that was used to ensure confirmability, and to combat researcher bias, reflective journaling was used (Manyam et al., 2019). It also served to establish appropriate transferability and credibility measures. Hence, it helped to reexamine the choices made or themes identified for reconsideration. Journaling served as an audit trail for me to keep the themes and choices transparent, coherent, and simple. It also established transferability and credibility metrics (Manyam et al., 2019). Theory triangulation is a technique for explaining and comprehending how social constructs such as race, gender, and sexuality influence lived experiences. These social constructs shape how people perceive the world. The use of theory triangulation allowed me to understand a research problem from multiple perspectives (Gunawan, 2015).

Ethical Procedures

I did not recruit or interview any participants until I received Walden University IRB approval. Every participant was subjected to the procedures that are described in this chapter, which I also stated in my application to the Institutional Review Board. I did not interview anyone I knew or recognized personally. Participants were excluded from the study without further consideration if their involvement in my research presented a conflict of interest. In the informed consent form, I provided sample questions and the risks and benefits of the study (Appendix C). In case the interview questions asked may elicit memories of traumatic experiences for participants information about free counseling services that they can access was provided in the informed consent process. The following states provide free and confidential therapy to participants who may

require assistance with the emotions surrounding situations shared in the interview:

Alabama (1-866-752-3418), Georgia (1-800-415-4225), and Florida (1-800-988-5990).

Due to difficulty recruiting participants, I received approval from the IRB to be able to offer individuals a \$20 electronic gift card for their participation (reasoning can be found in Setting in chapter 4).

Participants were able to withdraw from the study at any time during the duration of the study. Each participant was provided in the informed consent form with the contact information for the researcher and Walden University research participant advocate in case any questions or concerns arise. I assigned pseudonyms to each participant to protect their identity and any information that could identify participants were masked (place of employment, city of residence, etc.). The identities of the participants were kept confidential, and the only people who had access to the raw data (interview recordings, transcripts) and the identities of the participants were myself, members of my committee, and the Walden University Institutional Review Board (IRB) if they made a request. All data files including emails, consent, interview recordings, transcripts, and data analysis documents were kept on my home computer and was password protected. After five years from CAO approval of the study, all data collected, and associated files will be deleted following the guidance of the Walden University IRB.

Summary

The data for this research study was collected using a qualitative phenomenological approach of in-depth interviews to answer the research question. What are the lived experiences of being an African American transgender man living in the

southern United States? This chapter began with an introduction and a summary of the study's purpose and research question. The setting, demographics, data collection process, data analysis, evidence of trustworthiness, and results were all thoroughly described in this chapter. The study's target sample was 10 African American transgender men at least 18 years old living in the southern United States. Participants were recruited via social media platforms such as Facebook, Instagram, and Tumblr in accordance with Walden University's policies ethical standards. The qualitative research study aided in identifying the barriers that contribute to the underrepresentation of the African American transgender population in the South. The results of the study are discussed in Chapter 4.

Chapter 4: Results

The purpose of this qualitative phenomenological study was to understand the lived experiences of African American transgender men at the intersection of race, gender, and sexuality living in the southern U.S. states of Alabama, Florida, and Georgia. The study was intended to fill a gap in the literature by investigating the phenomenon of African American transgender men living in the South, which had not been addressed in the literature. The South has a history of conservatism, racism, resistance, and adversity. Because the South is less likely to have inclusive laws and protections for LGBTQ individuals, the LGBTQ population is more likely to face hostile policies (Coefield, 2023; Connell, 2016). Despite having the largest LGBTQ population of any region in the country, the South has laws that are discriminatory and harmful (Movement Advancement Project and Campaign for Southern Equality, 2020).

I hoped that this research would promote knowledge and understanding that human service, health, and other professionals may use to serve African American transgender men effectively. The findings of the study may enhance the services of human service agencies and organizations that serve the transgender community. The research question that guided this study was the following: What are the lived experiences of being an African American transgender man living in the southern United States? In this chapter I discuss the study setting, sample demographics, data collection, data analysis, and results that answered the research question.

Setting

IRB approval was granted on November 8, 2022. After I received approval, I began recruiting participants for the study following the recruitment plan in Chapter 3. Only one person was recruited from November to December, and that person declined participation when no compensation was offered. I asked the only participant to share the research information to any friends who may be interested in participating in the study. Due to the difficulty of recruitment, I requested a change in recruitment procedures on December 16, 2022. The flyer was redistributed on January 27, 2023, due to the holiday break, and a \$20 e-gift card was included as an incentive for participation in the study.

On February 2, 2023, the request for a change in the recruitment protocol was approved. Between the months of February and April of 2023, I conducted interviews with 10 participants. There were 213 inquiries for participation in the study with the new procedures beginning February 12, 2023, through February 18, 2023. I used the originality of participants' names to select 10 individuals to take part in the study. Participants were given a week to schedule interviews at their convenience after I received acknowledgements of their informed consent forms. Interviews were conducted from February 27, 2023, to April 2, 2023. The participant who was supposed to be interviewed on March 3, 2023, did not show up for the appointment. The interview was rescheduled to take place on March 7, 2023, but it did not take place due to technical difficulties. This participant withdrew their participation from the study. Therefore, I needed to contact another participant who was interested in taking part in the study to reach the minimum of 10 participants for the study.

Demographics

As part of the interview, I collected demographic information from the participants including their age, race, gender identity, and occupation. Six of the participants were employed and two were students. Table 1 contains the demographics of the participants.

Table 1

Participant Demographics

Participant	Age	Employment status
P1	21	Part-time student
P2	25	Full-time employed
P3	23	Part-time student and employed
P4	23	Full-time employed
P5	45	Prefer not to answer
P6	22	Full-time employed
P7	25	Part-time employed
P8	28	Prefer not to answer
P9	28	Prefer not to answer
P10	24	Full-time employed

Data Collection

I recruited participants by posting advertisements on Facebook, Instagram, LinkedIn, and Tumblr, along with other social media websites that have a broad user base and are capable of reaching a larger number of people. The Walden University research pool was also used to recruit participants. I received 213 email inquiries from people who wanted to take part in the study. I chose 10 people based on the uniqueness of their names.

After sending informed consent forms to the individuals, I waited for them to return their consent before scheduling interview dates and times based on their

availability. Participants' willingness to share information determined the length of the interviews, which lasted between 45 and 90 minutes. I conducted the interviews virtually using Zoom and using the software's recording and transcription capabilities. Only audio recordings were made during the interviews. I was not able to view or interpret nonverbal communication. I listened carefully to the participants' tone of voice and the presence of humor before answering any questions. I emailed transcripts to the participants for review. No issues with the transcription of each interview were reported. To maintain confidentiality, I encrypted and stored all interview data on my password-protected laptop.

Data Analysis

To start data analysis, I printed out each interview and read it multiple times, searching for patterns within each transcript. Data were coded and categorized from the hard copy to correspond to each interview question. The data were coded using a thematic analysis approach developed by Braun and Clarke (2006) consisting of six steps: (a) becoming familiar with the data, (b) generating codes, (c) generating themes, (d) reviewing the themes, (e) defining and naming the themes, and (f) producing the report. In the first step of the approach, I familiarized myself with the data by giving them several close readings to gain a better understanding. I started deriving codes from the participant quotes that were shared with the first-round review and insights and thoughts (see Table 2).

Table 2*Step 1: First Round Review and Insights/Thoughts*

Participant	Quote	Insight/thought
P8	“Church really judge you.”	By passing judgment on transgender people, the church violates one of the Ten Commandments.
P9	“Because I’m a little bit depressed. You know about what people talk about me and what they feel about me.”	Poor emotional and mental health is significantly influenced by social standards of gender nonconforming identity in society.
P10	“Discrimination is the same for black men and women.”	The primary motivating factor in acts of discrimination against black men and women is their race. There is no distinction made based on gender in the discrimination.
P5	“It’s better to just avoid.”	Staying out of any situation that could make you the target is the best way to maintain your safety.
P4	“For goodness sake, those people! They are kind of so attached to their beliefs.”	Religious beliefs govern how people are treated when they do not share the same ideals.

In the second step, I generated my initial codes by looking for patterns in the data across interviews and assigning codes to sections of data. During this phase, I coded data into meaningful single words, quotations, or chunks. The software I used was MAXQDA 2022. The transcripts were uploaded and sorted into categories based on the commonalities they revealed (see Table 3).

Table 3*Step 2: Initial Coding*

Participant	Quote	Insight/thought	Initial coding
P8	“Church really judge you.”	By passing judgment on transgender people, the church violates one of the Ten Commandments.	Judgment
P9	“Because I’m a little bit depressed. You know about what people talk about me and what they feel about me.”	Poor emotional and mental health is significantly influenced by social standards of gender nonconforming identity in society.	Mental health
P10	“Discrimination is the same for black men and women.”	The primary motivating factor in acts of discrimination against black men and women is their race. There is no distinction made based on gender in the discrimination.	Discrimination
P5	“It’s better to just avoid.”	Staying out of any situation that could make you the target is the best way to maintain your safety.	Safety
P4	“For goodness sake, those people! They are kind of so attached to their beliefs.”	Religious beliefs govern how people are treated when they do not share the same ideals.	Religion

In Step 3, I reviewed the initial coding derived in Step 2 and regrouped those initial codes into broader themes based on data patterns (see Table 4).

Table 4

Step 3: First Round Themes

Participant	Quote	Initial coding	Initial theme
P8	“Church really judge you.”	Judgment	Injustice motivated by the views of others
P9	“Because I’m a little bit depressed. You know about what people talk about me and what they feel about me.”	Mental health	The influence of interpersonal connections and relationships on one’s overall sense of well-being
P10	“Discrimination is the same for black men and women.”	Discrimination	Experiences of discrimination is influenced by race
P5	“It’s better to just avoid.”	Safety	Reducing risks through avoidance
P4	“For goodness sake, those people! They are kind of so attached to their beliefs.”	Religion	Religious opposition and transgender identity

In Step 4, I reviewed the themes that I derived in Step 3 to determine how they aligned with the initial insights/thoughts that I had when reviewing the data. I then went back through the initial themes to define second-round themes. After I finished, I merged the initial themes with the themes from the second round to make the themes stronger and to ensure that there was no duplication in the final themes that I used to provide an answer to the research question (see Table 5).

Table 5*Step 4: Second Round Themes*

Participant	Quote	Initial theme	Final theme
P8	“Church really judge you.”	Injustice motivated by the views of others	Awareness of transgender identity was difficult to achieve as an African American transgender man in the South.
P9	“Because I’m a little bit depressed. You know about what people talk about me and what they feel about me.”	The influence of interpersonal connections and relationships on one’s overall sense of well-being	Mental health and well-being are dependent on one’s internal resilience and access to a support network as African American transgender man in the South.
P5	“It’s better to just avoid.”	Reducing risks through avoidance	Navigating Southern culture is challenging and potentially dangerous as an African American transgender man.
P4	“For goodness sake, those people! They are kind of so attached to their beliefs.”	Religious opposition and transgender identity	Maintaining healthy relationships with others is difficult as a result of the social, religious, and gender beliefs.

In Step 5, I reviewed the final themes and the information that was within these themes from the interview transcripts to ensure that the final themes were accurate. Table 6 contains the final themes.

Table 6*Final Themes*

Theme 1	Theme 2	Column B	Column C
Due to social norms, religious dogma, and gender norms can be challenging for African American transgender men to cultivate and sustain healthy relationships with others.	Navigating Southern culture is challenging and potentially dangerous as an African American transgender man.	Mental health and well-being are dependent on one's internal resilience and access to a support network as African American transgender man in the South.	Awareness of transgender identity was difficult to achieve as an African American transgender man in the South.

Step 6 was to answer the research question of the study using the final themes.

This is provided in the Results section. The interpretation of the findings in relation to the theoretical framework and literature is provided in Chapter 5.

Evidence of Trustworthiness

Credibility and Dependability

All participants self-identified as being of African American descent and being male transgender individuals who experienced intersectionality. I made certain that the participants' points of view were documented exactly as they had presented them during the interviews. The participants were given the opportunity to verify the accuracy of the transcripts. There were no inconsistencies discovered. I ensured dependability by repeating the data analysis step by step, looking for patterns in the results. The interview notes from each participant and reflections helped me eliminate any potential researcher bias (see Gunawan, 2015). During the process of gathering the data, I made sure to keep

the same basic format for the interview that I conducted with each participant so that the results would be comparable. However, the process and the order of the questions may have been altered depending on the nature of the conversation that I had with each participant.

Transferability and Confirmability

According to Creswell and Creswell (2017), a subjective or selective sampling method based on predetermined criteria is an example of what is known as purposeful sampling. Additional Black transgender men were recruited through the use of snowball sampling. I used purposive sampling to ensure the transferability of my findings to other African American transgender males who shared the characteristics of my sample. I made sure that the findings of the study could be substantiated by repeating the same procedures in an effort to identify any recurring themes in the results. The information obtained from the interviews was meticulously documented, which included the dates, times, observations, and notes made during the interviews, as well as electronic audio recordings of the interviews. The interview notes and thoughts contributed by each participant helped me remove any possibility of researcher bias (see Gunawan, 2015).

Results

My research question was: What are the lived experiences of African American transgender men living in the south? After analyzing the data, four themes emerged:

1. Social norms, religious dogma, and gender norms, it can be challenging for African American transgender men to cultivate and sustain healthy relationships with others.

2. Navigating Southern culture is challenging and potentially dangerous as an African American transgender man.
3. Mental health and well-being are dependent on one's internal resilience and access to a support network as African American transgender man in the South.
4. Awareness of transgender identify was difficult to achieve as an African American transgender man in the South.

Theme 1

The first theme describes the challenges of accepting one's transgender identity. There are often societal and familial restrictions placed on one's capacity to live an open and unrestricted life as a result of one's female gender. Several participants indicated that like there were too many rules, regulations, and expectations that were not reasonable. For instance, P4 explained, "All we see is that I should be well behaved because I'm a female. These that all these policies that okay, you don't have to be going out. So, all this we just too much for a go, child." This was supported by P3 who indicated that parents have a hard time accepting that their child identities with the opposite gender. P3 stated,

They still buying me all this family clothes, and maybe polo and jeans and sneakers. you know, like heels and stuff that's kind of yeah. I just have feeling awkward that I'm not. I don't. I don't feel like I belong to that gender anymore.

When living with one's parents, it can be challenging to gain an understanding of one's identity, and this is even more difficult for individuals who are transgender.

Individuals often conceal their true identity until they are adults, or on their own, as they feel their parents have less control. For example, P7 stated,

I wouldn't even try that with them because they were really my parents. I really trick people, So, I need that my own place. My mom was trying to like, advise me not to go into it, and all of that I already made my when I was 25. I already made my decision to how the I would have surgery and everything.

Transgender identity can be to achieve because not everyone accepts identities that defy gender norms. In the South, there are even more restrictive gender norms that are expected by society and one's family. This can result in an individual who is transgender to have more difficulty living as themselves in these types of environments. For example, P3 stated,

Actually, it hasn't been that easy. I think at this point I shouldn't be worried about what people say, or I'm just good it's when I'm just facing stuff that bothers me. I don't give them about what people say, and that other shit.

When the inner self is unable to manifest to the outside self, it is difficult to gain awareness of one's transgender identity, as P10 stated,

You know this is how I want myself to be, this my true definition of myself. I started doing that long after I noticed that I was going to do with these when I was 12. So since then, it has been a great practice.

Individuals who identify as transgender frequently struggle with feelings of shame and low self-esteem, which is one of the factors that contributes to the difficulty in raising awareness of transgender identity. This is due to the fact that choosing yourself over

social norms, rules, and expectations places transgender individuals in a position to feel about their gender identity in a way that brings happiness. P9, stated,

So, it's just something that was always so hurtful, you know, and I'll feel so bad because I feel that I'm that is what I that's my choice of mind. Looks to be, you know, feel bad at all the time, because of just like I choose from myself.

While societal and family opinions can be difficult to overcome, the ability to live freely can have a profound, positive impact on one's life. P7 stated,

I feel like being the way I has really made my life change because I'm able to express myself. Being able to express myself the way I am being able to do certain things without being restricted something I should be happy for.

Theme 2

Keeping a relationship with someone who does not accept your identity as an African American transgender male in the South, where many people are not open to how people choose to live their lives, has a negative impact on overall mental and emotional health. However, if an individual can establish relationships with people who accept them for who they are, as well as relationships with others who are transgender who are having the same experiences, it can result in living a more positive life. Finding these networks of people can be difficult to establish, so it is important that the individual have a high level of resilience while they are looking for those connections. P8 stated,

Just do your best, Just be yourself. You know all the matters is the good part of you, the you're being a part that is your heart. and it doesn't matter how you look, I you sound. Only matters is what you do. The impact you create on other

people's lives. every day it gives me more. It inspired me to work more. So, I will say, is my inspiration.

For example P9 reported,

I am afraid you know they didn't want to, you know, support me, you know in terms of, because they feel, you know, that I was identifying as male. My sister, you know, was the one that really supported me. Isolation and depression resulted from a lack of support; I now attend a therapist for emotional support and advice...It's my mentality in terms of sometimes I will be kind of depressed because I'm a little bit depressed. You know about what people talk about me and what they feel about me. You know that I shouldn't care about what people say about it. I should always understand. I mean, maybe not everyone.

Some of the participants indicated that focusing on the positive was necessary in order to keep moving forward in their lives (resilience). P1 stated,

No, but with time they are running to keep up today. Yeah, definitely. of course, that has to affect me mentally and even emotionally. But given what I choose. That is what I have to deal with for as long as yeah, I can deal with that first one. Oh, yeah, you know a voice that has to remind you that you know, it's absolutely for you to decide. If you open there on the side which will make you sure, and the and the feel low, it definitely will. But if you again you just not that, and because whatever you think will makes you happy. And then so it happens.

Building a support network as African American transgender man in the South takes internal resilience. Finding others who share the experience of being transgender

can be difficult, so it is important to keep looking for these relationships. Once these relationships are established, it can improve quality of life. P6 reported,

I actually was being neglected, and you know people didn't want to share themselves with me...I decided to withdraw myself. but now I'm doing all well. It's usually most emotional. I'm stable. I'm doing all well a lot of partnership with me and a few. I feel great, a few great at that. At least I'm accepted. I was neglected and pushed to site, so I try as much as possible to bring everyone close to myself. I try to just give out that in person. I've had this view to extend it to others.

This is supported by the comments of P10 who stated,

You know this is how I want myself to be, this my true definition of myself. They supported me with some ways of advice, you know, to try to motivate me. You know no sort of discouragement. Rather I felt that encouragement from good friends and family, and their respected me so much!

However, even when these relationships are created, there is still anxiety and feelings of doubt that continue. P3 stated,

I get established I know many other people out there. Maybe they will be looking up to me and be like, okay. My doctor and he'll be like You shouldn't let all these get into your head. I don't have to think about what they say.

Having other means of getting support and mental health services, even when these networks are established, are important. P1 stated,

I have my mental health advisor to walk me through different angles. You know how to cope so challenges, you know, by talking, read some books, and advising me how to move on easily. People respect my vision, my privacy, everything. Along this road to transformation, it is crucial to have people who believe in you and encourage you, even if they are professionals. P7, stated,

Having a Black doctor to discuss the process that advise me he told me to, you know. Go back and think about it. you know. Talk to people. I'm really close to people who would accept me the way I people who I would be comfortable with.

Theme 3

The third theme focuses on the ways in which social norms, religious norms, and gender norms interfere with the development of healthy relationships. Religion plays a significant role in determining social norms throughout the South. P9 reported,

It was always hard because of the class view, you know. They tend to say I'm not a Christian way that I'm what I'm actually doing is sin. But all those things, you know, are things of the world, that's what they keep saying. You know they discriminate against me and all that. They talk a little bit down in front of me.

People in the South tend to have close relationships with one another due in part to their shared religious beliefs. P1 indicated, "Pretty much religious, related, and that and that based on beliefs in the and the other traditional stuff, we don't think really much is okay". This also can be seen in the statements of P1,

Yeah, I was a church girl when I was young. So, it was pretty much a surprise for people when I decided to do this. And yeah, that is, it is a thing that affects me

today, because my parents and some family members, they also religious. And I'm kind of not cursed.

Many participants expressed discomfort about going to church. For example, P6 pointed out,

I don't actually associate with people who go to church because of the way they perceive me. You know a lot of people. They do some, but that's those wrong. What's since they are capable of hiding it so well, they see themselves right, choose on every other. But I see, as I see everyone up as if everyone has been equal...Everybody is being minister there. I've been most confused of since I changed that I haven't been to the church. Members were warned in service those in associates with people of my kind because we are, we are not appreciative to the way we actually created books.

This was experienced by P3 as well: "I don't really attend church services anymore. I believe there is God, read my Bible, and I try to keep the commandments and I don't really need to mingle with a lot of people". P4 also stated,

I'll tell you the only place I kind of feel kind of scared to go because of, I should, I say synthetization and criticism is church...For goodness sake, those people! They are kind of so attached to their beliefs. So, during this time I feel very uncomfortable going to church, because in one way or the other. If I am not being preached on by the Pope; I might be discouraged down here in the congregation. I stopped attending church.

Theme 4

Being African American carries its own social stigma in the South so, when combined with being transgender, it can result in magnified stigma and potential danger for that individual. For example, P4 indicated,

I mean the white, they are always seeing the blacks as gangsters, rude, mean, and thieves. I think that is the challenges I have...They see you some gangster. So, I mean you just have to dress properly, so you don't just get so much attention from people passing by, or kind of intimidates. So, you just have to be well mannered and well-dressed properly.

P4 also stated, "As a black man. Oh, those guys actually see us as gangsters!" While P1 revealed, "People view you as a in a negative way. I've had people change seats because I'm there. I don't know if I look like a terrorist, maybe I do". P10 stated,

Here as black man. It's never been easy over here, because the of discrimination, you know it's on the highest side. Racism has really eaten up everything over here. I can remember sometimes I could not get assistance because I was black. I needed help with my dental. So, whenever I and papa try to reach out to health care, I am shy away with an excuses that we are kind of busy when I know very well that you know us. Now I meet only people who identify with me terms of my race, terms of my gender, and everything. So, to avoid the discrimination.

The participants did provide information that indicates that the degree to which a white person views issues of race and gender will depend on their upbringing. P2 suggested,

I would say from experience it's really the whites feel like most of them actually feel like we don't belong here. It's just that mindset that they have, it's their minds. It's not that we actually extract them, because I have white friends. We do things do everything together, you know. So, it just depends on the person objectives of all his own understanding. It is just about ignorance. That is the truth.

There are also difficulties to be found in the working environment. It has an effect on the atmosphere and the spaces in which African American transgender men are required to exist. P10 stated, "The white people look down openly". It is often difficult for African Americans to advance in their careers or find financial and economic stability due to racial discrimination in the workplace. P7 stated,

This is white colleague of mine, who don't, accept the way I am because if she's like, I was born a woman. So, whenever we have a meeting, he always tries to tell me not to attend a meeting that I'm not really a man.

Participants indicated that they have developed a wariness and a sense of mistrust as a result of their interactions with coworkers who behave discriminatorily based on factors such as race and gender. P7 reported,

Yeah, I do get afraid at times because of how he acts...No trust is something you have. So, my colleague of mine, I don't trust him at all. So, before going back home I make sure I check through my things to make sure I check my card before you know being back home.

Because of the potential danger of being African American, as well as transgender, due to attitudes in the South, it is important to think about and engage in behaviors to ensure one's safety all the time. P4 indicated

When I'm going out. I try as much as possible to go out with my friends, not being caught alone, trying not to step out at night. maybe, even if the okay, even if we have somewhere to go at night, I can't just step out alone...I have to go with my niggas, and before stepping out at night I have to check. Okay, am I with all my complete or required Id and stuff like that? So, the fact of racism is quiet, very challenging for a black man.

This need to constantly be aware of one's safety was also expressed by P3,

So, I will be going out at night. I go out to my friend, so maybe if there's any hiccups I'll have a witness, or can testify on my behalf that okay, this will happen. But when going out, when I think if they should catch me. They can come up with any story they want, and there'll be nobody to be on my own side. I think.

P10 also stated,

I don't feel there is any point that I will feel unsafe except for a situation where I'm going to a strange location. I always try to be so cautious of what I'm doing and what I'm saying. and how I'm at the moment. No. I tried to put on some precaution that I'll be meet myself.

One participant had contrasting perspectives on the subject of safety. They indicated that when there are more people in the group, you may attract more attention to yourself, which puts your safety at risk. P1 stated,

When you on your own it's like it's better, it's easier to hide in. But when you are in a group, you definitely come out, and that is not good. It will draw too much of attention. And then it could be something potentially something bad.

Even those who are supposed to protect members of society can be seen as a potential threat, like the Police. P4 stated,

We are checked for drugs, guns, or stuff you're driving on the road, and you just have to be pulled out and checked. And so, I mean these things are not happening to the whites. Always happening to the black because they are always seen as down and stuff.

This was supported by P7 who stated,

Yeah, I'd say it was quite crazy, because whenever I drive the to which, I always feel uncomfortable. You always want, you know. Stop me my right to like search, and you know, try, and harass me, and I always, you know try to be cool. They're gonna check my Id card and everything, and I should just stay cool. And no, I feel like this particular guy has been stopping like every week every week.

And P2,

I was going somewhere, and they pull up to me and they actually kind of asked side of the harassment because they ask me for things. I've not seen them asking a lot of people before. That's my Id. They asked me where I stayed. and a lot of things I felt so uncomfortable because I was black. I feel so bad. I just need to be well managed.

Summary

The objective of this qualitative study was to investigate the lived experience of African American transgender men residing in the South. The data revealed four main themes, which include (a) awareness of transgender identity was difficult to achieve as an African American transgender man in the South, (b) mental health and well-being are dependent on one's internal resilience and access to a support network as African American transgender man in the South, (c) navigating Southern culture is challenging and potentially dangerous as an African American transgender man, and (d) due to social norms, religious dogma, and gender norms, it can be challenging for African American transgender men to cultivate and sustain healthy relationships with others. These themes were used to answer the research question: what are the lived experiences of African American transgender men living in the south? According to the data, it is challenging to raise awareness of transgender identity due to social norms, religious norms, and gender norms. African American transgender men have an even harder time than other transgender men breaking down social barriers and developing meaningful connections with others. Transgender men of African American descent who are internally motivated have the strength to overcome societal bias against their gender expression when they are provided with the resources, they need to maintain their mental and emotional health. This holds true even if the unfavorable views are associated with the individual's gender. Because of their race and gender identity, African American trans men are doubly profiled by law enforcement, putting their lives in danger. Chapter 5, I present the findings and discuss how they align with the existing literature in terms of the

implications for social change, recommendations for future research, and limitations of the study.

Chapter 5: Discussion, Conclusions, and Recommendations

In this phenomenological study, I explored the lived experiences of African American transgender men at the intersection of race, gender, and sexuality living in the southern U.S. states of Alabama, Florida, and Georgia. The South has a history of conservatism, racism, resistance, and adversity (Connell, 2016; Ghaziani, 2014; Heaton, 2017; Pew Research Center, 2019). Because the South is less likely to have inclusive laws and protections for LGBTQ individuals, the LGBTQ population is more likely to face hostile policies (Connell, 2016; Ghaziani, 2014). Despite having the largest LGBTQ population of any region in the country, the South has laws that are discriminatory and harmful (Movement Advancement Project and Campaign for Southern Equality, 2020). I hoped that my research would promote knowledge and understanding that human service, health, and other professionals may use to serve African American transgender men effectively.

Although researchers had studied transgender people's lived experiences in northern cities, African American transgender men in the South were overlooked. The African American transgender population, like the larger transgender population, is underserved and invisible (James et al., 2017). However, transgender people in the South face more severe violence, discrimination, transphobia, and racism than those in the North (Heaton, 2017). Transgender people in the South have received little attention in research, particularly African American transgender men in southern states. This gap needed to be filled because research findings about the LGBTQ experiences cannot be generalized beyond cities such as New York, San Francisco, Los Angeles, and Chicago

because geographic location influences identity development (Forstie, 2020; Gates, 2011; Hall, 2013; Heaton, 2017).

My goal was to fill a gap in the existing body of research and gain an understanding of the lived experiences of African American transgender men in the South. Intersectionality theory allowed me to gain an understanding of the African American male transgender experience of living in the South to answer the research question: What are the lived experiences of being an African American transgender man living in the southern United States? Themes capture important relationships and patterns in relation to the research purpose. The key themes of this study were as follows: (a) Awareness of transgender identity was difficult to achieve as an African American transgender man in the South; (b) mental health and well-being are dependent on one's internal resilience and access to a support network as an African American transgender man in the South; (c) navigating Southern culture is challenging and potentially dangerous as an African American transgender man; and (d) due to social norms, religious dogma, and gender norms, it can be challenging for African American transgender men to cultivate and sustain healthy relationships with others. In this chapter, I discuss my interpretations of the findings in relation to the literature and theoretical foundation. I also address the study's limitations, recommendations, and implications for social change.

Interpretations of the Findings

My findings corroborate a substantial number of prior investigations conducted regarding transgender issues (Agénor et al., 2020; Begun & Kattari, 2016; Brumbaugh-

Johnson & Hull, 2019; Burton, 2021; Gatos, 2018; Goldenberg, 2018; Hoffkling et al., 2017; Ng et al., 2016; Reisner et al., 2021). Previous researchers highlighted the marginalization and oppression of transgender people in northern cities (Johnson et al., 2022; Lombardi, 2009; Poteat et al., 2021; Sanchez et al., 2009; Schmitz & Tyler, 2018), but the experiences of African American transgender males in the South were not addressed. In the current study, I focused on the lived experiences of African American transgender men residing in the South, with a particular emphasis on the states of Alabama, Florida, and Georgia.

Interpretation of Findings in Relation to the Theoretical Framework

The theory of intersectionality proposes that multiple social identities are similar to different dimensions that, when combined, produce inequity (Crenshaw, 1989, 1990). This inequity has led to disparities in housing, health care, employment, and other areas due to factors such as race and gender, particularly for African American transgender men (Henderson et al., 2019; James et al., 2017; Nanney et al., 2020; Smart et al., 2020; Reisner et al., 2016). My findings support the position that multiple social identities are not independent of each other and that individuals may experience heightened inequality if they have a combination of multiple social identities that are stigmatized by society (see Crenshaw, 1989, 1990).

Theme 1: Awareness of Transgender Identity Was Difficult to Achieve as an African American Transgender Man in the South

According to my participants, residing in the South makes it challenging to raise awareness about transgender issues due to the prevalence of conservative viewpoints.

Southern African American transgender males are often not seen by society (invisible) due to a lack of acceptance of the state of being transgender. African American transgender males continue to be subjected to the invisible narrative as a result of the lack of acceptance of transgender identity. The participants stated that their transgender identity is a natural extension of who they really are. For example, P7 stated, "I feel like it's who we really are because I know there are people who don't accept those the way we are." This was supported by the statement of P9 who stated, "I felt kind of discriminated by a lot of people because of how I was."

The new methods of thinking about gender that have arisen throughout the United States and the world do not connect with the traditional gender norms that have been prevalent in the southern region for a long time (Rusham, 2017). The application of established gender standards by members of Southern society ignores gender identification that does not conform to the norms of the gender. Phillips and Yi (2019) reported that most people are opposed to the concept that gender identity is not solely based on heteronormative characteristics. The response of eight out of the 10 participants in the current study indicated that they were aware from an early age that their biological gender did not correspond with their psychological gender and that this would not be accepted by Southern society. For example, P1 stated,

You see the greatest challenge about being transgender is that in most cases none of society accepts you. When you are in a situation you get to deal with the stigma on both ends. So, you're literally an out person.

This implies that Southern historical beliefs of gender norms and the policies, regulations, and laws that enforce them impose limitations on the ability to identify openly as transgender.

Theme 2: Navigating Southern Culture Is Challenging and Potentially Dangerous as an African American Transgender Man

Like other members of Southern society, individuals who serve on Southern police forces also have stereotypes and stigmas that they associate with transgender individuals as well as other characteristics that individuals have (Hamilton, 2019). As indicated in intersectionality theory, a combination of stigmatized characteristics that an individual has can magnify negative impressions that others have and increase the potential for those individuals to experience violence (Jones, 2021). Current participants indicated that going places alone was dangerous because there may not be anyone there for support in the event an encounter turned serious.

In addition, my participants indicated that the treatment of African American transgender men in the South by law enforcement can be hazardous. Any interaction with the police, no matter how minor, was reported to result in a heightened sense of fear and vulnerability. For example, P6 stated,

I've not experienced it personally, but two of my friends up to being in in such harassment. Because yeah, Black though I think that's most times this harassment has to do with, and the way they appear. They dressed suspiciously. That's why I have to keep myself simple.

My participants also reported taking extra precautions in case they have any encounters with Southern police. P4 stated,

we are checked for drugs, guns, or stuff you're driving on the road, and you just have to be pulled out and checked. And so, I mean these things are not happening to the whites. Always happening to the black because they are always seen as down and stuff.

Six participants reported feeling an elevated sensation of anxiety every time they encountered the police and engaged in behaviors to avoid being seen as outside of Southern norms. Many individuals who are transgender believe that it is easier to pass as their biological gender to avoid being the objects of prejudice as a consequence of this particular circumstance (Anderson, 2020). The African American transgender men in the current study also discussed this as a way to avoid potential violence. For example, P2 stated,

I was going somewhere, and they just pulled up to me asking questions kind of harassment. They started asking for things. I've not seen them asking a lot of people before. They asked for my ID, where I stayed and a lot things. I felt so uncomfortable because I was Black. I felt so bad.

Theme 3: Mental Health and Well-Being Are Dependent on One's Internal Resilience and Access to a Support Network as an African American Transgender Man in the South

Having several social identities, as is the case with African American transgender men, may lead to a unique set of obstacles and experiences that can negatively affect

mental health and overall well-being (Divan et al., 2016). The combination of social identities that an individual possesses has an effect on the manner in which members of society interact with the individual and how that individual responds to the world.

Current participants reported mental health issues, such as depression and anxiety, due to the interactions they had with others. P9 stated, “It’s my mentality in terms of sometimes I was kind of depressed because I’m a little bit depressed. You know about what people talk about me and what they feel about me.”

According to the theory of intersectionality, there is a connection between mental health and multiple social identities due to discrimination, racism, and marginalization (A. Williams, 2020). A considerable number of my participants reported having received therapy to address the emotions of depression that were associated with their gender identity in combination with the attitudes they encountered being Black in the South. However, my participants also used determination and resiliency to fight inequality and live in accordance with their truth, despite ongoing difficulties. For example, P3 stated, “I get established I know many other people out there. Maybe they was looking up to me.”

Theme 4: Due to Social Norms, Religious Dogma, and Gender Norms, It Can Be Challenging for African American Transgender Men to Cultivate and Sustain Healthy Relationships With Others

Brown-Saracino (2017) found that multiple social identities and the interplay between race, gender, and sexuality can lead to challenges that individuals experience in relationships. The concept of intersectionality brings into play the various experiences that are considered to be indistinguishable from one another. There is a possibility that

the junction of social conceptions about gender standards, religion, and social traditions could be a risk factor for sustaining relationships. According to the current participants, the contradictions between religious views and perspectives on transgender identity in the South leads to the collapse of personal relationships due to differences of gender identity. For example, P4 stated, “Well I really think that in this life those who you call friends and they do not accept you for who you are not worth keeping. You should move on because this experience is difficult.” The establishment of relationship connections is contingent upon the perspectives and judgments regarding transgender identity that the Southern participants articulated. A considerable number of participants admitted that the breakup of many relationships was precipitated by their gender identity. One participant expressed reluctance over the transition due to the absence of social connections and relationships. P6 stated, “I would have loved to create a connection with others. Yes, I feel like I shouldn’t have gone into this because I’m not being accepted, or one person is not interested in me.” This indicates that power influences social positions and relationships.

Interpretation of the Findings in Relation to the Literature

Theme 1: Awareness of Transgender Identity Was Difficult to Achieve as an African American Transgender Man in the South

Butler (2002) and Cislighi and Heise (2019) asserted that biological sex does not serve as a distinguishing factor in determining gender identity or personal identity although societies have historically utilized biological gender to dictate human behavior. Throughout history, the social norms that have been established by society have been

responsible for determining the behaviors and activities that are considered proper for males and females. This was supported by my data when P4 stated, “All we see is that I should be well behaved, because I’m a female. All of these policies that okay, you don’t have to be going out, don’t have to play to wide, because you are a female.” Due to the fact that they were female, the participants said that their families had an excessive number of expectations and restrictions for them to adhere to. These regulations were not applied to their male siblings. This provides more evidence that categories apart from heteronormativity are dominated by traditional gender roles and difficulties arise when individuals do not behave in ways that are expected for their biological gender (Rusham, 2017).

The social constructs of identity formation that are universally shared can be explained by new perspectives on gender, and the notion that gender has evolved along a continuum is applicable to my study (Piantato, 2016; Rusham, 2017). The data collected from my participants indicated that their awareness of their transgender identity commenced at an early age, but it was others who had difficulty understanding and accepting who they were. P3 stated, “I feel like from that point I just notice myself no like in my initial gender, I mean. So, I just had to switch even to my most tender age.” P1 reported that, “Yeah, it’s pretty much religious related and based on traditional beliefs.” The participants identified the imposition of traditional standards and norms as the primary factor impeding the progress toward their personal transgender awareness as well as the difficulties that others had accepting and supporting them. P3 stated, “I don’t feel like I belong to that gender anymore. I want to be strong and stand out. I know that I am a

weaker vessel because I am a female.” This suggests that traditional patriarchal perspectives can persist in an individual’s transgender identity even when they have embraced that transgender identity as these gender norms are deeply ingrained, especially in the South.

Theme 2: Navigating Southern Culture Is Challenging and Potentially Dangerous as an African American Transgender Man

Navigating life in southern society as an African American transgender male can be perilous due to the historical perception of Black men as being socially problematic (White et al., 2020). When combined with being socially unaccepted as transgender this can magnify the potential for danger for these individuals. P3 stated, “Man as a Black man Oh, those guys actually see us as gangsters. It just go to where they won’t for the Black people.” This perspective exacerbates the feelings of uncertainty and perceived risks associated with African American and transgender identities among the participants.

As a consequence, transgender African American men are more prone to obfuscate their gender identification or masquerade as cisgender in order to avoid the adverse consequences associated with their transgender status (E, Burns, 2021). In an effort to deflect adverse attention or encounters, my participants suggested adopting a persona and attire that would be “less threatening” to others. P6 affirmed, “I’ve seen a friend of mine. Two of my friends up of being in in such harassment. Because yeah, Black though I think that’s most times this harassment has to do with, and the way they appear. They dress suspiciously. That’s why I’ve so I to keep myself simple, and you know.” To further illustrate, P7 stated, “Yeah, I’d say it was quite crazy, because

whenever I drive the to which, as we said on the question, you always feel uncomfortable. You always want, you know. Stop me to ask me. I've really noticed him like who never had the money, but who, you know, money, my right to like search, and you know, try, and harass me, and I always, you know. Try to be cool to both. I know that any if I try to take advantage of that, take me station." My participants indicated that Southern regions are among the most challenging environments for transgender individuals to reside which was also indicated in the literature (Southern Trans Report, 2019; Mapping LGBT, 2020).

The perils associated with being an African American male in the Southern region stem from prejudice and challenges encountered in healthcare, civic engagement, work, and other spheres. There is evidence that Whites continue to police Black people in some capacities and places, including that African American transgender males are more likely than Caucasian transgender men to be profiled by law enforcement (Jones, 2021). TP10 stated, "Well, I was here as Black man. It's never been easy over here, because the of discrimination, you know it's on the highest side." Another area where discrimination based on being an African American transgender male is within the workplace (Hunter et al., 2018; Martinez et al., 2019; Schnabel, 2018). At the place of employment where one of the participants worked, he discovered that his gender identification was being utilized as a means to demote him to a lower position. P7 stated, "Yeah, I mentioned that I have a couple of (...) demotes me. Do you always try it like, look down on me, or it's like this creates me. It's race to my quality and it has really been a crazy journey in that aspect because I feel like, okay. This is a colleague of mine, who you know. Who doesn't accept

the way I am”? The participant additionally stated that he was excluded from significant meetings and discussions as a result of the discriminatory actions.

Theme 3: Mental Health and Well-Being Are Dependent on One’s Internal Resilience and Access to a Support Network as an African American Transgender Man in the South

Transgender men face a significant risk of mental health issues due to the stigma, discrimination, and social isolation that they encounter due to their gender identity as well as their race (Chipkin & Kim, 2017; Gomez, 2021; Scheim et al., 2020; Edmiston et al., 2016). Gender identity and racial stigma have been found to contribute to the high rates of depression and social isolation experienced by African American transgender men (Anderson et al., 2020; Begun & Kattari, 2016). P7 stated, “Well, at first it did negatively because I felt really depressed. I mentioned earlier that my mom even. Yeah, I was kind of depressed at first, because I didn’t like the outcome much face. I had a lot of negative like five from people around me friends that namely, accepts me.” Addressing these negative experiences, and the results mental health issues, are important for this group. P4 stated, “Presently I have a Black therapist. I try as much as possible to be mentally stable and emotionally stable. That’s well, so I try not just for it not to get anything that any negative energy into my life into my space.”

Additionally, some individuals may erroneously believe that the mentality of a transgender person is a disorder, rather than attributing it to their interpersonal interactions alone. For example, P7 stated, “There was even a time my mom asked me to go the psychiatric hospital to check to see if I was normal.” Sometimes, the only option

for the individual is to separate themselves from those who interact with them negatively for their emotional and psychological health to remain in balance. For example, P4 stated, “Actually, I don’t care, and just to keep away from some certain people that you know is not healthy for you to just keep away from them. That’s the best way.” This sometimes is difficult for an individual to do but may be the most positive example of resilience that they engage in.

The worsening of mental health can be further exacerbated by the denial of access to assistance.” It is necessary to have additional levels of professional support when going through the process of gender transition. Several of the participants are currently engaging in therapy to address the issues that have risen as a result of their transition and to learn how to navigate the response of the world to their choice. The most challenging aspect of their adjustment has been having to adapt to their new social environment. It is difficult for the participants to comprehend how their choice has resulted in a problematic situation for the other people. P1 stated, “I was it so when I made with my mental health advisor. That’s my terrible. He tried to walk me to with a different angles. You know how to cope with such challenges, you know, by talking to.” P9 stated, “Apt stated, “Yeah, you know, sometimes I do go for counseling, you know, and those people always up, you know. talk to me.”

Theme 4: Due to Social Norms, Religious Dogma, and Gender Norms, It Can Be Challenging for African American Transgender Men to Cultivate and Sustain Healthy Relationships With Others

Negative experiences with social norms, such as social rejection, can lead to problems with feelings of belonging and safety, which in turn can contribute to an increase in societal devaluation and have an effect on the ability to maintain healthy relationships (Phillips & Yi, 2019). Social and gender standards were acknowledged by my participants as obstacles to maintaining healthy relationships. P6 stated, “You know people didn’t want to share themselves with me after I went into transgender. I notice that eyes are on me and all of that. So. although at first, they the attention that was given to me, the layers of people on me. I wasn’t actually feeling very comfortable.”

Regarding their gender identity, eight out of ten people found that their relationship with their family was the most challenging of all their relationships. According to the participants, the act of exposing their transgender identity induced a degree of anxiety around the prospect of being by themselves without the support of their family. P7 stated, “Well, my dad spoke to my senior brother to cut communication with me.” The participant expressed dissatisfaction with his father’s endeavors to intervene in the relationship the sibling relationship. Comparatively, P3 reported, “Actually, initially, my mom was kind of absolutely kind of I don’t know, but I think I thank my dad because my that actually gave consent to what I do.”

Limitations of the Study

Multiple limitations accompanied my research. I employed a purposeful snowball sampling strategy, utilized a small sample size, recruited a homogeneous group, acquired data via self-reports, and conducted the study inside a single geographical area. I used purposeful and snowballing sampling strategies for the study. I used a purposeful sampling because it allowed the research to select a specific population so that all perspectives are understood (Palinkas et al., 2015). I employed snowball sampling to recruit participants for the study since I was having trouble getting people to take part. Participants may be more inclined to refer people who share their features or experiences, skewing the sample (Kirchherr & Charles, 2018).

The second limitation is my sample size was only ten participants, although I did reach data saturation. One of the benefits of having a small number of participants in the sample is that the research may be conducted in greater detail, which leads to results that are more comprehensive and significant (Mocanasu, 2020). The geographical scope of the inquiry was limited, and the selection of participants was accomplished by implementing a sampling approach in accordance with the methodology.

The homogenous sample which was conducted exclusively with male transgender individuals who were African American, is the third limitation of my study. There no heterogeneity in this study as other regions, races, or gender identities were included, and the findings are not indicative of the experiences of African American transgender men in other parts of the country or other races or gender identities. The analysis of the data and the interpretations of the results cannot be generalized beyond those that met the

inclusion criteria for my study (Lester & Lochmiller, 2020). Participants were required to meet the following inclusion criteria: (a) be of African American descent; (b) self-identify as being of the transgender male gender; (c) be at least 18 years old; (d) reside in one of the southern states of Alabama, Florida, or Georgia; and (f) be able to read, understand, and convey information in English.

The fourth limitation was the information gathered for this study was obtained by conducting in-depth interviews and relied on participants' self-reporting. As a result, there were no objective measures to substantiate their stories or any empirical data as this type of information gathering was beyond the present study's scope. I relied on each participant to be truthful about his experience as a transgender male. Even knowing that they were to receive a small token of appreciation, all participants appeared surprised and appreciative when they received it.

The fifth limitation was the inclusion of only three (Alabama, Florida, and Georgia) of the South's eleven states were represented in the study. In each of these three states, transgender persons face a unique set of obstacles and opportunities in their own economies (Heaton, 2017). Such limitations could impact the generalizability of the study results as those from different Southern states may have different experiences. These three states have some of the most targeting legislation in place towards transgender people in the United States, and they have some of the worst socioeconomic and health disparities in the country (Mapping LGBT, 2020; Fontenot et al., 2018). It is not possible to extrapolate these findings to all of the southern states that have a transgender population.

Recommendations

Understanding the lived experiences of African American transgender males who reside in the south is of fundamental importance in the context of comprehending the human experience and the ways in which these circumstances influence perception and knowledge. This is because the lived experiences of these individuals are of the utmost significance in understanding life in the southern United States. Understanding how human experiences influence the social determinants of health is critical for diversity, equality, and inclusion. As a result, knowledge is being disseminated, new views are being gained, and methods, programs, and policies are being improved.

In addition to the concerns outlined in the limitations portion of this chapter, more investigation into this subject matter could provide future researchers with additional insights into the phenomena under investigation. In order to effectively address transgender issues and facilitate the transition of African American transgender men in the -south, it is imperative that human service professionals, including case managers, social workers, behavioral health providers, social and community health workers, criminal justice professionals, and medical professionals, possess a comprehensive understanding of the distinct challenges that this population encounter at the intersection of race and gender.

An additional point of recommendation is to collect and analyze the perspectives and experiences of human service professionals working with African American transgender males living in the south. From the point of view of services, these professionals may be able to provide a more in-depth understanding of the conditions that

have an effect on the population, as well as solutions to any barriers that may exist, services that have been found to be ineffective and harmful, and services that have been found to be effective for the population.

Implications

Implications for Social Change

My results indicate that transgender African American men residing in the southern region encounter a unique array of challenges when it comes to navigating their transgender identities, in contrast to transgender Caucasian transgender men residing in the northern states and transgender African American transgender women (Billard & Zhang, 2022; MacCarthy et al., 2015; McLaren et al., 2021; Mocarski et al., 2019; Pang et al., 2022; Ng et al., 2019). The lack of recognition and incorporation of transgender individuals within academic institutions and the field of spatial geography contributes to the perpetuation of invisibility and marginalization (Hwahng et al., 2019; Rogers, 2022). The lived experiences of African American transgender males who resided in the South led to my conclusion that it was difficult to develop awareness of transgender identity, and that navigating Southern culture is challenging and potentially dangerous, mental health and well-being are dependent on one's internal resilience and access to a support network, and due to social norms, religious dogma, and gender norms it can be challenging for African American transgender men to cultivate and sustain healthy relationships with others.

These findings may be utilized by human service professionals who provide community services to assess the efficacy of present programs targeting African

American transgender populations, identify obstacles to service access, and determine ways to enhance human service delivery. It is possible that this information may be utilized in the process of developing professional standards that regulate the provision of services to the African American transgender male community in order to establish systems of care that are inclusive.

Implications for Practice

It is possible that the material that is presented as a result of my research may be utilized to broaden knowledge and comprehension of the lived experiences of African American transgender males who reside in the south and how they traverse the world. The literature on the experiences of African American men residing in the southern United States is inadequate. Therefore, my results could be vital for academics to use in filling the gap in the current literature. Although there is a paucity of qualitative research on the social, cultural, and economic challenges that African American transgender males face in the United States (Ghaziani, 2014; Forstie, 2020), there is a lack of information regarding the experiences of African American transgender men who reside in the Southern United States (Billard & Zhang, 2022; MacCarthy et al., 2015; McLaren et al., 2021; MocarSKI et al., 2019; Pang et al., 2022; Ng et al., 2019). This is due to the fact that this population is largely underrepresented in the literature (Rogers, 2022).

The marginalization of the community and the lack of visibility in academic circles are both issues that need to be brought to light through the conduct of additional research on the other southern states in relation to African American transgender men who live in the South. My results may help guide policy and practice in places where

transgender persons face few legal safeguards. My findings highlight the realities of nonheteronormative identities in states with deep seated legacies of slavery, racism, and discrimination and poor outcomes for African Americans. Because of the provision of useful information, knowledge, and understanding, the human service, health care, and other professionals who serve African American transmen could be more aware of the realities, difficulties, and experiences that they face in order to provide effective service to these individuals.

Conclusion

In academic circles, there is a dearth of discussion regarding the lived experiences of transgender men and women living in northern cities who are black and white (Anderson et al., 2020; Johnson et al., 2022; Poteat et al., 2021; Lombardi, 2009; Sanchez et al.2009; Schmitz & Tyler, 2018). However, African American transgender men who reside in the south are invisible (Rogers, 2022). Because of their unique social identities, the lived experiences of African American transgender males reflect a unique and distinct experience (Collins, 2015; Kuran et al., 2020; Lopez et al., 2018). Because racism, discrimination, and the persecution of Black people are the cornerstones upon which the South was constructed, an individual's race is the single most crucial element in determining how the rest of the world views them (Gordon-Reed, 2018). All other factors, including social and religious views, mental health, resilience, the dangers of being a Black man in the south, and the process of achieving transgender identity, are defined by this one component.

Ten African American transgender males from the southern states of Alabama, Florida, and Georgia were the subjects of this phenomenological study, which aimed to explore their lived experience. Drawing from their own unique experiences and points of view, the participants engaged in a discussion about the challenges that are brought about by the intersection of identities that overlap. Despite society's perception of nonconforming identification, the results of this study indicate that collaboration between service providers and this community is necessary as this demographic grows and gender identity is increasingly acknowledged at an early age. Further investigation is warranted into the challenges encountered by African American transgender men as a community, which has yet to be adequately addressed. The findings of the study demonstrate that professionals need to be able to provide transgender individuals who are seeking services with care that is both relevant and of high quality. The findings of the study also demonstrated that the transgender population has unique lived experiences because they have to deal with views, attitudes, and barriers in order to maintain acceptance.

It is necessary to conduct additional research and find solutions to these problems. By offering a voice to African American transgender males, I aimed to provide an alternative perspective for religious and other providers. The study's participants have resisted the need to dwell on the unpleasant aspects of their past or the opinions of others about who they should or should not be, and instead have focused on embracing themselves as transgender men in the face of adversity. Study participants have gained strength and a deeper understanding of what it means to be a transgender male as a result of their renewed self-confidence and knowledge. Participants will ideally take lessons

acquired from their lived experiences and use them to help others understand the lives of African American transgender males. Counselors and other human service practitioners, in their capacity as agents of social change, are tasked with devising culturally appropriate treatments that support African American males in their ongoing efforts to effect substantial and transformative personal growth. Professional counselors will hopefully be better equipped to facilitate the process of growth and transformation for individuals, which will have a beneficial ripple effect on organizations, families, and society at large, as a result of the findings generated in the present study.

References

- AIDSVu. (2019). Emory University, Rollins School of Public Health.
- Agénor, M., Cottrill, A. A., Kay, E., Janiak, E., Gordon, A. R., & Potter, J. (2020). Contraceptive beliefs, decision making and care experiences among transmasculine young adults: A qualitative analysis. *Perspectives on Sexual and Reproductive Health, 52*(1), 7–14. <https://doi.org/10.1363/psrh.12128>
- American Psychological Association. (2012). Guidelines for psychological practice with lesbian, gay, and bisexual clients. *American Psychologist, 67*(1), 10–42. <https://doi.org/10.1037/a0024659>
- Anderson, A. D., Irwin, J. A., Brown, A. M., & Grala, C. L. (2020). “Your picture looks the same as my picture”: An examination of passing in transgender communities. *Gender Issues, 37*(1), 44–60. <https://doi.org/10.1007/s1214701909239x>
- Andrucki, M. J., & Kaplan, D. J. (2018). Trans objects: Materializing queer time in US transmasculine homes. *Gender, Place & Culture, 25*(6), 781–798. <https://doi.org/10.1080/0966369x.2018.1457014>
- Anney, V. N. (2014). Ensuring the quality of the findings of qualitative research: Looking at trustworthiness criteria. *Journal of Emerging Trends in Educational Research and Policy Studies, 5*(2), 272–281.
- Armund, G., Dhejne, C., Olofsson, J. I., Stefenson, M., & Rodriguez-Wallberg, K. A. (2020). Attitudes and experiences of health care professionals when caring for transgender men undergoing fertility preservation by egg freezing: A qualitative study. *Therapeutic Advances in Reproductive Health, 14*, 1–12.

<https://doi.org/10.1177/2633494120911036>

Asquith, N. L., Dwyer, A., & Simpson, P. (2017). A queer criminal career. *Current Issues in Criminal Justice*, 29(2), 167–180.

<https://doi.org/10.1080/10345329.2017.12036094>

Atewologun, D. (2018). Intersectionality theory and practice. *Oxford Research Encyclopedia of Business and Management*.

<https://doi.org/10.1093/acrefore/9780190224851.013.48>

Barger, B. T., Obedin-Maliver, J., Capriotti, M. R., Lunn, M. R., & Flentje, A. (2021). Characterization of substance use among underrepresented sexual and gender minority participants in the population research in identity and disparities for equality (PRIDE) study. *Substance Abuse*, 42(1), 104–115.

<https://doi.org/10.1080/08897077.2019.1702610>

Barsigian, L. L., Hammack, P. L., Morrow, Q. J., Wilson, B., & Russell, S. T. (2020). Narratives of gender, sexuality, and community in three generations of genderqueer sexual minorities. *Psychology of Sexual Orientation and Gender Diversity*, 7(3), 276–292. <https://doi.org/10.1037/sgd0000384>

Baunach, D. M., & Burgess, E. O. (2013). Sexual identity in the American deep south: The concordance and discordance of sexual activity, relationships, and identities. *Journal of Homosexuality*, 60(9), 1315–1335.

<https://doi.org/10.1080/00918369.2013.806179>

Beatty Moody, D. L., Waldstein, S. R., Leibel, D. K., Hoggard, L. S., Gee, G. C., Ashe, J. J., Brondolo, E., Al-Najjar, E., Evans, M. K., & Zonderman, A. B. (2021). Race

and other sociodemographic categories are differentially linked to multiple dimensions of interpersonal-level discrimination: Implications for intersectional, health research. *Public Library of Science*, 16(5), Article e0251174.

<https://doi.org/10.1371/journal.pone.0251174>

Beemyn, G. (2013). A presence in the past: A transgender historiography. *Journal of Women's History*, 25(4), 113–121. <https://doi.org/10.1353/jowh.2013.0062>

Begun, S., & Kattari, S. (2016). Conforming for survival: Associations between transgender visual conformity/passing and homelessness experiences. *Journal of Gay and Lesbian Social Services*, 28(1), 54–66.

<https://doi.org/10.1080/10538720.2016.1125821>

Billard, T. J., & Zhang, E. (2022). Toward a transgender critique of media representation. *JCMS: Journal of Cinema and Media Studies*, 61(2), 194–199.

<https://doi.org/10.1353/cj.2022.0005>

Brown-Saracino, J. (2017). Explicating divided approaches to gentrification and growing income inequality. *Annual Review of Sociology*, 43(1), 515–539.

<https://doi.org/10.1146/annurev-soc-060116-053427>

Brumbaugh-Johnson, S. M., & Hull, K. E. (2019). Coming out as transgender: Navigating the social implications of a transgender identity. *Journal of Homosexuality*, 66(8), 1148–1177.

<https://doi.org/10.1080/00918369.2018.1493253>

Burns, E. (2021). *I'm not coming out; You're just coming in: Examining Black sexual identity formation in sexual fluidity research*. California Institute of Integral

Studies.

Burns, K. (2019). The internet made trans people more visible. It also left them more vulnerable. *Vox.com*.

Burton, C. (2021). "Self-reported health among sexual minorities in the United States". *Electronic Theses and Dissertations*. Paper 3931. <https://dc.etsu.edu/etd/3931>

Butler, J. (2002). *Gender Trouble*. Routledge. <https://doi.org/10.4324/9780203902752>

Cavalcante, A. (2017). Breaking into transgender life: Transgender audiences' experiences with "first of its kind" visibility in popular media: Transgender breakout texts. *Communication, Culture & Critique*, 10(3), 538-555.

<https://doi.org/10.1111/cccr.12165>

Centers for Disease Control and Prevention. (2017). Disparities in Suicide. Retrieved January 16, 2024, from [Disparities in Suicide | Suicide Prevention | CDC](#)

Centers for Disease Control and Prevention. (2019). HIV in the southern United States. Retrieved January 16, 2024, from [HIV in the Southern United States \(cdc.gov\)](#)

Cerezo, A., Cummings, M., Holmes, M., & Williams, C. (2017). Identity as resistance: Identity formation at the intersection of race, gender identity, and sexual orientation. *Psychology of Women Quarterly*, 44(1), 67–83.

doi.org/10.1177/0361684319875977

Chipkin, S. R., & Kim, F. (2017). Ten most important things to know about caring for transgender patients. *The American Journal of Medicine*, 130(11), 1238-1245.

doi.org/10.1016/j.amjmed.2017.06.019

Cicero, E. C., Reisner, S. L., Silva, S. G., Merwin, E. I., & Humphreys, J. C. (2019).

Health care experiences of transgender adults: An integrated mixed research literature review. *Advances in Nursing Science*, 42(2), 123-138.

<https://doi.org/10.1097/ans.000000000000256>

Cislaghi, B., & Heise, L. (2019). Using social norms theory for health promotion in low-income countries. *Health Promotion International*, 34(3), 616-623.

<https://doi.org/10.1093/heapro/day017>

Coaston, J. (2019). The intersectionality wars. *Vox*.

<https://doi.org/10.1215/9781478002253-002>

Coefield, B. W. (2023). Black men and our journeys toward love, healing, and liberation (Doctoral dissertation, Azusa Pacific University).

Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J.,

Fraser, L., Green, J., Knudson, G., Meyer, W. J., Monstrey, S., Adler, R. K.,

Brown, G. R., Devor, A. H., Ehrbar, R., Ettner, R., Eyler, E., Garofalo, R.,

Karasic, D. H., ... Zucker, K. (2012). Standards of care for the health of transsexual, transgender, and gender-nonconforming people, Version 7.

International Journal of Transgenderism, 13(4), 165–232.

<https://doi.org/10.1080/15532739.2011.700873>

Collins, P. H., & Chepp, V. (2013). Intersectionality. *The Oxford Handbook of Gender and Politics*, 57–87. <https://doi.org/10.1093/oxfordhb/9780199751457.013.0002>

Collins, P. H. (2015). Intersectionality's definitional dilemmas. *Annual Review of*

Sociology, 41(1), 1-20. <https://doi.org/10.1146/annurev-soc-073014-112142>

Colliver, B. (2021). Conceptualising 'micro-crimes.' *Re-Imagining Hate Crime*, 51–90.

https://doi.org/10.1007/978-3-030-65714-7_3

- Connell, C. (2016). Contesting racialized discourses of homophobia. *Sociological Forum*, 31(3), 599–618. Portico. <https://doi.org/10.1111/socf.12265>
- Connelly, L. M. (2013). Demographic data in research studies. *Journal of the Academy of Medical-Surgical Nurses*, 22(4), 269-271. PMID: 24147328.
- Coston, B. M., & Kimmel, M. (2012). Seeing privilege where it isn't: Marginalized masculinities and the intersectionality of privilege. *Journal of Social Issues*, 68(1), 97-111. <https://doi.org/10.1111/j.1540-4560.2011.01738.x>
- Coursolle, A., & Holtzman, R. (2019). Protections for LGBTQ people with behavioral health needs. [Protections for LGBTQ People with Behavioral Health Needs - National Health Law Program](#)
- Cox, C. (2019). Lesbian, gay, bisexual, and transgender (LGBT) healthcare in rural settings: An integrative review of the literature. Honors Undergraduate Theses. 503. <https://stars.library.ucf.edu/honorstheses/503>
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43(6), 1241-1299. <https://doi.org/10.2307/1229039>
- Crenshaw, K. (2017). Kimberlé Crenshaw on intersectionality, more than two decades later. *Columbia Law School*, 8(1).
- Creswell, J. W., & Poth, C. N. (2016). *Qualitative inquiry and research design: Choosing among five approaches*. Sage publications.
- Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and*

mixed methods approaches. Sage publications.

Cerezo, A., Cummings, M., Holmes, M., & Williams, C. (2019). Identity as resistance:

Identity formation at the intersection of race, gender identity, and sexual orientation. *Psychology of Women Quarterly*, 44(1), 67–83.

<https://doi.org/10.1177/0361684319875977>

Davy, Z. (2015). The DSM-5 and the politics of diagnosing transpeople. *Archives of*

Sexual Behavior, 44(5), 1165–1176. <https://doi.org/10.1007/s10508-015-0573-6>

DeCarlo, M. P. (2019). *Teaching note: Creating open textbooks for social work*

education. <https://doi.org/10.31235/osf.io/qf3t5>

DeFina, R., & Hannon, L. (2016). Social status attainment and racial category selection

in the contemporary United States. *Research in Social Stratification and Mobility*,

44, 91–97. <https://doi.org/10.1016/j.rssm.2016.02.006>

DePaulo, P. (2000). Sample size for qualitative research: The risk of missing something

important. *Quirk's Marketing Research Review*. Retrieved from

<http://www.quirks.com/articles/a2000/20001202.aspx>

DeRoest, A. (2018). Critiquing feminism: A trans man perspective. *Academic Excellence*

Showcase Proceedings. 105. <https://digitalcommons.wou.edu/aes/105>

Dinno, A. (2017). Homicide rates of transgender individuals in the United States: 2010–

2014. *American Journal of Public Health*, 107(9), 1441–1447.

<https://doi.org/10.2105/ajph.2017.303878>

Divan, V., Cortez, C., Smelyanskaya, M., & Keatley, J. (2016). Transgender social

inclusion and equality: a pivotal path to development. *Journal of the International*

AIDS Society, 19(3S2). <https://doi.org/10.7448/ias.19.3.20803>

- Drescher, J. (2010). Queer diagnoses: Parallels and contrasts in the history of homosexuality, gender variance, and the diagnostic and statistical manual. *Archives of Sexual Behavior*, 39(2), 427-460. <https://doi.org/10.1007/s10508-009-9531-5>
- Dudovskiy, J. (2018). The ultimate guide to writing a dissertation in business studies: A step-by-step assistance. [Research Methodology version].
- Dunlap, S. L., Holloway, I. W., Pickering, C. E., Tzen, M., Goldbach, J. T., & Castro, C. A. (2021). Support for transgender military service from active duty United States military personnel. *Sexuality Research and Social Policy*, 18(1), 137-143. doi.org/10.1007/s1317802000437x
- Earles, J. (2019). The poetics of coming out and being out: Feminist activism in cis lesbian and trans women's poetic narratives. *Humanities*, 8(3), 1-19 doi.org/10.3390/h8030122
- East, J. (2016). LGBTQ homeless youth in Harlem: A lack of resources despite need. *21st Century Social Justice*, 3(1). Retrieved from <https://fordham.bepress.com/swjournal/vol3/iss1/4>
- Edmiston, E. K., Donald, C. A., Sattler, A. R., Peebles, J. K., Ehrenfeld, J. M., & Eckstrand, K. L. (2016). Opportunities and gaps in primary care preventative health services for transgender patients: a systematic review. *Transgender Health*, 1(1), 216-230. <https://doi.org/10.1089/trgh.2016.0019>
- Else-Quest, N. M., & Hyde, J. S. (2016). Intersectionality in quantitative psychological

- research: II. Methods and techniques. *Psychology of Women Quarterly*, 40(3), 319–336. <https://doi.org/10.1177/0361684316647953>.
- Flores, A. R., Herman, J., Gates, G. J., & Brown, T. N. (2016). *How many adults identify as transgender in the United States?* (Vol. 13). Los Angeles, CA: Williams Institute.
- Flores, A. R., Meyer, I. H., Langton, L., & Herman, J. L. (2021). Gender identity disparities in criminal victimization: National crime victimization survey, 2017-2018. *American Journal of Public Health*, 111(4), 726-729. <https://doi.org/10.2105/ajph.2020.306099>
- Foggo, V., & Villasenor, J. (2020). Algorithms, housing discrimination, and the new disparate impact rule. *Columbia Science and Technology Law Review*, 22, 162.
- Fontenot, K., Semega, J., & Kollar, M. (2018). Income and poverty in the United States: 2017. *Current Population Reports*, 60, 263.
- Forstie, C. (2020). Theory making from the middle: Researching LGBTQ communities in small cities. *City & Community*, 19(1), 153–168. <https://doi.org/10.1111/cico.12446>
- Fraser, B., Pierse, N., Chisholm, E., & Cook, H. (2019). LGBTIQ+ homelessness: A review of the literature. *International Journal of Environmental Research and Public Health*, 16(15), 1-13. <https://doi.org/10.3390/ijerph16152677>
- Garcia, J., & Crosby, R. A. (2020). Social determinants of discrimination and access to health care among transgender women in Oregon. *Transgender Health*, 5(4), 225-233. <https://doi.org/10.1089/trgh.2019.0090>

- Gatos, K. C. (2018). A literature review of cervical cancer screening in transgender men. *Nursing for Women's Health*, 22(1), 52-62.
<https://doi.org/10.1016/j.nwh.2017.12.008>
- Ghaziani, A. (2014). Beyond the gayborhood. *There Goes the Gayborhood?*
<https://doi.org/10.23943/princeton/9780691158792.003.0002>
- Gibbs, J. M., & Jones, B. E. (2013). The black community and its LGBT members: The role of the behavioral scientist. *Journal of Gay & Lesbian Mental Health*, 17(2), 196-207. doi.org/10.1080/19359705.2013.766563
- GLAAD Media Reference Guide. (2014). Glossary of terms: Transgender. Retrieved on January 16, 2024, from [Glossary of Terms: Transgender | GLAAD](#)
- Glick, J. L., Lopez, A., Pollock, M., & Theall, K. P. (2019). "Housing insecurity seems to almost go hand in hand with being trans": Housing stress among transgender and gender non-conforming individuals in New Orleans. *Journal of Urban Health*, 96(5), 751-759. <https://doi.org/10.1007/s11524-019-00384-y>
- Glynn, T. R., & van den Berg, J. J. (2017). A systematic review of interventions to reduce problematic substance use among transgender individuals: A call to action. *Transgender Health*, 2(1), 45-59. <https://doi.org/10.1089/trgh.2016.0037>
- Goldberg, A. E., Kovalanka, K., & Dickey, L. (2019). Transgender graduate students' experiences in higher education: A mixed-methods exploratory study. *Journal of Diversity in Higher Education*, 12(1), 38-51. <https://doi.org/10.1037/dhe0000074>
- Goldenberg, T., Jadwin-Cakmak, L., & Harper, G. W. (2018). Intimate partner violence among transgender youth: Associations with intrapersonal and structural factors.

Violence and Gender, 5(1), 19-25. <https://doi.org/10.1089/vio.2017.0041>

- Gonzalez, C. A., Gallego, J. D., & Bockting, W. O. (2017). Demographic characteristics, components of sexuality and gender, and minority stress and their associations to excessive alcohol, cannabis, and illicit (noncannabis) drug use among a large sample of transgender people in the United States. *The Journal of Primary Prevention*, 38(4), 419-445. <https://doi.org/10.1007/s10935-017-0469-4>
- Gonzales G., & Henning-Smith, C. (2017). Barriers to care among transgender and gender nonconforming adults. *The Milbank Quarterly*, 95(4), 726–748. Portico. <https://doi.org/10.1111/1468-0009.12297>
- Gomez, A. M., Hooker, N., Olip Booth, R., Woerner, P., & Ratliff, G. A. (2021). “It’s being compassionate, not making assumptions”: Transmasculine and nonbinary young adults’ experiences of “women’s” health care settings. *Women’s Health Issues*, 31(4), 324-331. doi.org/10.1016/j.whi.2021.02.008
- Grant, J. M., Mottet, L. A., Tanis, J. J., & Min, D. (2011). Transgender discrimination survey. *National Center for Transgender Equality and National Gay and Lesbian Task Force: Washington, DC, USA*.
- Greathouse, M., BrckLorenz, A., Hoban, M., Huesman, R., Rankin, S., & Stolzenberg, E. B. (2018). A meta-analysis of queer-spectrum and trans-spectrum student experiences at US research universities. *Evaluating Campus Climate at US Research Universities*, 49-75. https://doi.org/10.1007/978-3-319-94836-2_3
- Grim, B. J., & Grim, M. E. (2016). “The socio-economic contribution of religion to American society: An empirical analysis.” *Interdisciplinary Journal of Research*

on Religion, 12 Article 3, 1–31. <https://www.theaquilareport.com/the-socio-economic-contribution-of-religion-to-american-society/>

Gunawan, J. (2015). Ensuring trustworthiness in qualitative research. *Belitung Nursing Journal*, 1(1), 10-11. <https://doi.org/10.33546/bnj.4>

Haimson, O. L., Dame Griff, A., Capello, E., & Richter, Z. (2021). Tumblr was a trans technology: the meaning, importance, history, and future of trans technologies. *Feminist Media Studies*, 21(3), 345-361. doi.org/10.1080/14680777.2019.1678505

Hamilakis, Y., Pluciennik, M., Tarlow, S., Houston, S. D., Stuart, D., & Taube, K. A. (2015). Butler, J. 1990. Gender trouble: Feminism and the subversion of identity. London: Routledge. Foucault, M. 1977. Discipline and punishment: The birth of the prison. London: Allen Lane. *European Journal of Archaeology*, 18, 2.

Hamilton, D. S. (2019). “Transgender and gender nonconforming individuals’ perception of the criminal justice system. *Walden Dissertations and Doctoral Studies*. 7009. <https://scholarworks.waldenu.edu/dissertations/7009>

Harden, Y. S. (2019). Stereotypes of a black male misunderstood (and it’s still all good): Exploring how African American/black male students experience and perceive racial microaggressions at a community college [*Doctoral dissertation, Northeastern University*]. doi.org/10.17760/d20316533

Harless, C., Nanney, M., Johnson, A. H., Polaski, A., & Beach-Ferrara, J. (2019). The report of the 2019 Southern LGBTQ health survey. *Asheville, NC: Campaign for Southern Equality*.

- Harrell, B. (2015). "The influence of demographics and cultural attitudes on sexual orientation attitudes in African American adults." *Walden Dissertations and Doctoral Studies*. 1699. <https://scholarworks.waldenu.edu/dissertations/1699>
- Harris, A. C. (2009). Marginalization by the marginalized: Race, homophobia, heterosexism, and "the Problem of the 21st Century". *Journal of Gay & Lesbian Social Services*, 21(4), 430-448. <https://doi.org/10.1080/10538720903163171>
- Hart-Brinson, P. (2020). *The gay marriage generation*. New York University Press. <https://doi.org/10.18574/nyu/9781479800513.001.0001>
- Heaton, C. E. (2017). "Examining the lived experiences of undergraduate transgender students at four year institutions in the South". *University of New Orleans Theses and Dissertations*. 2409. <https://scholarworks.uno.edu/td/2409>
- Henderson, E. R., Jabson, J., Russomanno, J., Paglisotti, T., & Blosnich, J. R. (2019). Housing and food stress among transgender adults in the United States. *Annals of Epidemiology*, 38, 42-47. <https://doi.org/10.1016/j.annepidem.2019.08.004>
- Henny, K. D., & Jeffries, W. L., IV. (2019). Ending the HIV epidemic in the United States must start with the South. *AIDS and Behavior*, 23(S3), 221-223. <https://doi.org/10.1007/s10461-019-02686-3>
- Hill, M. J. (2013). Is the black community more homophobic?: Reflections on the intersectionality of race, class, gender, culture and religiosity of the perception of homophobia in the black community. *Journal of Gay & Lesbian Mental Health*, 17(2), 208-214. <https://doi.org/10.1080/19359705.2013.768089>
- Hoffkling, A., Obedin-Maliver, J., & Sevelius, J. (2017). From erasure to opportunity: a

qualitative study of the experiences of transgender men around pregnancy and recommendations for providers. *BioMed Central Pregnancy and Childbirth*, 17(S2). <https://doi.org/10.1186/s12884-017-1491-5>

Hughto, J. M., Quinn, E. K., Dunbar, M. S., Rose, A. J., Shireman, T. I., & Jasuja, G. K. (2021). Prevalence and co-occurrence of alcohol, nicotine, and other substance use disorder diagnoses among US transgender and cisgender adults. *Journal of the American Medical Association Network Open*, 4(2), e2036512-e2036512. <https://doi.org/10.1001/jamanetworkopen.2020.36512>

Human Rights Campaign. (2020). Fatal violence against the transgender and gender non-conforming community in 2020. Retrieved January 15, 2024 from [An Epidemic of Violence - HRC Digital Reports](#)

Human Rights Campaign Foundation. (2021). We are here: Understanding the size of the LGBTQ+ community. Retrieved January 15, 2024 from [We Are Here: LGBTQ+ Adult Population in United States Reaches At Least 20 Million, According to Human Rights Campaign Foundation Report - Human Rights Campaign \(hrc.org\)](#)

Hunter, L. A., McGovern, A., & Sutherland, C. (2018). Intersecting injustice: Addressing LGBTQ poverty and economic justice for all: A national call to action. 1-28. <https://socialjusticesexuality.com/files/2018/04/Poverty-Reports-Exec-Summary.pdf>

Hwahng, S. J., Allen, B., Zadoretzky, C., Barber, H., McKnight, C., & Des Jarlais, D. (2019). Alternative kinship structures, resilience, and social support among immigrant trans Latinas in the USA. *Culture, Health & Sexuality*, 21(1), 1-15.

<https://doi.org/10.1080/13691058.2018.1440323>

James, S. E., Brown, C., & Wilson, I. (2017). 2015 U.S. *Transgender survey: Report on the experiences of Black respondents*. Washington, DC and Dallas, TX: National Center for Transgender Equality, Black Trans Advocacy, & National Black Justice Coalition.

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The report of the 2015 U.S. transgender survey. Washington, DC: National Center for Transgender Equality. <http://www.ustranssurvey.org/reports>

Johnson, A. H., Nanney, M., & Harless, C. (2022). Transgender, nonbinary, and gender diverse health in the US southeast: A quantitative look at the influence of gender identity and sexuality in a sample of LGBT southerners. In *Demography of Transgender, Nonbinary and Gender Minority Populations*, 117-159.

https://doi.org/10.1007/978-3-031-06329-9_6

Jones, J. R. (2021). "The experience of conflicting identities amongst African American law enforcement officers" (2021). *Walden Dissertations and Doctoral Studies*. 11088. <https://scholarworks.waldenu.edu/dissertations/11088>

Jones, J., Schmitt, J., & Wilson, V. (2018). 50 Years after the kerner commission: African Americans are better off in many ways but are still disadvantaged by racial inequality. *Economic Policy Institute*. <https://www.epi.org/publication/50-years-after-the-kerner-commission/>

Kang, M., Lessard, D., Heston, L., & Nordmaken, S. (2017). Introduction to women, gender, sexuality studies. *Women, Gender, Sexuality Studies Educational*

Materials. 1. <https://doi.org/10.7275/R5QZ284K>

- Kappes, A., Harvey, A. H., Lohrenz, T., Montague, P. R., & Sharot, T. (2020). Confirmation bias in the utilization of others' opinion strength. *Nature Neuroscience*, 23(1), 130-137. <https://doi.org/10.1038/s41593-019-0549-2>
- Keith, V. M., Nguyen, A. W., Taylor, R. J., Mouzon, D. M., & Chatters, L. M. (2017). Microaggressions, discrimination, and phenotype among African Americans: A latent class analysis of the impact of skin tone and bmi. *Sociological Inquiry*, 87(2), 233-255. <https://doi.org/10.1111/soin.12168>
- Khumalo, S., Taylor, M., Makusha, T., & Mabaso, M. (2020). Intersectionality of cultural norms and sexual behaviours: a qualitative study of young black male students at a university in KwaZulu-Natal, South Africa. *Reproductive Health*, 17(1), 1-10. <https://doi.org/10.1186/s12978-020-01041-3>
- King, S. (2019). The criminal justice system's mistreatment of transgender individuals: A call for policy reform to assist a marginalized prisoner community. *Inquiries Journal*, 11(1), 1-2. <http://www.inquiriesjournal.com/a?id=1753>
- Kirchherr, J., & Charles, K. (2018). Enhancing the sample diversity of snowball samples: Recommendations from a research project on anti-dam movements in Southeast Asia. *The Public Library of Science*, 13(8), 1-17. <https://doi.org/10.1371/journal.pone.0201710>
- Kolysh, S. (2017). Straight gods, white devils: Exploring paths to non-religion in the lives of black LGBTQ people. *Secularism and Nonreligion*, 6(2), 1-13. doi.org/10.5334/snr.83.

- Krempasky, C., Harris, M., Abern, L., & Grimstad, F. (2020). Contraception across the transmasculine spectrum. *American Journal of Obstetrics and Gynecology*, 222(2), 134-143. <https://doi.org/10.1016/j.ajog.2019.07.043>
- Kuper, L. E., Wright, L., & Mustanski, B. (2018). Gender identity development among transgender and gender nonconforming emerging adults: An intersectional approach. *International Journal of Transgenderism*, 19(4), 436-455. <https://doi.org/10.1080/15532739.2018.1443869>
- Kuran, C. H. A., Morsut, C., Kruke, B. I., Krüger, M., Segnestam, L., Orru, K., Nævestad, T. O., Airola, M., Keränen, J., Gabel, F., Hansson, S., & Torpan, S. (2020). Vulnerability and vulnerable groups from an intersectionality perspective. *International Journal of Disaster Risk Reduction*, 50, 101-826. <https://doi.org/10.1016/j.ijdrr.2020.101826>
- Lang, C., & Kuhnle, U. (2008). Intersexuality and alternative gender categories in non-western cultures. *Hormone Research in Pediatrics*, 69(4), 240-250. <https://doi.org/10.1159/000113025>
- Lee, A., & Kanji, Z. (2017). Queering the health care system: Experiences of the lesbian, gay, bisexual, transgender community. *Canadian Journal of Dental Hygiene*, 51(2). [2259.pdf \(cdha.ca\)](https://www.cdha.ca/2259.pdf)
- Lemons, A., Beer, L., Finlayson, T., McCree, D. H., Lentine, D., & Shouse, R. L. (2018). Characteristics of HIV-positive transgender men receiving medical care: United States, 2009–2014. *American Journal of Public Health*, 108(1), 128–130. <http://doi:10.2105/ajph.2017.304153>

- Lester, J. N., Cho, Y., & Lochmiller, C. R. (2020). Learning to do qualitative data analysis: A starting point. *Human Resource Development Review, 19*(1), 94-106.
<https://doi.org/10.1177/1534484320903890>
- Levy, Diane K., Douglas Wissoker, Claudia L. Aranda, Brent Howell, Rob Pitingolo, Sarale Sewell, and Rob Santos. 2017. *A paired-testing pilot study of housing discrimination against same-sex couples and transgender individuals*. Washington, DC: Urban Institute.
- Little, W., McGivern, R., & Kerins, N. (2016). *Introduction to sociology-2nd Canadian edition*. BC Campus.
- Lombardi, E. (2009). Varieties of transgender/transsexual lives and their relationship with transphobia. *Journal of Homosexuality, 56*(8), 977-992.
<https://doi.org/10.1080/00918360903275393>
- López, N., Erwin, C., Binder, M., & Chavez, M. J. (2018). Making the invisible visible: advancing quantitative methods in higher education using critical race theory and intersectionality. *Race Ethnicity and Education, 21*(2), 180-207.
<https://doi.org/10.1080/13613324.2017.1375185>
- Loury, G. C. (2019). Why does racial inequality persist? Culture, causation, and responsibility. *Manhattan Institute Essay*. <https://media4.manhattan-institute.org/sites/default/files/R-0519-GL.pdf>.
- Lyness, K. P., Fischer, J. L., & Editors, V. (2019). Gender, sexual identity, and families: The personal is political. <https://doi.org/10.3998/groves.9453087.0005.001>
- Manyam, S., & Panjwani, S. (2019). Analysing interview transcripts of a

phenomenological study on the cultural immersion experiences of graduate counselling students. <https://doi.org/10.4135/9781526496348>

Martinez-Velez, J. J., Melin, K., & Rodriguez-Diaz, C. E. (2019). A Preliminary assessment of selected social determinants of health in a sample of transgender and gender nonconforming individuals in Puerto Rico. *Transgender Health, 4*(1), 9-17. <https://doi.org/10.1089/trgh.2018.0045>

Mason, C. (2019). Opposing abortion to protect women: Transnational strategy since the 1990s. *Signs: Journal of Women in Culture and Society, 44*(3), 665-692. <https://doi.org/10.1086/701156>

McCauley, E., Eckstrand, K., Desta, B., Bouvier, B., Brockmann, B., & Brinkley-Rubinstein, L. (2018). Exploring healthcare experiences for incarcerated individuals who identify as transgender in a southern jail. *Transgender Health, 3*(1), 34-41. <https://doi.org/10.1089/trgh.2017.0046>

McCree, D. H., Young, S. R., Henny, K. D., Cheever, L., & McCray, E. (2019). U.S. Centers for disease control and prevention and health resources and services administration initiatives to address disparate rates of HIV infection in the south. *AIDS and Behavior, 23*(S3), 313-318. <https://doi.org/10.1007/s10461-019-02596-4>

McLaren, J. T., Bryant, S., & Brown, B. (2021). "See me! recognize me!" An analysis of transgender media representation. *Communication Quarterly, 69*(2), 172-191. <https://doi.org/10.1080/01463373.2021.1901759>

Meyer, D. (2015). Violence against Queer People. <https://doi.org/10.2307/j.ctt1bc53v7>

- Minow, M. (2021). Tribute to justice Ruth Bader Ginsburg. *Harvard Civil Rights-Civil Liberties Law Review*, 56(1), 5-13.
- Mocănașu, D. R. (2020). Determining the sample size in qualitative research. *International Multidisciplinary Scientific Conferences on the Dialogue between Sciences & Arts, Religion & Education*, 4(4) 181-187.
<https://doi.org/10.26520/mcdsare.2020.4.181-187>
- Mocarski, R., King, R., Butler, S., Holt, N. R., Huit, T. Z., Hope, D. A., Meyer, H. M., & Woodruff, N. (2019). The rise of transgender and gender diverse representation in the media: Impacts on the population. *Communication, Culture & Critique*, 12(3), 416–433. doi.org/10.1093/ccc/tcz031
- Momen, R. E., & Dilks, L. M. (2021). Examining case outcomes in US transgender homicides: an exploratory investigation of the intersectionality of victim characteristics. *Sociological Spectrum*, 41(1), 53-79.
<https://doi.org/10.1080/02732173.2020.1850379>
- Morgenroth, T., & Ryan, M. K. (2018). Gender trouble in social psychology: How can Butler’s work inform experimental social psychologists’ conceptualization of gender? *Frontiers in Psychology*, 9. <https://doi.org/10.3389/fpsyg.2018.01320>
- Movement Advancement Project and Campaign for Southern Equality. (2020). *Telling a New Southern Story: LGBTQ resilience, resistance, and leadership*.
www.lgbtmap.org/regional-south
- Movement Advancement Project and Center for American Progress. May 2016. *Unjust: How the Broken Criminal Justice System Fails Transgender People*.

<https://www.lgbtmap.org/policy-and-issue-analysis/criminal-justice-trans>

Myers, M. (2000). Qualitative research and the generalizability question: Standing firm with proteus. *The Qualitative Report*. <https://doi.org/10.46743/2160-3715/2000.2925>

Nadal, K. L., Davidoff, K. C., Davis, L. S., Wong, Y., Marshall, D., & McKenzie, V. (2015). A qualitative approach to intersectional microaggressions: Understanding the influences of race, ethnicity, gender, sexuality, and religion. *Qualitative Psychology*, 2(2), 147-163. doi.org/10.1037/qup0000026

Nanney, M., C. Harless, Johnson, A. H., Polaski, A. & J. Beach-Ferrara. (2020). “*The Report of the 2019 southern LGBTQ health survey: Black trans respondents spotlight*” campaign for southern equality: Asheville, NC.

National Center for Transgender Equality. (2018). *LGBTQ people behind bars: A guide to understanding the issues facing transgender prisoners and their legal rights*. Retrieved on January 15, 2024, from <https://transequality.org/transpeoplebehindbars>

National Coalition of Anti-Violence Programs. (2015). *Hate violence in 2014*. Retrieved January 16, 2024, from [Sex, Gender, and Sexuality | National Institutes of Health \(NIH\)](https://www.nih.gov)

National Institute of Health Style Guide (2021). Definitions. U.S. Department of Health and Human Services, National Institutes of Health Retrieved on March 7, 2024, from, <https://www.nih.gov>

- Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on Medical Education*, 8(2), 90–97. <https://doi.org/10.1007/s40037-019-0509-2>
- Ng, C. K., Haines-Saah, R. J., Knight, R. E., Shoveller, J. A., & Johnson, J. L. (2019). “It’s not my business”: Exploring heteronormativity in young people’s discourses about lesbian, gay, bisexual, transgender, and queer issues and their implications for youth health and wellbeing. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, 23(1), 39-57. <https://doi.org/10.1177/1363459317715776>
- Nicolazzo, Z. (2016). ‘It’s a hard line to walk’: black nonbinary trans collegians’ perspectives on passing, realness, and trans normativity. *International Journal of Qualitative Studies in Education*, 29(9), 1173-1188. doi.org/10.1080/09518398.2016.1201612
- Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health*, 42(5), 533–544. <https://doi.org/10.1007/s104880130528y>
- Pang, K. C., Hoq, M., & Steensma, T. D. (2022). Negative media coverage as a barrier to accessing care for transgender children and adolescents. *Journal of American Medical Association Network Open*, 5(2), 1-3. <https://doi.org/10.1001/jamanetworkopen.2021.38623>
- Pannucci, C. J., & Wilkins, E. G. (2010). Identifying and avoiding bias in research.

Plastic and Reconstructive Surgery, 126(2), 619–625.

<https://doi.org/10.1097/PRS.0b013e3181de24bc>

Pastrana, A. (2016). It takes a family: An examination of outness among Black LGBT people in the United States. *Journal of Family Issues*, 37(6), 765-788.

doi.org/10.1177/0192513x14530971

Perez-Brumer, A., Nunn, A., Hsiang, E., Oldenburg, C., Bender, M., Beauchamps, L., Mena, L., & MacCarthy, S. (2018). “We don’t treat your kind”: Assessing HIV health needs holistically among transgender people in Jackson, Mississippi.

Public Library of Science, 13(11), 1-12.

<https://doi.org/10.1371/journal.pone.0202389>

Perzanowski, E. S., Ferraiolo, T., & Keuroghlian, A. S. (2020). Overview and terminology. *Pediatric Gender Identity*, 1–13. https://doi.org/10.1007/978-3-030-38909-3_1

Pew Research Center. (2019). “Race in American 2019”. Retrieved January 16, 2024, from [Views on Race in America 2019 / Pew Research Center](https://www.pewresearch.org/race-ethnicity/2019/01/23/race-in-america-2019/)

Pew Research Center. (2021). “The growing diversity in Black America”. Retrieved on January 16, 2024, from [The Growing Diversity of Black America / Pew Research Center](https://www.pewresearch.org/race-ethnicity/2021/01/22/the-growing-diversity-in-black-america/)

Phillips, J., & Yi, J. (2019). Queer communities and activism in South Korea: Periphery-center currents. *Journal of Homosexuality*, 67(14), 1948-1973.

<https://doi.org/10.1080/00918369.2019.1616432>

Piantato, G. (2016). How has queer theory influenced the ways we think about gender?

Working Paper of Public Health, 5(1), 1-11. doi.org/10.4081/wp-ph.2016.6948

- Poteat, T., Mayo-Wilson, L. J., Pereira, N., Wright, B. N., Smout, S. A., Sawyer, A. N., Cathers, L., Zimmerman, R. S., Grigsby, S. R., & Benotsch, E. G. (2021). U.S. transgender women's preferences for microeconomic interventions to address structural determinants of HIV vulnerability: A qualitative assessment. *BioMed Central Public Health*, 21(1) 1-15. <https://doi.org/10.1186/s12889-021-11471-8>
- Quinn, K., Dickson-Gomez, J., & Kelly, J. A. (2016). The role of the Black church in the lives of young Black men who have sex with men. *Culture, Health & Sexuality*, 18(5), 524-537. <https://doi.org/10.1080/13691058.2015.1091509>
- Råheim, M., Magnussen, L. H., Sekse, R. J. T., Lunde, Å., Jacobsen, T., & Blystad, A. (2016). Researcher–researched relationship in qualitative research: Shifts in positions and researcher vulnerability. *International Journal of Qualitative Studies on Health and Wellbeing*, 11(1), 1-12. doi.org/10.3402/qhw.v11.30996
- Reay, B. (2014). The Transsexual Phenomenon: A Counter-History. *Journal of Social History*, 47(4), 1042–1070. <https://doi.org/10.1093/jsh/shu018>
- 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*, 388(10042), 412-436. [https://doi.org/10.1016/s0140-6736\(16\)00684-x](https://doi.org/10.1016/s0140-6736(16)00684-x)
- Reisner, S. L., Choi, S. K., Herman, J. L., Bockting, W., Krueger, E. A., & Meyer, I. H. (2023). Sexual orientation in transgender adults in the United States. *Bio Medical*

- Central Public Health*, 23(1), 1-12. <https://doi.org/10.1186/s12889-023-16654-z>
- Risman, B. J. (2018). Gender as a social structure. *Handbooks of Sociology and Social Research*, 19–43. https://doi.org/10.1007/978-3-319-76333-0_2
- Rogers, B. A. (2022). Trans Manhood: The intersections of masculinities, queerness, and the South. *Men and Masculinities*, 25(1), 24–42.
<https://doi.org/10.1177/1097184x20927058>
- Rosich, G. R. (2020). Sexual citizenship theory and employment discrimination among transgender identified people. *Societies*, 10(1), 1-17.
doi.org/10.3390/soc10010017
- Rudin, J., Billing, T., Farro, A., & Yang, Y. (2020). Bigenderism at work? Organizational responses to trans men and trans women employees. *Organization Management Journal*, 17(2), 63-81. doi.org/10.1108/OMJ0220180507
- Ruíz, E. (2017). *Framing Intersectionality*. The Routledge Companion to Philosophy of Race, 335–348. <https://doi.org/10.4324/9781315884424-24>
- Rusham, J. J. (2017). *Introduction to queer theory*. UMass Press.
- Saewyc, E. (2021). The next phase of the global early adolescent study: Measuring how gender norms and gender inequality intensify and influence health. *Journal of Adolescent Health*, 69(1S), S1-S2. <https://doi.org/10.1016/j.jadohealth.2021.04.003>
- Sanchez, N. F., Sanchez, J. P., & Danoff, A. (2009). Health care utilization, barriers to care, and hormone usage among male to female transgender persons in New York City. *American Journal of Public Health*, 99(4), 713–719.
<https://doi.org/10.2105/AJPH.2007.132035>

- Sands, Jennifer C. (2018). *Orlando's pulse: Diversity and inclusion in higher education after a tragedy*. University of the Pacific, Thesis.
https://scholarlycommons.pacific.edu/uop_etds/3139
- Sargeant, J. (2012). Qualitative research part II: Participants, analysis, and quality assurance. *Journal of Graduate Medical Education*, 4(1), 1–3.
<https://doi:10.4300/jgmed1100307.1>
- Schaefer, A. G., Iyengar, R., Kadiyala, S., Kavanagh, J., Engel, C. C., Williams, K. M. & Kress, A., M. (2016). Assessing the implications of allowing transgender personnel to serve openly. *Rand Corporation*. doi.org/10.7249/rb9909
- Scheim, A., Kacholia, V., Logie, C., Chakrapani, V., Ranade, K., & Gupta, S. (2020). Health of transgender men in low income and middle income countries: a scoping review. *BMJ Global Health*, 5(11), 1-13. doi.org/10.1136/bmjgh-2020-00347
- Scheim, A. I., Bauer, G. R., & Shokoohi, M. (2017). Drug use among transgender people in Ontario, Canada: Disparities and associations with social exclusion. *Addictive Behaviors*, 72, 151-158. doi.org/10.1016/j.addbeh.2017.03.022
- Schmitz, R. M., & Tyler, K. A. (2018). LGBTQ+ Young adults on the street and on campus: Identity as a product of social context. *Journal of Homosexuality*, 65(2), 197-223. <https://doi.org/10.1080/00918369.2017.1314162>
- Schnabel, L. (2018). Sexual orientation and social attitudes. *Socius: Sociological Research for a Dynamic World*, 4, 237802311876955.
<https://doi.org/10.1177/2378023118769550>
- Schuyler, A. C., Klemmer, C., Mamey, M. R., Schrage, S. M., Goldbach, J. T.,

Holloway, I. W., & Castro, C. A. (2020). Experiences of sexual harassment, stalking, and sexual assault during military service among LGBT and non-LGBT service members. *Journal of Traumatic Stress, 33*(3), 257-266.

doi.org/10.1002/jts.22506

Seahorn, N. A. (2020). "Lived experiences of gay men and barriers to reporting intimate partner violence" (2020). *Walden Dissertations and Doctoral Studies*. 87-99.

<https://scholarworks.waldenu.edu/dissertations/8799>

Shelton, J., DeChants, J., Bender, K., Hsu, H. T., Maria, D. S., Petering, R., Ferguson, K., Narendorf, S., & Barman-Adhikari, A. (2018). Homelessness and housing experiences among LGBTQ young adults in seven US cities. *Cityscape, 20*(3), 9-33. <https://www.huduser.gov/portal/periodicals/cityscpe/vol20num3/ch1.pdf>

Silvestrini, M., Hoff, C. C., Witkovic, Y. D., & Madriles, C. (2020). 33 HIV/AIDS and mental health among sexual and gender minority populations. *The Oxford Handbook of Sexual and Gender Minority Mental Health*, 395.

<https://doi.org/10.1093/oxfordhb/9780190067991.013.35>

Siotos, C., Neira, P. M., Lau, B. D., Stone, J. P., Page, J., Rosson, G. D., & Coon, D. (2019). Origins of gender affirmation surgery: the history of the first gender identity clinic in the United States at Johns Hopkins. *Annals of Plastic Surgery, 83*(2), 132-136. <https://doi:10.1097/sap.0000000000001684>

Smart, B. D., Jackson, L., Alonzo, J., Tanner, A. E., Garcia, M., Aviles, L., & Rhodes, S.D. (2020). Transgender women of color in the U.S. South: A qualitative study of social determinants of health and healthcare perspectives. *International Journal*

of *Transgender Health*, 23(1-2),164-177.

<https://doi.org/10.1080/2695269.2020.1848691>

Smith, S.G., Basile, K. C., Gilbert, L. K., Merrick, M. T., Patel, N., Walling, M., & Jain, A. (2017). *National intimate partner and sexual violence survey (NISVS): 2010–2012 State report*. Retrieved from: https://www.nsvrc.org/sites/default/files/2017-05/nsvrc_publications_talking-points-nisvs_state_report_0.pdf.

Tyler, K. A., Schmitz, R. M., & Ray, C. M. (2017). Role of Social Environmental

Protective Factors on Anxiety and Depressive Symptoms Among Midwestern

Homeless Youth. *Journal of Research on Adolescence*, 28(1), 199–210. Portico.

<https://doi.org/10.1111/jora.12326>

South, U. (2020). Mapping LGBTQ. <http://www.lgbtmap.org/equalitymaps>

Stahl, N. A., & King, J. R. (2020). Expanding approaches for research: Understanding and using trustworthiness in qualitative research. *Journal of Developmental Education*, 44(1), 26-29.

[https://www.jstor.org/stable/pdf/45381095.pdf?refreqid=fastly-](https://www.jstor.org/stable/pdf/45381095.pdf?refreqid=fastly-default%3A3cc871a57b20d7a5c8a2ea7ebde9e336&ab_segments=&origin=&initiator=&acceptTC=1)

[default%3A3cc871a57b20d7a5c8a2ea7ebde9e336&ab_segments=&origin=&initiator=&acceptTC=1](https://www.jstor.org/stable/pdf/45381095.pdf?refreqid=fastly-default%3A3cc871a57b20d7a5c8a2ea7ebde9e336&ab_segments=&origin=&initiator=&acceptTC=1)

Stotzer, R. L. (2017). Data sources hinder our understanding of transgender murders.

American Journal of Public Health, 107(9), 1362–1363.

<https://doi.org/10.2105/ajph.2017.303973>

Stryker, S. (2017). *Transgender history: The roots of today's revolution*. Hachette UK.

Sue, D. W., Alsaidi, S., Awad, M. N., Glaeser, E., Calle, C. Z., & Mendez, N. (2019).

Disarming racial microaggressions: Microintervention strategies for targets, White allies, and bystanders. *American Psychologist*, 74(1), 128–142.

doi.org/10.1037/amp0000296

Tan, K. K., Treharne, G. J., Ellis, S. J., Schmidt, J. M., & Veale, J. F. (2019). Gender minority stress: A critical review. *Journal of Homosexuality*, 67(10), 1471–1489.

<https://doi.org/10.1080/00918369.2019.1591789>

Taylor, B. (2019). Intersectionality 101: What is it and why is it important?. *Womankind Worldwide*, 24.

Tenny, T. D., Brannan, G.D., Brannan, J. and Sharts-Hopko, N.C. (2020) Qualitative Study. StatPearls Publishing, Treasure Island.

<https://pubmed.ncbi.nlm.nih.gov/29262162/>

The Oxford handbook of feminist theory. (2015). Oxford Handbooks Online.

<https://doi.org/10.1093/oxfordhb/9780199328581.001.0001>

Tolliver, W., & Snorton, C. R. (2016). At the intersection of racial and sexual passing and African American Celebrity. In *Passing/Out* (pp. 137-169). Routledge.

Topolovec-Vranic, J., & Natarajan, K. (2016). The use of social media in recruitment for medical research studies: A Scoping Review. *Journal of Medical Internet Research*, 18(11), 1-13.

<https://doi.org/10.2196/jmir.5698>

Tormos, F. (2017). Intersectional solidarity, Politics, Groups, and Identities, 5:4, 707-720. <https://doi.org/10.1080/21565503.2017.1385494>

United Nations. Gender and racial discrimination: Report of the Expert Group Meeting,

November 21–24, 2000, Zagreb, Croatia.

U.S Department of Health and Human Services. *Healthy People 2020*. Washington, DC:

USDHHS <https://www.healthypeople.gov/2020>

Valentine, S. E., & Shipherd, J. C. (2018). A systematic review of social stress and mental health among transgender and gender non-conforming people in the United States. *Clinical Psychology Review*, *66*, 24–38.

<https://doi.org/10.1016/j.cpr.2018.03.003>

Vance, S. R., Jr., Boyer, C. B., Glidden, D. V., & Sevelius, J. (2021). Mental health and psychological risk and protective factors among Black and Latinx transgender youth compared with peers. *Journal of American Medical Association Network Open*, *4*(3), 1-12. <https://doi.org/10.1001/jamanetworkopen.2021.3256>

Ventriglio, A., & Bhugra, D. (2019). Sexuality in the 21st century: Sexual fluidity. *East Asian Archives of Psychiatry*, *29*(1), 30-34. <https://doi.org/10.12809/eaap1736>

Vigod, S. N., & Rochon, P. A. (2020). The impact of gender discrimination on a woman's mental health. *EClinicalMedicine*, *20*, 1-2. [doi.](https://doi.org/10.1016/j.eclinm.2020.100311)

[org/10.1016/j.eclinm.2020.100311](https://doi.org/10.1016/j.eclinm.2020.100311)

Walker, C. A., Cohen, H., & Jenkins, D. (2016). An older transgender woman's quest for identity. *Journal of Psychosocial Nursing and Mental Health Services*, *54*(2), 31-38. <https://doi.org/10.3928/027936952016011904>

Weller, C. E., & Hanks, A. (2018). The widening racial wealth gap in the United States after the great recession. *Forum for Social Economics*, *47*(2), 237-252.

<https://doi.org/10.1080/07360932.2018.1451769>

- Wesp, L. M., Malcoe, L. H., Elliott, A., & Poteat, T. (2019). Intersectionality research for transgender health justice: A theory-driven conceptual framework for structural analysis of transgender health inequities. *Transgender Health, 4*(1), 287-296. <https://doi.org/10.1089/trgh.2019.0039>
- White, B. P., & Fontenot, H. B. (2019). Transgender and non-conforming persons' mental healthcare experiences: An integrative review. *Archives of Psychiatric Nursing, 33*(2), 203-210. <https://doi.org/10.1016/j.apnu.2019.01.005>
- White Hughto, J. M., Murchison, G. R., Clark, K., Pachankis, J. E., & Reisner, S. L. (2016). Geographic and Individual Differences in Healthcare Access for U.S. Transgender Adults: A Multilevel Analysis. *LGBT Health, 3*(6), 424–433. <https://doi.org/10.1089/lgbt.2016.0044>
- White, M. E., Cartwright, A. D., Reyes, A. G., Morris, H., Lindo, N. A., Singh, A. A., & McKinzie Bennett, C. (2020). “A whole other layer of complexity”: Black transgender men’s experiences. *Journal of LGBT Issues in Counseling, 14*(3), 248-267. <https://doi.org/10.1080/15538605.2020.1790468>
- Whitfield, D. L., Coulter, R. W., Langenderfer Magruder, L., & Jacobson, D. (2021). Experiences of intimate partner violence among lesbian, gay, bisexual, and transgender college students: The intersection of gender, race, and sexual orientation. *Journal of Interpersonal Violence, 36*(1112), NP6040NP6064. doi.org/10.1177/0886260518812071

- Williams, A. (2020). Black Memes Matter: #LivingWhileBlack With Becky and Karen. *Social Media + Society*, 6(4), 205630512098104.
<https://doi.org/10.1177/2056305120981047>
- Williams, B. J. (2020). *Exploring the community based involvement of Black and Latinx LGBTQ+ Adults* [Doctoral dissertation].
- Williams, C. (2014). Transgender. *TSQ: Transgender Studies Quarterly*, 1(1-2), 232-234.
<https://doi.org/10.1215/23289252-2400136>
- Wong, J. W., La, V. V., Lee, S. E., & Raidoo, S. (2020). The ALOHA study: Intimate partner violence in Hawai'i's lesbian, gay, bisexual, and transgender community. *Hawai'i Journal of Health & Social Welfare*, 79(6), 187-193.
<https://eds.p.ebscohost.com/eds/pdfviewer/pdfviewer?vid=1&sid=a131f940-d667-4945-88b9-f65aa2eaad42%40redis>
- Woody, W. D., Ropp, A., Miller, R. L., & Bayes, B. A. (2016). A brief history of the psychology of prejudice. *Psychological specialties in context: Enriching the classroom experience with history*, 302-323.
- World Health Organization **. (2015). *Social detriments of health*. [Social determinants of health \(who.int\)](https://www.who.int)
- World Population Review 2021. <https://worldpopulationreview.com>
- Wright, T., Candy, B., & King, M. (2018). Conversion therapies and access to transition-

related healthcare in transgender people: a narrative systematic review. *British Medical Journal Open*, 8(12), e022425. <https://doi.org/10.1136/bmjopen-2018-022425>

Yip, T. (2018). Ethnic/racial identity—A double-edged sword? Associations with discrimination and psychological outcomes. *Current Directions in Psychological Science*, 27(3), 170-175. <https://doi.org/10.1177/0963721417739348>

Zhao, Y., Guo, Y., He, X., Wu, Y., Yang, X., Prosperi, M., Jin, Y., & Bian, J. (2020). Assessing mental health signals among sexual and gender minorities using Twitter data. *Health Informatics Journal*, 26(2), 765-786. <https://doi.org/10.1177/1460458219839621>

Appendix A: Recruitment Flyer

WHY DON'T WE TALK ABOUT AFRICAN AMERICAN

TRANSMEN?

RESEARCH PARTICIPANTS NEEDED!!!

Coltena Reynolds, a Ph.D. candidate at Walden University for the completion of her academic work.

The Purpose of this Study

The goal of this research is to look into the lived experiences of 10 African American transgender men and how they navigate their gender identity at the intersection of race and gender while living in one of the southern states of Alabama, Florida, or Georgia. Participants will voluntarily commit to a 60-90 minute Zoom interview.

Qualification to Participate

- ☑ Identify as a transgender male
- ☑ At least 18 years old
- ☑ African American
- ☑ Currently live AL, FL, or GA
- ☑ Speak English

Participants will receive a \$20 virtual gift card at the completion of the interview.

To CONFIDENTIALLY learn more about this study and possibly participate, please contact me via email at coltena.reynolds@walden.edu or by phone at (334) 718-6991. Email is the preferred method of communication, and I will contact you with additional information and details about the study. **If you know someone who may meet the criteria for this study, please share the study information and my contact information with them.**

Appendix B: Demographic Sheet

Please do not write your name on this form. It will be stored separately from any other information that you complete during this study and will not be linked with your responses in any way. The information will allow me to provide an accurate description of the sample.

For the following items, please select the one response that is most descriptive of you or fill in the blank as appropriate.

Gender:

Male Female Transgender Gender Neutral Non-binary

Age: _____

Ethnicity:

Asian or Pacific Islander White/Caucasian

Black/African American Native American

Asian Latino/Hispanic

Puerto Rican Other

State of Residency:

Alabama Georgia Florida

Occupation:

Employed Unemployed Student

Appendix C: Interview Protocol

Thank you for coming to join me today. My name is Coltena Reynolds, and I'll be your interviewer today. So today we're going to be talking about the *Lived Experiences of African American Transgender Men Living in the South*. We'll be talking about how you navigate your gender identity from employment, education, healthcare, mental health, and other social determinants of health. I encourage you to be as honest and open as possible. Please remember that the informed consent form you just signed guarantees that everything you state today was kept completely confidential.

At this time, I would like you to introduce yourself and tell me about your initial thoughts about your experiences as an African American transman living in the south.

1. How do you identify, could you elaborate on the various facets of your transgender identity?
 - a. Apart from race and gender identity, are there any other facets of your identity that stand out to you? If so, would you mind sharing those details with me?
2. Describe your experience growing up in the south as a Black transgender person.
3. Apart from being black and transgender, what other identifiers do you have? If so, are you willing to share?
4. Could you share some instances or trying times in your life as a Black man?
 - a. How did you handle these circumstances?
5. Could you give some examples or instances when others misidentified you as a Black woman?

6. Could you cite specific instances or circumstances in which others currently identify you as a Black man?
 - a. Can you recall instances when the police deemed your male identity to be a threat? If so, how did you handle the situation?
 - b. Are you fearful when questioned by the police?
7. How has your transition altered your perception of yourself as a Black man?
8. Has your gender identity had an effect on how others perceive and react to you?
9. Could you describe your relationship to Black/African American culture? a. As a Black transgender man, how do you interact with the Black community?
10. Could you describe your identity in terms of LGBTQ+ culture?
 - a. As a Black transgender man, how do you interact with the LGBTQ+ community?
11. Is there anything you'd like professionals to know about working with Black transgender men in particular?
12. Is there anything else you'd like to add or a question you wish I'd asked?

Appendix D: Permissions to Post Recruitment Materials

Dear Coltena Reynolds,

This email is to notify you that the Institutional Review Board (IRB) has approved your application for the study entitled, "The Lived Experiences of African American Transmen Living in the South."

Your approval # is 11-08-22-0286352. You will need to reference this number in your dissertation and in any future funding or publication submissions. Also attached to this e-mail is the IRB approved consent form. Please note, if this is already in an on-line format, you will need to update that consent document to include the IRB approval number and expiration date.

Your IRB approval expires on November 7, 2023 (or when your student status ends, whichever occurs first). One month before this expiration date, you will be sent a Continuing Review Form, which must be submitted if you wish to collect data beyond the approval expiration date.

Your IRB approval is contingent upon your adherence to the exact procedures described in the final version of the IRB application document that has been submitted as of this date. This includes maintaining your current status with the university. Your IRB approval is only valid while you are an actively enrolled student at Walden University. If you need to take a leave of absence or are otherwise unable to remain actively enrolled, your IRB approval is suspended. Absolutely NO participant recruitment or data collection may occur while a student is not actively enrolled.




If you need to make any changes to your research staff or procedures, you must obtain IRB approval by submitting the IRB Request for Change in Procedures Form. You will receive confirmation with a status update of the request within 10 business days of submitting the change request form and are not permitted to implement changes prior to receiving approval. Please note that Walden University does not accept responsibility or liability for research activities conducted without the IRB's approval, and the University will not accept or grant credit for student work that fails to comply with the policies and procedures related to ethical standards in research.

When you submitted your IRB application, you made a commitment to communicate both discrete adverse events and general problems to the IRB within 1 week of their occurrence/realization. Failure to do so may result in invalidation of data, loss of academic credit, and/or loss of legal protections otherwise available to the researcher.

Both the Adverse Event Reporting form and Request for Change in Procedures form can be obtained on the Tools and Guides page of the Walden website: <https://academicguides.waldenu.edu/research-center/research-ethics/tools-guides>

Doctoral researchers are required to fulfill all of the Student Handbook's [Doctoral Student Responsibilities Regarding Research Data](#) regarding raw data retention and dataset confidentiality, as well as logging of all recruitment, data collection, and data management steps. If, in the future, you require copies of the originally submitted IRB materials, you may request them from Institutional Review Board.

Appendix E: Human Subjects Training Certificate

		Completion Date 20-Jun-2022 Expiration Date N/A Record ID 49685812
This is to certify that:		
Coltena Reynolds		
Has completed the following CITI Program course:		
Student's (Curriculum Group) Doctoral Student Researchers (Course Learner Group) 1 - Basic Course (Stage)		Not valid for renewal of certification through CME.
Under requirements set by:		
Walden University		
		
Verify at www.citiprogram.org/verify/?w3012fe6d-0e90-42d8-8bcf-b84b85e2986e-49685812		