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Transgender an At-Risk Population During and Following Emergencies and Disasters

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Abstract

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MPA, Norwich University, 2015

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

The experiences and needs of transgendered individuals immediately following a natural or human-caused disaster are largely ignored in practice and absent from previous academic literature. Using Schneider and Ingram's conceptualization of the social construction of target populations as a theoretical framework, the purpose of this study was to investigate the experiences and perspectives of transgendered people who sought shelter in the aftermath of a natural disaster in 2018. Data were collected through interviews with 12 displaced, transgendered individuals to explore their experiences while staying at shelters in 2018. Interview data were transcribed, inductively coded, and then a thematic analysis procedure was applied. According to the key findings, participants perceived internal threats at shelters, which may have prohibited or restricted others in the same population from seeking shelter assistance. Additionally, participants perceived that a lack of understanding of the transgender community may have resulted in dissatisfactory services being provided. Most participants in this study perceived that the biases associated with negative stereotypes were persistent and pervasive, which may have resulted in disparate treatment from cisgender community members. The positive social change implications stemming from this study include recommendations to government officials and shelter staff regarding techniques to ensure that shelter services are provided in fair and equitable ways, including the need for additional training related to the unique needs of transgendered populations. Implementing these recommendations may improve shelter conditions for the transgender community and reduce the risks associated with going to evacuation shelters to secure housing during times of disaster.

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Chapter 1: Introduction to the Study

Background

Throughout history, the lesbian, gay, bisexual, transgender, and questioning (LGBTQ) community has faced discrimination in various aspects of society, including in emergency and disaster situations (Dwyer, Ball, & Baker, 2015; Jalali, Levy, & Tang, 2016; Ream & Forge, 2014). In recent years, some steps have been made to improve the lives of members of the LGBTQ community (Obergell, 2015; OutServe-SLDN, 2017; 2013 United States, 2013). The repeal of Don't Ask Don't Tell, the repeal of the Defense of Marriage Act (DOMA), and the implementation of protective legislation are examples of the steps taken by the government at the federal, state, and local levels to provide members of the LGBTQ with protection throughout the United States (Obergell, 2015; 2013 United States, 2013). However, some individuals within the United States and globally believe that the executive branch of the U.S. federal government has taken steps that could have a negative impact on the transgender community (Cahill & Makadon, 2017; Ng & Rumens, 2017). The actions of the Trump administration have made the LGBTQ community feel unsafe and under attack on a daily basis. (Cahill & Makadon, 2017; Ng & Rumens, 2017).

Emergency management has grown into a discipline that is impacted by politics, funding, leadership, and world events (Haddow, Bullock, & Coppola, 2011). Disaster response and recovery requires the use of multidiscipline teams that may include law enforcement, fire protection, emergency medical care, public works, and other government services to protect life and to promote public safety as a result of natural or human-caused disasters. All of the entities involved in responses to a disaster have

leaders who are responsible for their organization's actions and the policies that exist inside these organizations. Within a community, the emergency manager is a centralized leader who is responsible for coordinating all of the efforts to mitigate, respond, and recover from a disaster. Emergency managers should ensure that their institutions are prepared to provide service to all members of their community (Haddow et al., 2014). In a stable democracy, citizens have a level of expectation to be taken care of during times of disaster and catastrophe (Haddow et al., 2014). No matter the gender identity, all citizens should expect their government to respond to their needs during a crisis. If emergency managers, or those either in public agencies or in private institutions, do not take steps to ensure that they are prepared to provide service to all individuals without allowing their personal bias(es) to impact the service provided, then the quality of service is not only lowered significantly but the health and safety of individuals are placed at risk.

Some first responders and staff members at hospitals and evacuation shelters discriminate against the people they are there to help (Dominey-Howes, Gorman-Murray, & Mckinnon, 2014; Dwyer et al., 2015; Halloran, 2015; Jalali et al., 2016; Ream & Forge, 2014; Shipherd et al., 2015). The transgender community may be at particular risk of victimization due to negative stereotypes and social constructions about the LGBTQ community that may result in death, physical or psychological trauma, and/or inequitable treatment during and after a catastrophic event (Kattari, Walls, Whitfield, & Langenderfer-Magruder, 2015). Following hurricane Katrina, members of the transgender community reported cases of discrimination from not only their fellow shelter inhabitants but also from shelter staff (D'Ooge, 2008). Kattari et al. (2015),

showed that 20% of their respondents were refused medical service based on their sexual identity and 35% witnessed discriminating acts from medical professionals based on a person's gender identity. Members of the LGBTQ community can be more vulnerable than other populations during emergencies and disasters because it is harder for them to hide their identity, which can cause additional challenges such as receiving quality medical treatment (Bradford, Reisner, Honnold, & Xavier, 2013).

Members of the LGBTQ community often do not receive the service(s) that they require during emergency situations (Dominey-Howes et al., 2014; Halloran, 2015; Shipherd et al., 2015); this is due to emergency organizations not providing adequate care to LGBTQ community members. During routine situations when catastrophes occur, public and private institutions such as hospitals also fail to provide adequate service to members of the LGBTQ community (Dominey-Howes et al., 2014; Halloran, 2015; Shipherd et al., 2015).

D'Ooge (2008) claimed that discrimination took place against the LGBTQ community during Hurricane Katrina when shelters were not willing to accommodate members of the transgender community with restrooms and other hygiene facilities, resulting in disparate treatment as compared to other shelter residents. As a result, transgender individuals experienced secondary traumatic events, in part as a result of insufficient or unclear policies. These experiences were compounded by the lack of efficient medical care for those who were actively transitioning from male to female or female to male (Halloran, 2015). The ability for a transitioning member of the transgender community to access hormones while in a shelter was the top identified medical treatment lacking for this portion of the community during and following an

emergency or disaster (Halloran, 2015). These adverse experiences were directly linked to their gender identity and contributed to additional stresses and the slowing of their recovery from an emergency event (Shipard, Maguen, Skidmore, & Abramovitz, 2011).

The LGBTQ community experienced the challenges they faced due to religious policies found in both rural and urban environments that were founded on the family values established within those communities (Dwyer et al., 2015). D'Ooge (2008) purported that laws at all levels of government encourage citizens and organizations to treat LGBTQ community members as lower-class citizens. At a federal level, DOMA served as a guide on how communities should view the LGBTQ community and their significant others. The passing of this law, and the fight to either defend or overturn the law caused a hostile environment towards the LGBTQ individuals in different communities (D'Ooge, 2008). Although the law is no longer in effect, the battle over DOMA and the ruling that it was unconstitutional still impact communities throughout the United States (Obergell, 2015; 2013 United States, 2013). How individuals, communities, and institutions view the LGBTQ community is not universal. No community is looked at the same way by all individuals; the same is true for the LGBTQ community. People have pre-assumed perceptions of individuals, and these preconceptions contribute to the quality of care that LGBTQ community members receive.

Some members of the LGBTQ community are at a higher risk than others (Preston, 2010). Racial minorities, women, and community members viewed as less feminine (male to female transitioning individuals) are more likely to receive a lower quality of service during the emergency management process (Preston, 2010). LGBT

individuals receive the lowest levels of services during an emergency situation (Preston, 2010). In addition, individual members of the LGBTQ community are likely to receive even lower quality of care based on their race and perceived level of femininity (Meyer, 2015). Dominey-Howes et al. (2014); Dwyer et al. (2015); Halloran (2015); and Sara, Matthew, and Nelson (2015) reviewed the actions of individuals in the community as well as the steps taken by members of government agencies—such as police officers, emergency medical service (EMS) providers, and firefighters—during emergency situations and found that lower quality care was a common theme. Existing literature includes reviews of the different forms of discrimination that the transgender community faces. However, a gap does exist in the literature in regards to the experiences of the transgender community relative to disaster recovery.

The LGBTQ community has historically been discriminated against (Bradford et al., 2013; Dominey-Howes et al., 2013; Dwyer et al., 2015; Jalali et al., 2016; Ream & Forge, 2014). Even as the climate in the United States has generally improved for the LGBTQ, academic researchers have documented trends of discrimination towards the LGBTQ community (Bradford et al., 2013; Dominey-Howes et al., 2013; Dwyer et al., 2015; Jalali et al., 2016; Ream & Forge, 2014).

The purpose of this study was to understand why emergency managers do not take the necessary steps to prevent discrimination by emergency service personnel towards the LGBTQ community during and following emergencies and disasters.

Problem Statement

Although there is academic literature that documents general discrimination against the LGBTQ community, there is a lack of literature that documents how

transgender individuals are particularly at risk during and after a disaster (Basselt, 2002; Connally, 2012; Gardenier, Kwong, & Leiffer, 2016). Transgender individuals are at a higher risk of sexual assault in shelters, have significantly lower community support than other individuals (which contributes to their inability to recover from a disaster), and are viewed by society as deviants (Basselt, 2002; Connally, 2012; Gardenier et al., 2016). Previous scholars have examined the LGBTQ population as a whole. However, there are specific challenges for transgendered individuals and those individuals in the process of being transgender that include use of bathroom facilities, access to necessary medications and hormonal therapies, and social constructions of the transgender community that lean toward viewing the population as deviant and, therefore, undeserving of beneficial public services.

Purpose of the Study

The purpose of this study was to explore the social constructions, as defined by Schneider and Ingram (1993), of transgendered individuals within the specific context of disaster response and recovery. I focused specifically on members of the LGBTQ community who stayed at shelters following a mandatory evacuation in 2018. This study filled a specific gap in practical application and theoretical knowledge related to better understanding of how social constructions of transgendered (and transitioning) individuals may impact the ability of this part of the community to safely and adequately recover from a natural or human-caused disaster.

Research Questions

RQ: What kinds of social construction assumptions influence discrimination, if any, towards the transgender community during and following a crisis?

SRQ1: What types of shared perceptions do members of the transgender community have about the current emergency response protocols for the transgender community?

SRQ2: From the perspective of transgendered individuals who experienced a natural disaster and relied upon public shelters, what procedures would ensure that transgender community members receive adequate services during disasters and catastrophes?

SRQ3: What type of shared assumptions influence the level of trust the transgender community has for emergency services?

Theoretical Framework

Schneider and Ingram's (1993) social constructions of the target population's theoretical framework was used to determine whether the transgender community is discriminated against and if there is a lack of service for individuals in this community during and following emergencies. This theory was developed Schneider and Ingram in 1993 and is essential in developing an understanding of why a group within society is at a disadvantage compared to other community members. Schneider and Ingram argued that public officials are influenced by a target population's social construction, thereby influencing how public policy is developed and implemented (1993). The policy intends to address a problem or accomplish a set goal by identifying the population that the policy influences and changes (Schneider & Ingram, 1993).

A target population is defined as "(1) the recognition of the shared characteristics that distinguish a target population as socially meaningful, and (2) the attribution of specific, valence-oriented values, symbols, and images to the characteristic" (Schneider

& Ingram, 1993, p. 2). There can be both positive and negative constructions that contribute to how individuals view a target population (Schneider & Ingram, 1993). Discord is a consistent result of the negative betrayal of target groups (Schneider & Ingram, 1993).

Historically, there have been factors that have contributed to the development of a negative construct towards the transgender community (Dwyer et al., 2015; Jalali et al., 2016; Ream & Forge, 2014). Laws at all levels of government contribute to a negative portrayal of the LGBTQ community as a whole, but more recently the transgender community (Dwyer et al., 2015; Jalali et al., 2016; Ream & Forge, 2014). This includes laws such as “Don't Ask Don't Tell” (1994), the DOMA (2419), various sodomy laws at the state levels, and legal discrimination through freedom of religion laws and recent attacks on the transgender community by the Trump administration (Cahill & Makadon, 2017; Ng & Rumens, 2017). Steps have been taken by the federal, state, and local communities to restrict the rights of transgender community members (Cahill & Makadon, 2017; Dwyer et al., 2015; Jalali et al., 2016; Ng & Rumens, 2017; Ream & Forge, 2014). This includes the Department of Defense’s restriction on the transgender community to serve in the Armed Forces, state laws restricting adoption for same-sex couples, and the passing of laws that legalize discrimination through legislation protecting freedom of religion laws (Dwyer et al., 2015; Jalali et al., 2016; Ream & Forge, 2014).

There are many subpopulations that Schneider and Ingram (1993) identified as having a sturdy negative construction toward them. Factors include gender, age, race, religion, sexual orientation, and gender identity. These individuals are labeled as

minorities and deviants (Schneider & Ingram, 1993). The subcategory can change based on the community and the context in which they are being considered. A change within the community can happen when a subcategory gains a majority within the population or they gain support of the majority of the population. Education and knowledge are the most effective means for a subsection of a community to gain support from the majority or other subsections to form a coalition that becomes the majority (Schneider & Ingram, 1993).

Schneider and Ingram's (1993) theory of the social construction of target populations allowed for the evaluation of whether social constructs are a factor for why the transgender community experiences adversity and discrimination and lack of services during and following emergencies and disasters. This includes whether social constructs contribute to the lack of use of existing research or if members of the transgender community are not taken into consideration because they are believed to be a deviant population.

Nature of the Study

Members of the transgender community who were under mandatory evacuations and stayed in shelters or temporary housing in 2018 were asked to participate in this study. Interviews were used to collect data to support the execution of the general qualitative study. In the interviews, I collected data, which was then coded using Braun and Clark’s (2006) 6-step thematic analysis procedure to determine if social constructions held by the public and government officials had any explanatory or predictive value in understanding how transgender/transitioning members of the community accessed

government services related to disaster recovery. Crowdsourcing outlets such as Facebook and Instagram were used to recruit participants.

After the research population was selected, I scheduled individual interviews. A number of methods (i.e., telephone calls, FaceTime, and Skype) were used to conduct the interviews with the participants to collect data on their experiences while in the shelter. The goal was to explore the social constructions, as defined by Schneider and Ingram (1993), of transgendered individuals within the context of disaster response and recovery while staying at a shelter following a mandatory evacuation in 2018. This study filled a gap in practice and knowledge related to better understanding of how social constructions of transgendered (and transitioning) individuals may impact the ability of this part of the community to safely and adequately recover from a natural or human-caused disaster.

The use of a qualitative research method was the most appropriate for this study because it allowed for interviews with participants throughout the United States. Participants were given the opportunity to explain their answers resulting in a more accurate interpretation of the data collected. Once the data were collected and transcribed, they were coded to determine if patterns existed and if those patterns could answer the research questions. To achieve these objectives, the following was taken into consideration:

- Some level of bias already exists towards the transgender community before the emergency or disaster.
- Gaining an understanding of the impact that policies can have on the transgender community may be beneficial to members of the transgender community.

Definitions

Access: Someone's ability to influence individuals who have the authority and ability to make changes within the political arena (Kattari et al., 2015).

Biphobia: The act of having a hatred and fear of individuals who are bisexual (Irving, 2013; Nagoshi, Adams, Hill, & Bruzy, 2008).

Bisexual: Having physical, sexual, or emotional attraction to both genders (Durso & Meyer, 2016; Tong, Lane, McCleskey, Montenegro, & Mansalis, 2013).

Cisgender: Individuals who identify with the gender of their birth (Virupaksha, Muralidar, & Ramakrishna, 2016).

Citizen: Someone who gives allegiance to, and receives protections from a nation (Johnston, 2015).

Civil rights: Constitutional rights given to all citizens and protected by governmental agencies (HRC, 2017).

Discrimination in housing and shelters: Any action that would prevent an individual from receiving needed housing during or following a disaster based on that person's actual or perceived sexual orientation (D'Ooge, 2008; Shipherd, Maguen, Skidmore, & Abramovitz, 2011).

Emergency manager: An individual who coordinates the response of a government or institution during an emergency or disaster (Haddow et al., 2014).

Gay: Someone who has attraction both emotionally and physically to someone of his or her own gender (Collier, van Beusekom, Bos, & Sandfort, 2013; Heck, Flentje, & Cochran, 2013)

Heterosexual: A person who is only attracted to someone of the opposite gender (Ross & Dobinson, 2013).

Heterosexism: The belief that individuals who identify as being heterosexual are superior to those who do not and policies are developed to exclude nonheterosexuals (Robinson, 2010).

The impact of community beliefs on policing: The power that community members have to shape community policies. (Dwyer et al., 2015).

Lesbian: A female who is only attracted to other females either sexually, physically, or emotionally (Ross & Dobinson, 2013; Thomas, 2013).

Masculinity: The more likely a person is to act by socially preestablished perceptions of how men should act (Bradford, Reisner, Honnold, & Xavier, 2013; Preston, 2010).

Medical training: Training that certified or noncertified officials receive to provide medical treatment at the initial point of injury or at follow-up locations (Halloran, 2015).

Nonprofit entities: An entity whose purpose is to benefit others as well as not make a profit, and it follows all state and federal statutes needed to designate itself as a nonprofit (Cornell, 2017).

Political culture: The culture of the community concerning financial and social issues (Dwyer et al., 2015).

Secondary traumatic events: Events that cause individuals to experience physical and mental stress following a significant emergency or disaster; this can also involve people who were not even present at the initial event (Bride, Yegidis, & Figley, 2004).

Sensitivity training: Both conservative and liberal cities throughout the United States have not taken steps to provide their employees the training needed to provide quality and appropriate emergency service to them (Czerwinski, 2009).

Social contract: A notion that is mostly philosophical that citizens give up authority to a higher collective power and in return they receive essential benefits and services (Gibbons, 1999).

Transphobia: People who have a fear of someone who they believe to be transgender (Irving, 2013; Nagoshi et al., 2008).

Assumptions

There are a number of assumptions related to this study that directed the development and execution of the study. The most important assumption was that the methodology, ontology, and epistemology associated with a qualitative study would allow for quality data to be collected to answer the research questions (Hathaway, 1995). Hathaway (1995) stated that a general qualitative study is a study that "assumes the importance of understanding participants perspectives, and as assuming that it is important for researchers subjectively and empathetically to know the perspectives of the participants" (p. 544).

Using Schneider and Ingram's (1993) social constructions of the target population's theoretical framework required a number of assumptions. The first assumption was that the transgender community is considered a negatively constructed group and the messages they receive are negative (Schneider & Ingram, 1993). The second assumption was that during an emergency situation members of the transgender community need to receive a service different than the other populations within the

shelter. The final assumption was that government entities would not suspend their support for policies that negatively impact the transgender community to continue to advancing their political standing. The theoretical framework used in this study was dependent on elected officials and governmental officials targeting populations based on social constructs for political advancement (Schneider & Ingram, 1993).

There were two assumptions regarding the participants interviewed throughout this study:

- Both the staff and fellow shelter members knew that the participant was a member of the transgender community.
- Participants had nowhere else to go but the shelter in which they were staying.

A limitation that was identified was the ability to find individuals who were willing to participate in the study within a relatively small target population. The effectiveness of crowdsourcing depended on the spectrum of their social media connections and the willingness of individuals to reach out to known associates to help identify potential participants.

Scope and Delimitations

The delimitations in this study included the population selected. To ensure that the data collected reflected any impact that current policies, social constructs, and political redirects had on the participants data, the data were only collected from participants who stayed in shelters in 2018. An additional delimitation was that they had to have stayed in a shelter following a mandatory evacuation in 2018. These delimitations were made to ensure that the previously identified gap in the academic literature could be

filled. Also, such delimitations ensured that the data were not skewed by individuals who stayed in shelters for reasons unrelated to emergencies or disasters.

Significance

The most significant contribution of this research was that the data collected allows for a better understanding of the unique needs, perspectives, and experiences of transgender individuals to potentially refine and improve policies to ensure equity and access to all individuals who experience disaster recovery.

Summary

In Chapter 1, I presented contextual information related to how members of the LGBTQ community interact with and receive relief from emergency services personnel during emergency and disaster situations. I also showed that although improvement has been made on the rights of the LGBTQ community, the transgender community still faces significant discrimination.

Chapter 2 includes an analysis of existing research that shows that the LGBTQ is discriminated against by law enforcement, EMS, emergency managers, and medical professionals. This analysis includes information about whether or not existing social constructs contribute to the discrimination that the LGTBQ community faces. Additionally, I outline how there is a lack of understanding of the LGBTQ community as an at-risk population because of the current social constructs regarding the LGBTQ community.

Chapter 2 contains descriptions of the current state of knowledge related to the theoretical construct regarding the transgender community. This information will include challenges with temporary housing (sexual assault, specialized medicine, sleeping

assignments, and religious housing), long-term housing issues (the lack of availability of housing complexes willing to accept LGBTQ couples and the lack of family support for LGBTQ community members), bathroom use issues (transgender population), equal opportunity training for employees and volunteers, and the lack of community resources available.

The literature review reveals a gap in the academic coverage of the topic of this study, which provides a justification for the need for the current study.

Chapter 3 includes a description of the research design that was implemented for this study. Chapter 4 includes an analysis of the data that were collected during this study. The interpretation of the data, the resulting recommendations for policy-related actions, and the conclusion are presented in Chapter 5.

Chapter 2: Literature Review

Review of Current Political Culture

The purpose of this study was to determine whether members of the transgender community faced discrimination while in shelters following mandatory evacuations in 2018. I attempted to determine what policies and procedures that the study participants believe could have prevented the discrimination.

This chapter includes three key features. First, it gives an overview of the theoretical framework that I used. Second, it includes descriptions of the level of discrimination the LGBTQ community has faced not only in everyday life but also during and following emergencies and disasters. Third, it provides evidence to support the claim that the transgender population faces inequality on a daily basis.

Theoretical Foundation

Schneider and Ingram's (1993) social constructions of target populations were essential in developing an understanding of why a group within society is at a disadvantage compared to other community members. A key aspect of policy development and implementation is to identify the population that the policy influences and change (Schneider & Ingram, 1993).

Schneider and Ingram (1993) defined a target population as "(1) the recognition of the shared characteristics that distinguish a target population as socially meaningful, and (2) the attribution of specific, valence-oriented values, symbols, and images to the characteristics" (p. 2). There can be both positive and negative constructions that contribute to how individuals view a target population (Schneider & Ingram, 1993).

Discord is a consistent result of the harmful betrayal of target groups (Schneider & Ingram, 1993).

The social constructions of target populations (Schneider & Ingram, 1993) allow for a researcher to understand the values expressed by officials when developing policy (Cairney, 2016). The social constructions of target populations theory (Schneider & Ingram, 1993) provides support for the claim that subsections of a community that were determined desirable benefit from supportive policies (Cairney, 2016). However, sections of society that view subsections as unwanted, destructive, or harmful face unsupportive policies (Cairney, 2016).

Political bias and discrimination can become so fundamental that it is no longer recognized (Cairney, 2016). Because of how routine it becomes in a community, it is rarely questioned or challenged (Cairney, 2016). This dichotomy can also shift, which means that subgroups within a community can become more or less influential based upon how the government identifies them (Cairney, 2016). The more influential they are, the more likely they are to have policies in place that support their section of society.

Since its conception in 1993, a significant amount of scholars have used Schneider and Ingram's social constructions of the target population theory (Pierce et al., 2014). Pierce et al. (2014) showed that between 1993 and 2013, 562 published articles used Schneider and Ingram's (1993) theoretical framework. The topics for these articles included criminal justice, education, environment, fiscal, health, housing, immigration, and social work (Pierce et al., 2014). Additionally, 62% of the studies conducted using Schneider and Ingrams' (1993) theoretical framework were qualitative studies, and 14% used a mixed-method approach (Pierce et al., 2014). Pierce et al. (2014) supported the

claim that Schneider and Ingram's (1993) theoretical framework was well-established, and it can be used with the qualitative method that was used in this study.

The Schneider and Ingram social constructions theory was an appropriate theory for this study because it has been used to demonstrate the level of service that certain populations have received based upon social presumptions about that section of society (Schneider & Ingram, 2005). Depending on the point in history, the theory has been used to study various populations that can be identified by how they look and by populations that could only be known if they self-identified (Schneider & Ingram, 2005). Policies were impacting individuals of Arabian descent following the attacks on the United States on September 11, 2001, and those policies were studied using Schneider and Ingram's (2005) theory. Additionally, the quality of services these individuals received following the attacks was also studied using the Schneider and Ingram social constructions theory (Schneider & Ingram, 2005). Following the 9/11 attacks, not only did these policies negatively impact individuals of Arabian descent but these policies also negatively affected those who looked like they might be of Arabian descent (Schneider & Ingram, 2005).

Populations that are not known until they inform a person have also been studied using the Schneider and Ingram's social theory (2005). Following the creation of the theory, it was used to review how societal views shifted against individuals with HIV (Schneider & Ingram, 2005). Before the early 1990s, society believed that only gay men could contract HIV (Schneider & Ingram, 2005). In the early 1990s following the release of the movie Philadelphi" and news coverage of women and babies contracting HIV, the

Schneider and Ingram (2005) theory was used to understand how they were disadvantaged by society.

This theory has been used to understand and demonstrate how society put individuals at a disadvantaged based on visual and nonvisual qualities (Schneider & Ingram, 2005). Because of the use of Schneider and Ingram's theory (1993) in the past, it has been tested and certified for use in this study. In this study, I focused on the LGBTQ community, which includes individuals who can be identified based on how they look and those who would only know if they self-identified.

Schneider and Ingram's (1993) social construction theory has been used to explore how subsections of society were received based on factors that an individual cannot control, such as race and gender; this theory has also been used with factors that some argue an individual can control, such as religion and education. This aligns with this study because there are groups within society that believe being LGBTQ is a choice and others who believe it was how they were born. People who may be transgender have to choose to begin transitioning into a gender they were not born as.

Literature Search Strategy

The search strategy that was used for this study was based on the method taught by Monash University. I used the following steps when determining which literature should be used in Chapter 2: (a) identify key concepts and terms, (b) select relevant databases and resources, (c) run searches in selected resources, (d) combine search terms with Boolean operators, and (e) review and refine search results.

I developed an initial list of key terms to begin the search. Terms included *LGBTQ, transgender, discrimination, emergency manager, bias, harassment, gay,*

lesbian, bisexual, police, fire department, shelters, disaster, emergency evacuation, at-risk population, emergency rooms, doctors, medical professionals, and *education*. During the last step of the search strategy, these terms was reviewed to ensure that data saturation was accomplished.

Several major resources where used to determine what literature would be selected for this review. The chosen key concepts and terms were placed into Google Scholar, EBSCO, Walden University Dissertation Database, Political Science Complete, and ProQuest to discover journals that would support the research topic. After the article lists populated, I reviewed them to determine whether they were scholarly articles. Additionally, I reviewed the article abstracts to determine if the articles were relevant to the study being conducted. Relevant articles were kept and nonrelevant articles were discarded. The next step I took was to combine search terms with Boolean operators.

When conducting the literature search strategy, I determined that simply entering key concepts and terms did not produce an adequate amount of useful scholarly journals. To discover more journals, I used Booleans to combine the key concepts and terms. I used the Booleans “or” and “and” in the databases selected. This action resulted in a number of new articles. The abstracts of these articles were reviewed to determine which ones would be kept and which ones would be discarded.

After the articles were collected, I reviewed them all to determine if they could be used in support of the research required for this study. If an article could be used, I then used the works cited on that article to pull additional sources that could be used. I ensured that the majority of the articles were within 7 years of their publication date. I also used research from websites of organizations that advocate for the LGBTQ

community. Many of these websites have articles of links to research previously conducted on pertinent topics. As I continued to develop the research, gaps in knowledge would become evident. This development resulted in me beginning this process over again. Key terms were developed based on the topic where the gap in knowledge existed.

LGBTQ Discrimination

Since 2008, the United States has seen significant changes in how society not only views but how laws protect members of the LGBTQ community. This includes the repealing of controversial laws such as Don't Ask Don't Tell, which resulted in allowing lesbian, gay, and bisexual soldiers to serve openly in the U.S. Armed Forces (OutServe-SLDN, 2017). The Supreme Court found DOMA unconstitutional, which resulted in the legalization of same-sex marriage in all states and provinces of the United States (Obergell, 2015; 2013 United States, 2013). The impact and unprecedented nature of these actions energized the LGBTQ movement throughout the United States.

Most of the advances that have been in the past decade have been improvements for the LGBTQ community at the federal level. The significant events above have forced federal agencies to begin education programs and establish systems that ensure the removal of discrimination from within their organizations. Although scholars have shown the advancement of equality effects the quality of the LGBTQ community on the national level, it still does not penetrate the social norms at the local level.

The LGBTQ community has shared in the experience of discrimination (Meyer, 2016). This discrimination includes violence as well as issues getting employment and housing based on their sexual orientation and gender identity (Meyer, 2016). The LGBTQ community faces a different form of discrimination than other groups in society

(Hetzel, 2008). Unlike discrimination towards a person because of his or her race, which may be considered to be an undesirable trait, LGBTQ community members deal with discrimination because their lifestyle was deemed to be a personal choice and that makes the action corrupt, abnormal, and considered deviant (Hetzel, 2008; Javaid, 2016). Although laws that legalized discrimination, such as antisodomy laws, have been found unconstitutional and the public opinion of homosexuality has shifted, discrimination was still found throughout the United States (Meyer, 2016). Discrimination includes transgender individuals who face discrimination even from people they expect to protect them or provide them with required services such as health care (Meyer, 2016).

Meyer (2016) argued that the United States has seen a shift towards accepting individuals who identify themselves as part of the LGBTQ community, although 59% of people stated that there was something wrong with homosexual relationships. When the United States takes steps to improve the life of a minority group, the biggest struggle was not the failure of the legislature passing laws or a chief executive willing to sign an executive order. The biggest struggle and failure was with the local communities following the lead of the federal government in ensuring that their community members are treated equally and receive the services they need (Gates & Saunders, 2016).

The federal government has taken steps to ensure the protection of the LGBTQ community in the workplace. President Obama issued Executive Order 13672 in 2014; this directive ensured that federal agencies and those who were federal contractors could not discriminate against people based on their sexual orientation or their gender identity (Gates & Saunders, 2016). By adding sexual orientation and gender identity to the already protected classes, which included national origin, race, religion, sex, and color,

President Obama expanded the protected classes to 28 million employees, which in 2014 was roughly 20% of the workforce (Gates & Saunders, 2016).

Added protection for 28 million individuals was a significant step forward in ensuring the protection for LGBTQ people throughout the United States. This still leaves 80% of the workforce unprotected from being discriminated against because of their sexual orientation and gender identity. The federal government has attempted to pass a law for the past 40 years that would end workplace discrimination (Gates & Saunders, 2016). The Employment Non-Discrimination Act (ENDA) has failed to pass both houses of Congress, resulting in 112 million people in the national workforce having no federal protection in regards to their gender identity or sexual orientation (Gates & Sander, 2016).

The pursuit of equality in the workplace has failed at the national level but the effects have trickled down to some corporations. According to Gates and Saunders (2016), 32 states have laws in place that protect individuals from workplace discrimination; over 400 fortune 500 companies have internal policies that prevent applicants and employees from being discriminated against because of their sexual orientation and gender identity. However, the United States still has 18 states where people can still be fired based on their sexual orientation and gender identity (Gates & Saunders, 2016). The lack of these laws not only reflects the majority view of individuals within these states but also was a contributing factor to people's willingness to disclose their sexual orientation. If someone was trying to hide who he or she is, to include a significant other, he or she may be hesitant to receive guidance and aid during an emergency and disaster. Gates and Saunders (2016) also identified that additional actions

that need to happen at all levels of government to ensure the protection for "LGBT people in housing, employment, public accommodations, education, and healthcare" (p. 33).

Another example that demonstrates how federal actions for equality have not trickled down to the local level was in connection with marriage. *United States v. Windsor* (United States, 2013) and *Obergell et al. v. Hodges* (Obergell, 2015) ended DOMA, allowing same-sex couples to get married in every state within the United States. Although this was a significant advancement for the LGBTQ community, it did not address the discrimination found within the states. According to Meyer (2016), in 29 states people could still be fired from their job without cause based on their sexual orientation. Beginning in 2015, people could marry someone the same gender as them but they could then be fired for getting married. Most of the states that did not provide job protection are considered to be Mountain states or are located in the South or Midwest (Meyer, 2016).

Some states, such as Texas, have taken steps to protect their religious freedom; Texas passed H.H. NO. 3859 (Texas legislation, 2017), which allows adoption agencies to deny applications to LGBTQ couples based on the organization's religious belief. The state has also attempted to pass legislation known as the "bathroom bill," which would require individuals to use the bathroom that matches the sex they were born as (HRC, 2017). Both of these measures are considered a direct attack against the LGBTQ community (HRC, 2017). These laws show can cause communities to become vocal about their disgust with this subsection of the community (Hetzel, 2008).

When the federal, state, and local governments take steps to legalize discrimination against the LGBTQ community, they are directly or indirectly building a

culture that encourages the discrimination of LGBTQ individuals within their community. Discrimination was leaked into subsections of government based on laws (Hetzel, 2008).

Higher At-Risk Populations

Meyer (2015) stated that the LGBTQ community has been and continues to be discriminated against by the general population and community leaders. Meyer (2015) showed that within the LGBTQ community, subsections of the community face different levels or forms or challenges and discrimination. The LGBTQ community was more diverse than any group of minorities (Meyer, 2016). African American men who identify as gay or bisexual are treated more harshly by heterosexual African Americans within their community than their European American counterparts (Meyer, 2015). Meyer (2015) found that gay men knew that there was a direct connection between the sexual assaults they experienced and their sexual orientation. When it comes to lesbian and transgender individuals, sexually assaulted women in Meyer's study (2015) were unable to determine if the attack happened because of their gender or sexual orientation. Meyer's (2015) findings impacted a community's response plan to emergencies and disasters throughout all phases. As shown by Meyer (2015), minority groups may have no support from their families or racial communities based on their sexual orientation. This, makes them more vulnerable during response and recovery phases of the emergency plan.

Levels of discrimination that the LGBTQ community faces (Meyer, 2015) impact not only people based on their race and gender but also based on their age (Espinoza, 2016). The 2015 White House Conference on aging showed that LGBTQ individuals are

facing more discrimination as they age (Espinoza, 2016). There are additional challenges that are faced by LGBTQ elders throughout the United States (Espinoza, 2016).

During emergencies and disasters, these factors impact the ability of elderly LGBTQ community to recover pushing them into the category of an at-risk population. Espinoza (2016) argued that the challenges that the aging LGBTQ community faces include a lack of support networks within the community they live in, a higher likeliness of illnesses that could include those that would classify them as disabled, and discrimination from long-term treatment facilities based on their sexual orientation or gender identity. The Administration for Community Living (ACL) enforced these risk factors when it espoused claims that older LGBT individuals should be viewed as a section of the population with the "greatest social need" (as cited in Espinoza, 2016, p. 89). The communities had traditionally not taken steps to support this subsection of the community with policies or funding (Espinoza, 2016).

Although the knowledge does exist that challenges exist for the aging LGBTQ population, communities and the federal government rarely take action until they review data resulting from quantitative research (Espinoza, 2016). This fact presented a challenge for this subpopulation since they rarely had the knowledge or resources available to collect and display such data (Espinoza, 2016). As a result, they were unable to receive the support and changes needed from their community leaders and organizations (Espinoza, 2016). Emergency managers are presented with an opportunity to consider this when developing emergency response and recovery plans for their communities.

Medical Services

Bassett, Conron, Landers, and Auerbach (2002) argued that the purpose of public health was to accomplish "society's interest in assuring conditions in which persons can be healthy" (p. 191). This statement was not written in such a way that it encompasses all persons. The question was whether medical organizational policies ensure that LGBTQ community members can get the services needed to be healthy.

The Public Health Infrastructure focused on areas and goals set forth for the Healthy People in 2010 initiative presented by Bassett et al. (2002), including the following:

- Assessing the health status of the LGBTQ population (including ensuring adequate data and information, monitoring trends, and information and educating decision makers and the general population) (Bassett et al., 2002).
- Developing comprehensive public health policies (including programs, plans, laws, and regulations) that are based on adequate health status and health services data and that are supportive of individual and community health efforts (Bassett et al., 2002).
- Assuring the availability of quality personal and public health services (Bassett et al., 2002, pp.191-192).
- Giving guidelines that let researchers know what adequate care should look like within an organization and a community; these principles should be taken into consideration with all levels of medical care, including first responders, mental health professionals, primary health care providers, EMS, and substance abuse support systems (Bassett et al., 2002).

Bassett et al. (2002) acknowledged that the government at the federal and local levels took steps to improve the quality of healthcare for the LGBTQ community. In the same study, Bassett et al. (2002) argued that there was 25 years of research that proved that the LGBTQ community was discriminated against by those serving in the medical field. This was significant because for 25 years before this report it was a known fact that discrimination existed with little to no change in the quality of care LGBTQ community members received from medical professionals (Bassett et al., 2002).

Researchers have proven that the LGBTQ community still faces discrimination (Bassett et al., 2002). Though society has seen an increase of acceptance of the LGBTQ community compared to past generations, there was still a tremendous lack of support for the LGBTQ community throughout the United States (Keuroghlian, Ard, & Makadon, 2017). Some researchers even classified the LGBTQ community as a vulnerable population (Jillson, 2002).

This discrimination was seen at all levels of government and impacted the transgender community in the way that they received treatment during emergency and disaster situations. A study conducted in Colorado showed that 21% of individuals in the study had been refused medical care because they identified as a member of the LGBTQ community (Kattari et al., 2015). The current study determined if there was a lack of coverage for the LGBTQ community throughout the emergency.

The federal government signaled that it will not take steps to improve the healthcare for LGBTQ community members based on the nomination of Tom Price as the secretary for Health and Human Services (HHS) (Glied & Frank, 2017). The HHS was responsible for many policies that influence the health of this nation (Bassett et al., 2002).

The HHS accomplishes this by continuously monitoring the disparities that are faced by different communities throughout the United States (Bassett et al., 2002). The populations that they observe are based on income, education, physical location, sexual orientation, race, and gender (Bassett et al., 2002). In 2017, Tom Price became the Secretary of the HHS. Secretary Price's career was most notable for his time as a physician (Glied & Frank, 2017). The medical community has traditionally depended on doctors to advocate on behalf of at-risk and minority populations (Glied & Frank, 2017). This trend seems to be coming to an end under the leadership of Secretary Price (Glied & Frank, 2017). Throughout his tenure as a congressman, Secretary Price's actions and the types of legislation that he supported demonstrated that he would be an extreme conservative about social issues such as LGBTQ medical treatment (Glied & Frank, 2017).

As a congressman, Secretary Price supported legislation that lowered the support for Americans who were considered to be at-risk and vulnerable (Glied & Frank, 2017). Secretary Price also proved his conservative tendencies by advocating against regulations for tobacco products and by supporting laws that would have made it easier for people in the United Stated to purchase armor piercing bullets (Glied & Frank, 2017). One of his actions that directly negatively impacted the LGBTQ community was to vote against the Domenici-Wellston Mental Health Parity and Addiction Equity Act in 2008 (Glied & Frank, 2017). The LGBTQ community was at a higher risk of mental health and substance abuse than their heterosexual counterparts (Lee, Oliffe, Kelly, & Ferlatte, 2017). So, indirectly, Secretary Price was attempting to prevent LGBTQ individuals from getting the medical services they needed. He also tried to stop funding for HIV treatment

(Glied & Frank, 2017). Although some may argue that this was not directly biased against the LGBTQ community, Secretary Price has taken a direct stance against the LGBTQ community (Glied & Frank, 2017).

As a congressman, Secretary Price voted against a law that would have protected LGBTQ individuals from being discriminated against in the workplace (Glied & Frank, 2017). During the same timeframe, Secretary Price became vocal about how the federal government should not enforce "anti-LGBT hate crimes" (Glied & Frank, 2017, p. 104). Secretary Price argued that there was a need to add an amendment to the constitution that would make same-sex marriages illegal (Glied & Frank, 2017).

Secretary Price's actions throughout his career have proven that he was not a supporter of individuals who identified as LGBTQ. He is now the head of the HHS and has extreme influence over the health care citizens receive throughout this United States. His past actions show that he is likely to take measures that would openly discriminate against the LGBTQ community or make it harder for them to receive needed emergency services. The most dangerous result though is the influence his time in the position as Secretary of HHS will have on local community views of LGBTQ health care. His policies could potentially discourage private and public sector agencies from taking the steps needed to improve the access LGBTQ individuals have to health care and the quality of care they receive if they get access.

Medical Concerns for the LGBTQ Community

Lee et al. (2017)) argued that the LGBTQ community was at a higher risk of the need for medical services than their heterosexual counterparts, yet received lower quality services than their heterosexual counterparts. Lee et al. (2017) also argued that in normal

conditions gay men were incredibly susceptible to suicidal tendencies and depression. Gay men were three times more likely to have depression than their heterosexual counterparts (Lee et al., 2017). Since depression was the number one leading symptom of suicide, the suicide rate amongst gay men was higher in this subpopulation than the national average (Lee et al., 2017).

Suicide was not the only risk that depression raised for gay men; drug overdose was 1.5 times higher than it was for heterosexual men, and the potential for alcohol use, unprotected sex, issues with weight, issues with sleep, and an increased risk of attracting HIV were all raised when gay people were depressed (Lee et al., 2017). Lee et al. (2017) argued that there was a lack of focus from health care providers for gay men in the field of mental health. Most health workers have focused on preventing and treating HIV in the gay male population (Bassett et al., 2002; Lee et al., 2017). This course of action from health care providers has resulted in a gap in knowledge and treatment in this area of study (Lee et al., 2017). Lee et al. (2017) attributed this to lack of knowledge on the part of the medical field because they did not receive the education or training needed to gain the trust of gay men or provide the medical services they needed.

Lack of knowledge was not the only issue when it came to gay men receiving medical treatment. Researchers have shown that gay men that went to a medical provider for help faced discrimination from medical professionals (Lee et al., 2017). This bias usually resulted in individuals hiding their sexual orientation and gender identity from their health care providers (Gaillard et al., 2017; Kattari et al., 2015). Within their study, almost all respondents listed improved medical treatment as their top concern (Lee et al., 2017). Gay men claimed, and researchers have shown, that when medical help was

sought out there was such a limited amount of specialists in this field in general that it became much more difficult for them to receive the help that they needed and wanted (Lee et al., 2017).

It was not always the availability of care that was an issue for gay men not receiving support with depression or other mental health issues, it was also the quality of care they received in the past or that they perceived they would receive if they sought treatment (Lee et al., 2017). Lee et al. (2017) showed that less than 25% of the gay male population in the United States that attempted suicide sought services from a mental health expert before carrying out the act. This showed the unwillingness of gay men to seek help from a medical professional. Even when not related to mental health concerns, gay men have left their medical providers feeling stigmatized (such as those leaving HIV treatment and testing facilities who left feeling like they were treated based on stereotypes that society had of gay men) (Lee et al., 2017). This mistrust resulted in either giving false information about their sexual orientation or withholding information about their past medical history (Lee et al., 2017). This factor contributed to the low level of care that gay men received from medical professionals.

A list of recommendations that health care providers should take to ensure that they can provide the best care to gay men was presented by Lee et al. (2017). Trust issues, lack of knowledge, and bias were the three top areas Lee et al. (2017) addressed. The ability to build trust, overcome the lack of knowledge, and remove biases were all essential when it came to ensuring that a medical professional could provide the needed services to a gay man (Keuroghlian et al., 2017; Lee et al., 2017).

Building trust was essential when it came to a homosexual man seeking medical help and giving accurate information to a health care provider (Lee et al., 2017). A medical professional must ensure that they withhold judgment and are open-minded when dealing with homosexual male patients (Lee et al., 2017).

Experiences or fear of discrimination kept gay men from seeking medical help or being completely honest with a medical professional (Lee et al., 2017). Lee et al. (2017) recommended that medical professionals complete a full audit of their biases, assumptions, or generalizations that have about gay men. Being able to identify these was the first step to ensuring that the actions of medical professionals did not leave gay men with a bad experience, which would aid in ensuring they received the proper care (Lee et al., 2017). A medical professional also needed to know what medical needs a gay man had compared to their heterosexual counterparts (Keuroghlian et al., 2017; Lee et al., 2017).

Keuroghlian et al. (2017) and Lee et al. (2017) argued that medical professionals needed to seek out training so that they could gain the knowledge necessary to provide the services gay men needed. Training should also include the knowledge and systems that should be in place to properly process a patient's needs, provide the medical services needed, and provide the additional support required by gay men when it comes to long-term treatment and post-treatment procedures (Lee et al., 2017).

Since gay men did not receive the needed medical care during normal, every-day situations, the current study assumed that gay men did not get the needed care during emergency and disaster situations. Such care included any mental-health treatment they received at a shelter or hospital following an event or medical care they received at the

point of injury from first responders or follow-up treatment. This led to the development of one of the research questions of having emergency managers in medical organizations taking the steps needed to ensure that their personnel have the training required to provide adequate services to the LGBTQ community during emergency and disaster situations. Also, consideration was given to determining whether emergency managers within communities ensured that the medical staff they brought in during and following an emergency and disaster were qualified to treat all community members.

Gay men were not the only subcommunity in the LGBTQ community that had issues with getting adequate medical care. The transgender community also experienced a higher than average amount of discrimination (Kattari et al., 2015).

EMS/Paramedics

During emergencies and disasters, paramedics and EMS are often the first sources of medical care a person receives. As part of the medical community, they demonstrated the same lack of knowledge and discrimination that had been seen in other medical professions (Kattari et al., 2015). Paramedics regularly have to make decisions about the exact treatment that needs to be given in an emergency situation and even at times needs to prioritize the victims based upon their injury and known health history (O'Hara et al., 2015). O'Hara et al. (2015) determined that there were seven factors that influenced a paramedics decision process when deciding how to treat a patient; these factors were "demand, performance priorities, access to care options, risk tolerance, training and development, communication, feedback, and resources" (p. 45).

Researchers showed that healthcare professionals lacked at least three of the seven items listed; communication, access to care, and training and development were

areas that were shown to be lacking in the medical community when related to LGBTQ individuals (Glied & Frank, 2017; Kattari et al., 2015; Keuroghlian et al. 2017; Lee et al., 2017). Because paramedics did not know how to treat individual subsections of the LGBTQ community and did not have sensitivity training, there was a risk that the patient might not get the proper treatment due to what they saw as typical biases in the past (Kattari et al., 2015).

Medical Professionals' Challenges

Discrimination did not only impact LGBTQ members who needed medical attention but also influences those who were going through medical training (Keuroghlian et al., 2017). According to Keuroghlian et al. (2017), a large portion of medical professionals had to wrestle with the decision of being honest about their sexual orientation. Many of them felt that they would be discriminated against and, as a result, their schooling and careers would be impacted (Keuroghlian et al., 2017). This broadens the impact that discrimination has on the medical field. Having medical professionals who were open about their sexual orientation could be a step in the right direction for improving the relationship between medical professional and the LGBTQ community. Most importantly, it allows for empathy to begin to penetrate the medical workforce. O'Hara et al. (2015) contributed to the overall knowledge in regards to this topic, but did not give recommendations on how to fix the issues identified.

When reviewing the literature related to medical professionals, it was clear that there were some threats that the medical community placed on the LGBTQ community throughout the United States. Since Bassett et al. (2002) published their study 11 years ago, there has been little to no change made by the medical community to improve the

services provided to the LGBTQ community. These threats included refusal of care, inadequate care, and direct and indirect bias towards LGBTQ community members (Bassett et al., 2002; Glied & Frank, 2017; Jillson, 2002; Kattari et al., 2015; Keuroghlian et al., 2017; O'Hara et al., 2015). These threats developed because of a lack of knowledge and training in regards to the needs of the LGBTQ community's from medical professionals as well as the homophobia/transphobia that permeated the medical community (Bassett et al., 2002; Glied & Frank, 2017; Jillson, 2002; Kattari et al., 2015; Keuroghlian et al., 2017; O'Hara et al., 2015).

Many researchers recommended similar courses of action; the medical and professional training for individuals who work in the medical field needs to include sensitivity training to ensure that there was an eradication of discrimination and needs to include technical training to make sure that everyone knows how to provide adequate medical care while ensuring that members of the LGBTQ community give accurate information to his or her health provider (Bassett et al., 2002; Glied & Frank, 2017; Jillson, 2002; Kattari, Walls, Whitfield, & , 2015; Keuroghlian et al., 2017; O'Hara et al., 2015).

Police

One of the essential parts of a community's response to an emergency or disaster is their police force. Not only do they mitigate the extent of the damaged caused during a disaster and emergency, but they also help prevent incidents by having a show of force within a community. The actions of the police, both past and present, impact the willingness of a victim to report a crime (Javaid, 2016; Briones-Robinson, Powers, & Socia, 2016).

The level of willingness to report a sexual assault to the authorities made members of the LGBTQ community at an even higher risk during a disaster (Briones-Robinson et al., 2016). Based on the trust levels between the LGBTQ community and the police, the LGBTQ community became targets for sexual assault during and following disasters and emergencies especially while in shelters (Javaid, 2016). Unfortunately, historically members of the police department have demonstrated homophobic actions (Briones-Robinson et al., 2016; Galvin-White & O'Neal, 2015).

Systems such as the National Crime Victimization Survey have been used to develop policies that have been designed to better the service that LGBTQ community members receive from law enforcement agencies (Briones-Robinson et al., 2016). Although agencies have taken steps to better the service provided to the LGBTQ community, there were still high levels of mistrust towards law enforcement (Briones-Robinson et al., 2016).

The experiences that cause the LGBTQ community to distrust law enforcement agencies are broad in spectrum. Emergency managers need to understand what levels of trust LGBTQ community members have with members of law enforcement. Mastering this information will allow them to develop the most efficient response and recovery plans for emergency and disaster situations.

LGBTQ Domestic Violence

There were many factors that caused mistrust to be built between the LGBTQ community and law enforcement and community members. Guadalupe-Diaz and Jasinski's (2016) focused on how the transgender community has experienced discrimination when trying to get help with domestic violence. The issue has been a

result of a combination of both discrimination and lack of knowledge (Guadalupe-Diaz & Jasinski, 2016). Lack of knowledge was influenced by the lack of the academic community's willingness to research this topic within this field of study (Guadalupe-Diaz & Jasinski, 2016). Although there was a significant amount of research in connection with domestic violence, there was a "Complete lack of research on intimate partner violence among transgender people' (Guadalupe-Diaz & Jasinski, 2016, p. 773). Researchers have shown that half of the transgender community members experience some form of domestic violence in their lifetime (Guadalupe-Diaz & Jasinski, 2016).

Guadalupe-Diaz and Jasinski (2016) showed that factors such as finances, poor service provided by law enforcement, and lack of community resources (such as domestic abuse shelters) were all barriers to transgender victims seeking and receiving the help they needed. LGBTQ community members were less likely than their heterosexual counterparts to receive the services they needed to remove themselves from a hostile environment or recover from abuse (Guadalupe-Diaz & Jasinski, 2016).

Researchers have shown that the LGBTQ community hesitated to call the police in cases of domestic violence because they feared that they would face discrimination based on their sexual orientation or gender identity, which was often a result of personal or second-hand experience (Guadalupe-Diaz & Jasinski, 2016). Guadalupe-Diaz and Jasinski (2016) showed that 7% of respondents claimed that they faced some form of discrimination or homophobic-charged harassment from police personnel when they arrived, which included the belief that police would be ineffective in solving their problems (Guadalupe-Diaz & Jasinski, 2016). Some of this was a result of experiencing harassment and discrimination in the past. One of Guadalupe-Diaz and Jasinski's (2016)

respondents reminisced about being called a "queer devil" by the police (p. 775) and another recalled a situation where the police "basically took the attitude, 'so two dykes' were trying to kill each other" (p. 775). Guadalupe-Diaz and Jasinski (2016) argued that these situations made the LGBTQ community so fearful that they would be re-victimized that they were unwilling to get the police involved in domestic issues. There was also a knowledge gap where police did not have the basic understanding of the LGBTQ community (Guadalupe-Diaz & Jasinski, 2016). An example of this was what pronoun should be used when dealing with a member of the transgender community (Guadalupe-Diaz & Jasinski, 2016). There was also a culture that developed in the police workforce that viewed same-sex domestic abuse as either cat fights (female-on-female violence) or as just a fight between roommates (male-on-male violence) (Guadalupe-Diaz & Jasinski, 2016). This desensitized police officers to the severity of the situation while also being a contributing factor to why the LGBTQ community did not trust the law enforcement community. However, discrimination was not the only reason why transgender domestic violence victims did not seek help (Guadalupe-Diaz & Jasinski, 2016). The design of the response and recovery system in regards to domestic violence was for women with cisgender assumptions of its victims (Guadalupe-Diaz & Jasinski, 2016).

Emergency Managers Response

Guadalupe-Diaz and Jasinski (2016) reinforced the idea that there were many factors that contributed to the mistrust that the LGBTQ community had for law enforcement, community leaders, and community resources. Emergency managers need to take this doubt into consideration during their emergency planning. Though an emergency manager may not be directly able to impact the policies of outside agencies,

they need to take into consideration the policies these agencies have and how they will impact a response and recovery plan during an emergency or disaster.

The past actions of law enforcement had a direct impact on the LGBTQ community's willingness to trust and ask law enforcements agencies for help. Briones-Robinson et al. (2016) showed that crimes committed against the LGBTQ community were traditionally more severe and violent than those crimes committed against their heterosexual counterparts. Because of the levels of trust that existed between the LGBTQ community and law enforcement, most of the instances went unreported (Briones-Robinson et al., 2016). Briones-Robinson et al. (2016) addressed the concept that police were not willing to help and that they may have been unable to do so. This inability could be a result of legal policies that were in place but it could also be due to the possibility of how their co-workers would view them if they helped an LGBTQ community member (Briones-Robinson et al., 2016). This means that emergency managers not only need to take into consideration how police treat LGBTQ community members based on personal beliefs but also consider how laws and institutional climates impact the service that the LGBTQ receives from the police.

Briones-Robinson et al. (2016) showed that there were some additional demographics that impact the level of trust an individual has with law enforcement. Briones-Robinson et al. (2016) reinforced Dwyer et al. (2015) finding that demonstrated that geographical location had an impact on the levels of acceptance a community has on the LGBTQ community while also affecting the level of trust the LGBTQ had for members of law enforcement. There was a contradiction between these two studies. Briones-Robinson et al. (2016) stated that LGBTQ people were less likely to have the

trust of police if they were in an urban environment. Dwyer et al. (2015) argued that LGBTQ people were less likely to trust police if they were in a rural area compared to those in urban centers throughout the United States. These researchers did demonstrate that there was an overall mistrust of police. What these studies found was that local geographical changed why police treated LGBTQ people cruelly and unfairly. Discrimination in rural areas was based on personal beliefs and the culture of the community (Dwyer et al. 2015). Briones-Robinson et al. (2016) showed that in a rural area it was a combination of lack of knowledge and general mistrust based on past experiences.

The potential negative treatment the LGBTQ community could face from the police presents a unique challenge for emergency managers. Emergency managers will have to approach the LGBTQ and police relationship differently based upon their location. Emergency managers in the rural areas main effort will need to be to make an active effort to change police and community policies whereas the main effort of emergency managers in urban areas will need to be to spend most of their time trying to build up the trust that was lost based on past experiences.

Shelters

Emergency managers need to take into consideration if their shelters provide necessary services to all community members including the LGBTQ community. The homeless youth population within the United States is over represented in the LGBTQ community (Ecker, 2016). This means that emergency managers and shelter managers need to prepare for a significant amount of the population in shelters during and following emergencies to be members of the LGBTQ community (Ecker, 2016). Ecker

(2016) reinforced the argument that emergency managers need to take into consideration the LGTBQ community when developing their emergency response plans while also developing internal policies that ensure that everyone treats individuals with respect and have the knowledge needed to give them the services that were necessary.

When reviewing the current conditions of the shelters throughout the United States, Mottet and Ohle (2006) determined that there were a number of conditions that made shelters very dangerous for transgender individuals. They began by explaining that most shelters throughout the United States were designed based on an individual's gender (Gaillard et al., 2017; Mottet & Ohle, 2006). This can create an issue based on the willingness of shelters, emergency managers, and communities to accept a person's gender identity. This combined with the lack of physical protection in shelters made transgender community members find themselves either unable to access housing or be placed in extreme danger based upon the housing they were required to enter (Mottet & Ohle, 2006).

Mottet and Ohle (2006) showed that this issue was not only seen in shelters established during emergency situations but also in homeless shelters. This threat existed because of lack of knowledge, existing prejudices, and the lack of privacy found in shelters (Mottet & Ohle, 2006). Something Mottet & Ohle (2006) mentioned was that shelters may turn away members of the transgender community not because they did not agree with their gender identity but because they felt that they did not have the knowledge needed to provide them with proper care (Mottet & Ohle, 2006).

Since 2003, it has been known that there has been an issue with shelters in regards to their ability to provide services to the transgender community (Mottet & Ohle, 2006).

The National Coalition for the Homeless accepted a policy that ensured that people regardless of their gender identity would receive needed services (Mottet & Ohle, 2006). Although shelters on the east and west coasts of the United States have been able to change their policies or sleeping arrangements so that shelters were a safe place for members of the transgender community, most emergency managers and shelter managers do not have the knowledge needed to ensure they provide a safe environment for this subsection of the community (Lyon, Lane & Menard, 2008; Mottet & Ohle, 2006). Mottet and Ohle (2006) did not address, if this knowledge already existed, why more shelters have not taken steps needed to improve their systems.

Researchers showed that 35% of the homeless youth in the United States were members of the LGBTQ community (Mottet & Ohle, 2006). During a disaster or emergency, this was a significant contributing factor when it came to where they went during and following the event. Researchers also showed that in larger metropolitan areas, over 4% of the people who requested service from male-only shelters gender identified as women but were not allowed to enter into shelters designated for females (Mottet & Ohle, 2006). Because of the cisgender assumptions shelters have, they were extremely dangerous for transgender community members to stay in (Guadalupe-Diaz & Jasinski, 2016). Researchers have also shown that in emergency situations and disasters, members of the LGBTQ community have been denied shelter, food, water, finances, and medical treatment (Murray et al., 2014).

One of the issues Mottet and Ohle (2006) discovered was that emergency managers, shelter directors, and staff did not possess the knowledge needed to interact

with the transgender community. This lack of knowledge included knowing the difference between sexual orientation and gender identity (Mottet & Ohle, 2006).

Mottet and Ohle (2006) developed a list of steps that shelters should take to ensure that they provided quality service to LGBTQ community members. The most important thing was that everyone involved with shelters during emergencies and disasters needed to treat everyone with respect (Mottet & Ohle, 2006). It should not matter what their sexual orientation or gender identity was, everyone should be treated with respect. Staff members also needed to ensure that they addressed individuals based on the gender they identified with (Mottet & Ohle, 2006). Emergency managers and shelter leaders needed to make sure that they had policies that would not tolerate discrimination or harassment (Mottet & Ohle, 2006). Such policies were one of the best ways to ensure that members of the LGBTQ community feel safe while in a shelter (Mottet & Ohle, 2006).

The medical preparedness was also an issue that Motter and Ohle (2006) addressed when looking at shelters. Emergency managers needed to have medical supplies on-hand to treat all victims during an emergency or disaster. Just as shelters have looked ahead to have supplies on-hand to treat those they shelter who have diabetes, shelters should also have the medication needed on-hand to treat individuals who were going through a gender transition (Mottet & Ohle, 2006).

Lyon et al. (2008) conducted a study across eight different states focusing on the experiences of individuals who had to spend time in shelters. The researchers showed that the environment for the LGBTQ community had improved in shelters (Lyon et al., 2008). A review of the study though showed that these results were weak on a number of

factors. There was a meager participation rate from the LGBTQ community (Lyon et al., 2008). The study did not take into consideration the transgender community (Lyon et al., 2008). Although the study did ask the respondent to identify his or her sexual orientation, it did not go into whether the respondent revealed their sexual orientation while staying at the shelter (Lyon et al., 2008).

Lyon et al.'s (2008) findings led to the development of questions to see if emergency managers had dealt with the LGBTQ community throughout an actual emergency or disaster, including the level of interaction, results of the interaction, or any observations they saw during an emergency. Whereas Murray et al. (2014) showed that the LGBTQ community needed a voice within their community, someone who was the voice in all matters to include emergency management and disaster recovery.

Emergency Shelters

In 2014, Espinoza explored whether the LGBTQ community faced discrimination while looking for housing. The study was conducted across 10 states; the results showed that half of all same-sex couples had dealt with discrimination when looking for housing (Espinoza, 2014). Communities and emergency managers cannot simply think that providing financial support for housing will work for LGBTQ members as it would for their heterosexual counterparts. Even if they can afford housing, they may not be able to actually find housing based on the community's climate towards homosexuality.

There was relatively little research conducted concerning LGBTQ recovery related to housing (Murray et al., 2014). Internationally emergency-response plans were developed and executed in favor of heterosexual families, leaving the LGBTQ community lacking in areas such as housing and, at times, response plans compounded

the damage to an LGBTQ household (Murray et al., 2014). This included not only the destruction of the houses of LGBTQ community members but also the destruction of businesses and institutions that were supportive of LGBTQ individuals (Murray et al., 2014). When community centers that provided safe havens for the LGBTQ community were damaged or destroyed during an emergency or disaster, it left a lack of security for the LGBTQ community (Murray et al., 2014).

Lack of Support Following an Emergency Event

When transitioning to the recovery phase of an emergency plan, an emergency manager needs to take into consideration the challenges that the LGBTQ community may face when getting back to the point of normality. When referring an individual to other agencies, an emergency manager needs to ensure that the agencies under them do not publicize the current sexual orientation or gender identity of the community member they were helping (Mottet & Ohle, 2006). This would contribute to removing any bias from an agency who may have no direct interaction with a person.

LGBTQ Gaining Normality

Normality following a disaster or an emergency for the LGBTQ community is more than ensuring that they have housing. Murray et al. (2014) argued that community leaders and emergency managers needed to ensure that the LGBTQ community had housing as well as a home. A home, as defined by Murray et al. (2014), was daily processes that could result in a routine and the level of safety an individual feels while in their house. Murray et al. (2014) stated that, because of these factors, emergency managers and community leaders need to take two things into consideration:

1. If a member of the LGBTQ community was given housing in a different part of the community, would they feel accepted and safe in that community?
2. If their housing was not destroyed, but the community around them was, were the resources that they used to provide them service survive? If not, did the community have a plan to replace or rebuild them?

When a community did not take this into consideration, then the LGBTQ community was placed at an even higher risk than their heterosexual counterparts (Murray et al., 2014). This exact situation was seen following Hurricane Katrina (Murray et al., 2014).

The services provided need to reflect the community in which they are held. A universal plan will not be as effective as a customized plan that reflects the population of a community. This leads to the development of an additional question for this research: do emergency managers know the population that they serve?

The LGBTQ community tends to avoid shelters and ignore directions from individuals in positions of authority to go to temporary housing and shelter (Murray et al., 2014). This was seen during Hurricane Katrina when people refused to leave their homes when community leaders directed them to evacuate (Murray et al., 2014).

Non-Governmental Organizations (NGOs) and Governmental Agencies

Emergency agencies were not the only resources that were available to community members during a disaster. NGOs also play a significant role in responding and recovering from an emergency (Murray et al., 2014). Emergency managers have made tremendous advancements following Hurricane Katrine when it comes to the

relationships with NGOs and how they incorporate them into their emergency response plans (Kapucu, 2007).

Emergency managers have developed a policy to use NGOs at all levels of government (Kapucu, 2007). Relationships need to be built from the national level down to the local level, which includes governmental agencies, social institutions, and schools (Kapucu, 2007). As time continues to advance, NGOs' influence and involvement in emergency response and recovery plans continues to grow (Kapucu, 2007).

NGOs bring a tremendous amount of support and resources to an event; they can also add additional challenges for emergency managers and other governmental agencies (Kapucu, 2007). These problems include command and control of these organizations while also trying to integrate them into the response and recovery efforts and trying to overcome any policies that were not in line with certain organizations as well as overcoming a lack of training that may be needed to treat the community (Kapucu, 2007).

Even though NGOs have been more involved in emergencies following both the terrorist attacks on September 11, 2001 and Hurricane Katrina in 2005, there was still very little scholarly work that covers the relationship between emergency managers and NGOs (Choi & Brower, 2006). Researchers have shown that communication can be one of the biggest challenges that exists between emergency managers and NGOs (Kapucu, 2007).

Kapucu (2007) demonstrated the need for more research conducted into the relationship with NGOs and emergency managers, including the relationship that emergency managers and NGOs have in regards to the LGBTQ community.

In 2011, the Federal Emergency Management Agency (FEMA) released a document titled “Planning for the Entire Community” (FEMA, 2011) that laid out the ground work for community leaders and emergency managers throughout the United States to develop a plan that would ensure that their emergency response plans would be effective for all community leaders (FEMA 2011). The former director of FEMA was quoted as saying “My experience tells me if we wait and plan for people with disabilities after we write the basic plan, we fail” (FEMA, 2011, p. 3).

When checking to see if a community’s emergency plan was designed to cover the entire community, FEMA (2011, p. 5) recommended that you ask the following questions:

- Was the emergency plan developed with the intent of meeting the needs of the entire community that was affected by the disaster or emergency? (FEMA, 2011, p. 5)
- When developing the plan, were all community stakeholders consulted to not only define the needs of the community but also to ensure that these requirements were met? (FEMA, 2011, p. 5)
- Have personnel continued to update their plans to make sure that the best practices were in effect to ensure the improvement of the communities’ resilience and the outcomes of emergency management response? (FEMA, 2011, p. 5)

Although the “Planning for the Entire Community” report covered a number of bases and advocated for a whole-community approach to emergency management, it did not mention or present data on the LGBTQ community (FEMA, 2011). The 2011 report

covered and supported many of the recommendations that the prior reviewed literature referred to, including training on the language used, but if you do not plan to treat a subsection of the community then you will not be prepared to (FEMA, 2011). The report also included statements about the health care needs of disabled individuals, which connected to the LGBTQ community because it laid the foundation that health care was not universally applied and that subsections of the community needed different levels of care during emergencies and disasters (FEMA, 2011).

There were a number of NGOs that a community could coordinate with during disasters and emergencies. Some of these agencies have a religious affiliation, some have a political affiliation, and some were neutral in all aspects. Some of the NGOs that help out the community during disasters include Adventist Community Services (ACS), American Radio Relay League, Inc. (ARRL), American Red Cross, Ananda Marga Universal Relief Team (AMURT), Brethren Disaster Ministries, Catholic Charities USA Disaster Response, Children's Disaster Services (CDS), Christian Disaster Response (CDR), Christian Reformed World Relief Committee (CRWRC), Church World Service (CWS), Enterprise Works/ Volunteers in Technical Assistance, Episcopal Church Presiding Bishop’s Fund for World Relief, Feeding America, Friends Disaster Service (FDS), International Association of Jewish Vocational Services (IAJVS), International Relief Friendship Foundation (IRFF), Lutheran Disaster Response (LDR), Mennonite Disaster Services, National Emergency Response Team (NERT), National Organization for Victim Assistance, Nazarene Disaster Response, Phoenix Society for Burn Survivors, Points of Light Institute, Presbyterian Disaster Assistance, REACT International, Salvation Army, Society of St. Vincent De Paul, Southern Baptist Disaster Relief, UJA

Federations of North America, United Methodist Committee on Relief, Volunteers of America, and World Vision (Disaster Center, 2013, p. 1).

These agencies have helped communities throughout the United States during all phases of emergency management. An emergency manager still needs to ensure that when they were working with these NGOs that the religious beliefs or political policies of these organizations do not lead to discrimination of their community members.

Watch dog agencies throughout the United States were concerned that community leaders and emergency managers had not taken the steps that were needed to protect the LGBTQ community from the policies and beliefs of NGOs during emergency and disaster situations (Adam, 2012). This was seen following Hurricane Sandy. The Gay & Lesbian Alliance against Defamation (GLADD) sent out a news release that stated:

> We know that because same-sex relationships and transgender identity often are not recognized and respected as others are, it can make accessing assistance during times like this even more difficult. Here are some key contacts and guidelines to help you and your family:
>
> The American Red Cross has a nondiscrimination policy in accessing its shelters and applying for disaster assistance. LGBT people and families should be able to register and be housed as families and with access to facilities appropriate to their gender identity in their shelters. If you feel that you have been treated unfairly, first contact the shelter manager. If that does not help, or you are unable, please contact your local Red Cross office or the Corporate Ombudsman at 202-303-5399, 866-667-9331 ombudsman@redcross.org.

> FEMA also has a nondiscrimination policy in accessing disaster relief. Assistance covers the entire household regardless of who was living there and their marital relationship, and of every person's gender identity. For more information go to http://www.fema.gov/civil-rights-program. If you feel that you have been treated unfairly contact their Office of Equal Rights at 202-646-3535. (Adam, 2012, p. 1)

Therefore, officially, the Red Cross and FEMA have policies that protect the LGBTQ community from discrimination (Adam, 2012, p. 1). However, this press release also included statements that at the local level there was a fear that there may be the possibility of discrimination towards the LGBTQ community (Adam, 2012, p. 1).

Summary

Researchers pointed out a number of issues that this study addressed. First, throughout the academic community and across the multiple disciplines there was a lack of scholarly work into the LGBTQ community as it relates to emergency planning and recovery. Second, researchers pointed out that one of the number one reasons for discrimination towards the LGBTQ community during emergencies was based on the lack of knowledge that a person had. Researchers have not yet answered the question of why this lack of knowledge exists. Third, researchers showed that there were a number of forces that influenced how a community viewed the LGBTQ community and how the LGBTQ community viewed individuals in positions of authority.

Chapter 3: Research Methodology

Introduction

The purpose of this qualitative study was to determine if members of the transgender community faced discrimination while they were in shelters following a mandatory evacuation in 2018. A practical approach, using interviews with members of the transgender community, was used to develop a heightened understanding of any discrimination that may have taken place when in a shelter or temporary housing due to mandatory evacuations in that year. From this insight, I propose a practical solution to elected and appointed officials and other stakeholders that may lead to lower rates of discrimination and better care for the transgender community during and following emergencies and disasters.

The primary purpose of this chapter was to present the research design that led to the data collection, which provided answers to the research questions. This chapter also includes my involvement in this qualitative approach. In additional, this chapter includes the selection, recruitment, and retention processes for the participants of this study. Also, the process by which the data were collected, stored, transcribed, and analyzed was included. Finally, this chapter concludes with a statement about the legitimacy of this study as well as a justification for the selection of the qualitative method for this study.

Research Questions

The purpose of this study was to determine if members of the transgender community were faced with any forms of discrimination while at shelters following mandatory evacuations in 2018. Therefore, the following research questions were employed to make this determination:

RQ: What kinds of social construction assumptions influence discrimination, if any, towards the transgender community during and following a crisis?

SRQ1: What types of shared perceptions do members of the transgender community have about the current emergency response protocols for the transgender community?

SRQ2: From the perspective of transgendered individuals who experienced a natural disaster and relied upon public shelters, what procedures would ensure that transgender community members receive adequate services during disasters and catastrophes?

SRQ3: What type of shared assumptions influence the level of trust the transgender community has for emergency services?

The first supporting research question was developed to determine how the transgender population felt about the current policies in place to support the transgender community while in shelters or temporary housing. The purpose of the question was to assess how effective participants believed that the current policies were when it came to the level of care that the transgender community received while in shelters.

The second supporting research question was developed to determine what procedures could be enacted to ensure that members of the transgender community no longer face discrimination while in a shelter. The purpose of this question was to have participants reflect on their own experiences and use them to express and suggest impactful policy changes.

The third supporting research question was developed to determine the level of trust that members of the transgender community have for emergency services personnel. The purpose of this question was to determine their level of trust for such personnel prior

to the emergency event in 2018 and their trust level following the emergency event. Also, I used this question to evaluate what may have influenced and shifted those trust levels.

Role of the Researcher

In a qualitative study, the researcher plays a significant role. It was essential to identify and mitigate biases because of the impact that researchers have on qualitative studies (Maxell, 2012). The researcher was responsible for ensuring that the data they collect are detailed, relevant, and accurate. Also, the researcher was responsible for developing research methods, participant research, participant recruitment, conducting the interviews, transcribing the interviews, analyzing the data, and developing practical recommendations. For this study, I conducted over-the-phone interviews. Each interview was recorded to create an accurate record.

Methodology

Participant Selection Logic

The goal of this study was to determine whether, after 2 decades of research and recent positive strides for the LGBTQ community, the transgender community still experiences discrimination while at shelters during and following disasters and emergencies. The participants of this study were individuals who identified as transgender and who actually stayed at a shelter following a mandatory evacuation in 2018. Discrimination was not limited to a specific demographic or geological location. As a result, geographical location was not a selection criteria. A person's gender identity and his or her stay in a shelter following a mandatory evacuation in 2018 were the only selection criteria set to participate in this study.

Participant Exit

The participants were interviewed once and then those interviews were transcribed. The transcripts were then sent to the participants (each participant only received his or her own transcript for review) to verify that it accurately represented the participant's views. If the transcript represented the participant's data incorrectly, then a second interview was conducted. I then sent a copy of the study to the participants before its publication.

Population

All of the participants stayed in a shelter within the United States in 2018 following a mandatory evacuation. Shelters in a number of states were included without further restriction.

Sampling Strategy

Potential participants for this study were identified through crowdsourcing, using social media outlets for recruitment. The criteria required for an individual to participate in this study were that the individual must identify as transgender and must have spent time in a shelter following a mandatory evacuation in 2018. Every 3 days, a consent form was posted on Facebook, Twitter, and LinkedIn until information saturation was accomplished. A flyer was also sent to LGBTQ community centers throughout the United States, asking them to post it on their community boards. The consent form was also sent to LGBTQ forums, asking them to post it on their forums as well.

Once potential participants were identified, messages were sent to the individuals requesting that they participate in the study. This request included a participant consent form.

If an individual was willing to participate, then he or she was asked to sign the consent form and return it to me. The consent form included a waiver that was stored for my records. If the participants were not willing to sign the waiver, then they could not participate and I worked to find a new participant. At this time, I contacted the participant to schedule an interview.

To qualify to participate in this study, an individual must have met the following criteria:

1. Identify as transgender.
2. Spent time in a shelter following a mandatory evacuation in 2018 (certified when they signed the consent form).

Number of Participants and the Rationale

The population goal for this study was 10 participants who identified as transgender and who stayed at a shelter following a mandatory evacuation in 2018. A total of 12 individuals were actually interviewed in this study. When determining the sample size, I needed to take into consideration whether or not the sample size would give the amount of data needed to answer the research questions (see Ritchie, Lewis, Nicholls, & Ormston, 2013). It was estimated that .6% of the United States population identifies as transgender (Hoffman, 2016). Based on the Red Cross data, roughly 20,000 individuals have stayed in shelters in recent events that have caused mandatory evacuations (Hurricane Florence, 2018). When the above statistics were combined with previous studies (Ecker, 2016; Espinoza, 2014; Gaillard et al., 2017; Mottet & Ohle, 2006; Murray et al., 2014), I found transgender community members were less likely to go to a shelter. I believed that 10 participants should allow me to gain the data saturation

needed to answer the identified research questions (see Ritchie et al., 2013). Because one of the interviews was considered a discrepant case (P-5), two additional interviews were conducted to ensure that enough data were collected to answer all of the research questions.

Instrumentation

An interview script was used to collect the data during this general qualitative study (see Appendix A). The script was developed to ensure that the questions asked would result in the collection of the data needed to answer the research questions. To ensure that this was accomplished, five subject matter experts where brought in to help develop the questions. The first subject matter experts included one police chief of a major city in the United States, two emergency planners for communities of populations above 10,000 individuals, and two subject matter experts in the methodology used throughout this study. Studies such as FEMA's "Planning for the Entire Community," Dr. Sharon Knights "culturally responsive emergency management" project, and the campus pride index were used as guides to develop the interview questions. The questions were developed as open ended to allow the participants the ability to give their experience without purposefully or accidentally manipulating them into giving certain answers.

Three components were kept in mind when developing the questions. First, I ensured that the questions asked would lead to data being collected that would answer the research questions. Second, the time limitation of the interview needed to be considered; within the allotted 30 min. timeframe, I would need to get the data required while also allowing the participant to communicate their experiences. Third, the previously asked and answered questions would need to capture the data needed to support the answering

of all of the research questions. Only one predetermined follow-up question was selected. The subject matter experts added this question to ensure that the data collected would include the perceived social constructs towards those involved in emergency management. Additional follow-up questions were not predeveloped in an attempt to allow for flexibility in their development based on the unique answers given by each participant. Finally, the interview questions were reviewed and approved by the university's Independent review board (IRB) prior to them being implemented.

Content Validity

Validity was how trustworthy and plausible research was (Heale & Twycross, 2015). Content validity was defined by Brod, Tesler, and Christensen (2009) as "the extent to which one can generalize from a particular collection of items … the intention is … to obtain as a representative a collection of item material and relevant content as possible" (p. 1263). The qualitative interview, interview guide, data collection strategy, saturation of new information, analysis of data, debriefing interviews, IRB, recording interviews, and transcribing interviews are all essential factors in ensuring content validity (Brod et al., 2009). The qualitative interview was conducted in a manner that allowed for the collection of previously unknown data while also determining the accuracy of already existing data (see Brod et al., 2009). An interview guide was developed using my own experience as well as that of five subject matter experts. This method allowed for a semistructured guide for me to use while interviewing the participants (see Brod et al., 2009). Also, it helped maintain the content validity of the data collected by ensuring they would answer the research questions.

The university IRB was essential in ensuring that content validity was maintained throughout the data collection and analysis phase of the study. Although a general qualitative study is considered to be a low threat study, the IRB ensures that the data are collected in an ethical manner (Brod et al., 2009). The IRB ensured that I also mitigated any potential bias(es) that could threaten the validity of the study. This process included acknowledging that I was entering into this project with the assumption that emergency managers do not take the steps needed to protect the LGBTQ community during or following emergencies and disasters. Also, I had to take into consideration the fact that I identify as a gay man and there could be the potential for me to take the information given by participants personally.

Data Analysis Plan

After the interviews were conducted, I used a third party to transcribe the recorded interviews. The individuals who transcribed the interviews were required to sign a confidentiality agreement (Appendix C). After transcription, the interviews were sent back to the participants to review and confirm their answers. Participants were asked to review the transcripts and send any corrections that they had back to me. This step contributed to the validity of the research by ensuring that the information collected was accurate. Although this added time to the research project, it ensured that the data were correct before being analyzed. If I did not get a response from the participant within 15 days, then I assumed that the transcripts were correct and began to code them.

Braun and Clarke's (2006) 6-step thematic analysis procedure was used. Braun and Clarke's 6-step thematic analysis procedure includes: (a) familiarization with assumption content (completed by the extensive literature review and the role the

researcher played in data collection and transcription), (b) types of initial coding (i.e., emotional), (c) pattern clusters from specified coding, (d) reviewing emerged themes, (e) theme selection, and (f) complete analysis.

Code Pattern Theme

I first coded the collected data by using Braun and Clarke's (2006) 6-step thematic analysis procedure. Following the coding, the analysis of the data were conducted. I used the Braun and Clarke 6-step thematic analysis procedure.

Step 1: familiarization with the assumption content. I completed this step by conducting an extensive literature review. In Chapter 2, I described and connected the literature to the intended research. I continued this step as I collected and ensured the accuracy of transcription of the data.

Step 2: types of initial coding. I used this step to organize the data collected in a coherent and analytical manner. I did not code every word; I only coded what was deemed to be relevant to the research questions. Knowledge gained in Step 1 helped guide me in being able to determine what was relevant. The coding was done by hand, and I used pens and highlighters to conduct the coding. I periodically reviewed and compared the codes and modified them if necessary.

Step 3: pattern clusters from specified codes (search for themes). According to Braun and Clarke (2006), there was not a set standard on what was considered a theme. I determined what the themes were based upon their significance level and in connection with the research questions. I expected there to be a medium level of overlap in the codes based upon the number of expected participants in the study. I ensured that every code was aligned with a theme, although some codes ended up in multiple themes. As I

identified a new theme, it was assigned a number. As I continued to analyze the data, the numbers were placed above the coded section so that they could be tracked with their assigned theme.

Step 4: reviewing emerging themes. During this step, I aligned the coded data under their assigned theme. This was done by moving the data from the transcribed document (using the copy and paste function) to a new document. The data were pasted under its assigned theme that was pretyped. At this time, I reviewed not the codes under each of the themes as well as the themes that existed. I asked the following questions when reviewing the themes:

1. Do the data support the selected themes?
2. Is the spectrum of codes under one theme too broad?
3. Are the themes plausible?
4. Can any of the themes be combined?

Based on these questions, I changed, deleted, separated, or combined themes so that they aligned with the research questions.

Step 5: theme selection. I transitioned from Step 4 to Step 5 by completing the editing of the themes and seeing which of the themes were supportive of the research questions. This process included aligning each of the themes under the research question that they supported. The same copy and paste method used in Step 3 was used in this step. When this process was completed, I reviewed the themes one last time to ensure that they were appropriate for the theme they aligned with as it related to the research questions. It was possible that themes may be aligned under multiple research questions.

Step 6: analysis (write up). Chapter 5 of this project includes this step. I used the themes and their alignments to the research questions to develop list recommendations. I ensured that the data supported the development of the recommendations and were in line with the themes developed in the project. Before completion, I ensured that the recommendations also answered the research questions.

Issues of Trustworthiness

Reliability

Reliability was connected to an individual being able to recreate the research (Heale & Twycross, 2015). I took many steps to ensure the reliability of the research conducted. First, I ensured that this chapter was written in a manner that it would serve as a blueprint for reconstruction. Second, the exact questions that were asked are available as well (see Appendix A). The third step that I took to ensure the reliability of this research was to issue a demographic survey of participants (see Appendix B). The survey (Appendix B) ensured that the research could be conducted with the same population when replicating this study.

Reflexivity

Malterud (2001) defined reflexivity as "an attitude of attending systematically to the context of knowledge construction, especially to the effect of the researcher, at every step of the research process" (pp. 483-484). I took two steps to foster reflexivity in this study. I used multiple programs to code the data, which allowed me to mitigate the fact that multiple researchers would not be integrated into the process to ensure that the results matched. Second, I kept a reflexive journal. I began the journal when I started to interview the participants and I continued the journal until the research was published.

I used reflexive thinking to draw on what I wrote in the journal. The following pattern was used: conducted an interview, asked what was being thought of and felt during the interview, wrote down biases linked to the interview, determined if they impacted the findings of this study, compared the findings with the potential impact, and then used the insights gained on the next interview conducted. This process was continued for all of the interviews.

The journal allowed me to document my progress throughout the study and to review my beliefs and values to ensure that they did not impact the data collected, which helped me mitigate its potential impact on how I continued to collect and analyze the data. This reflexive journal was kept but will not be published in this study.

Ethical Procedures

The importance of protecting the identity of the participants was mentioned in Chapter 1 and at the beginning of Chapter 3. I took steps to ensure the full protection of the identities of all participants. This process included an explanation of how the data collected was released and how their identities were protected throughout the release. I took the following steps to protect the confidentiality of the participants:

- I obtained permission from my dissertation committee, which was comprised of Walden University staff.
- I obtained permission from the IRB at Walden University to conduct this study before collecting data.
- I completed courses through Walden University that covered procedures that were taken to lower the risks that participants faced.
- All interview recordings, transcripts, and field notes were kept in my safe.

- At all times, the research was available to answer questions and concerns that the participants had.
- Individuals who transcribed interviews were required to sign a confidentiality agreement. I also removed all information that would allow the transcriber to identify the interviewee.
- All data, including interviews, will be kept for at least 5 years in case the data needs to be validated. The data will be stored in a safe during this time. I am the only individual who has access to this safe.
- Steps, such as confidentiality agreements and interview location consideration, were constructed in such a manner as to ensure the information given by participants was truthful and accurate.
- I completed National Institutes of Health (NIH) training regarding human test subjects.

Data Storage

All paper documents, such as the consent forms, were kept in my safe. If documents needed to be discarded, they went through a paper shredder first. All digital files that contained any information that could identify the identity of a participant were encrypted.

Throughout the interviews, I took field notes on paper and then transferred them to a digital document. The handwritten field notes were kept and secured in my safe.

Summary

I used a qualitative method to gather data with the intent of determining if members of the transgender community faced discrimination while at shelters following a

mandatory evacuation in 2018. The collection of data was from members of the transgender community who stayed at a shelter following a mandatory evacuation in 2018.

Chapter 4: Results

Introduction

This chapter includes the results from the general qualitative study conducted to determine whether members of the transgender community faced discrimination while they were staying at shelters while under a mandatory evacuation in 2018. Researchers have determined that the LGBTQ community has historically faced discrimination from the community partners who would be responsible for the care of an individual during times of mandatory evacuations, such as police, EMS, fire fighters, medical staff, and staff members at shelters (Dominey-Howes et al., 2014; Dwyer et al., 2015; Halloran, 2015; Jalali et al., 2016; Ream & Forge, 2014; Shipherd et al., 2015). The transgender community faces an even higher likelihood of discrimination in their everyday lives compared to those who identify as lesbian, gay, or bisexual (Haddow et al., 2014). This threat becomes more extreme when they have to stay in shelters or temporary housing (Halloran, 2015). This study added to the existing research on the discrimination that the transgender community faces while staying in shelters. The primary research questions that I developed to guide this study were as follows:

RQ: What kinds of social construction assumptions influence discrimination, if any, towards the transgender community during and following a crisis?

SRQ1: What types of shared perceptions do members of the transgender community have about the current emergency response protocols for the transgender community?

SRQ2: From the perspective of transgendered individuals who experienced a natural disaster and relied upon public shelters, what procedures would ensure that

transgender community members receive adequate services during disasters and catastrophes?

SRQ3: What type of shared assumptions influence the level of trust the transgender community has for emergency services?

In this chapter, the study is explained, the settings in which the interviews took place are discussed, and the demographic details of the participants are provided. The chapter then includes a review of the data collected and coded and lists the themes that were determined using Braun and Clarke's (2006) 6-step thematic analysis procedure. Schneider and Ingram's (1993) social constructions of a target population were the theoretical framework for this research. The possible implications for this research will be discussed in Chapter 5.

Setting

The study was conducted by me. I was the only individual who collected the data used in this study. Open-source methods and crowdsourcing were used to recruit participants. This recruitment process resulted in a number of individuals and organizations posting or reposting my request for participants on my behalf. After the interviews were conducted and recorded, a third party transcribed the interviews. Copies of the transcriptions were then sent to the participants to ensure that there were no discrepancies, thereby ensuring the dependability of the results of this study. During the data collection and analysis period, no changes were made that could have influenced the participants or findings.

After receiving Walden University's IRB approval (# 01-04-19-0619599) to begin both recruitment and data collection, crowdsourcing was the method used to identify

participants. Advertisements were posted on the social media platforms Facebook, Instagram, and LinkedIn. All advertisements were set to *public* status so that there would be no limitation on who could see or share them. Additional advertisement was conducted on my behalf by LGBTQ community groups in New York, Virginia, North Carolina, South Carolina, Florida, Texas, Alabama, California, New Mexico, Arizona, and Colorado. These advertisements included hanging a flyer in their centers and/or posting a description of the study on their internal communication networks (e.g., chat rooms, e-mails, office Skype, and closed on-line groups). The snowball method was also used. Participants in the study were asked if they knew anyone who would be willing to participate in the study and if they would be willing to contact them on my behalf to garner their potential participation.

Individuals interested in participating reached out via e-mail to express their interest in the study. A participant recruitment letter was sent to every individual who reached out (see Appendix B), including a consent form to sign and return as well a demographics survey (see Appendix C). After receiving the completed consent forms and demographic surveys, participants were contacted to schedule an interview. E-mail was the primary method of communication with participants until the scheduled interview time.

Members of the transgender community are less likely to go to shelters due to a fear of discrimination and physical harm (Halloran, 2015). This was something that was taken into consideration during the participant recruitment process. Seventeen individuals agreed to be interviewed, but only 12 met the criteria to participate in the study. I subsequently conducted interviews with these 12 participants on the phone (n = 4), via

Skype (n = 3), via FaceTime (n = 3), and via Google Hangouts (n = 2) between January 2019 and March 2019. Because none of the interviews were conducted face-to-face, the participants were able to select the best location for them to participate in the study. This was a factor in ensuring the participants felt comfortable and safe, which resulted in a more fluid and effective conversation. The interviews were conducted from two locations on my part. For the interviews conducted in January, I was in a hotel and was the only one present. The interviews in February and March were conducted from my home office, and I was the only person present.

Every attempt was made to respect the time of the participants. Interview times were set around the participants' schedules to ensure follow through on the participants' end. Only one interview had to be rescheduled at the request of the participant, and it was rescheduled for the following week. The participants' overall perception of the study was positive and, while they were happy to know that such a study was being conducted, many expressed concerns that this study would not result in any impactful change. Follow-up communication (primarily through e-mail) occurred with participants after the transcripts of the interviews were complete so that they could review them and verify their accuracy.

Demographics

To ensure the anonymity of the participants, I assigned each one a number (P-1 through P-12). The study sample consisted of 12 participants who all identified as transgender (noncisgender) and who all stayed in a shelter following a mandatory evacuation in 2018. Eight (P-1, P-2, P-3, P-4, P-6, P-8, P-11, and P-12) of the participants identified as female, three (P-7, P-9, and P-10) identified as male, and one (P-5)

identified as gender fluid. Participants ranged in age from 23- to 61-years-old and were located in California, Colorado, Florida, North Carolina, and Virginia.

Table 1

Demographics

Participant	Age	Ethnicity	Gender	Education
1	31	Hispanic American	Female	High School
2	25	European American	Female	Associates
3	61	European American	Female	Some high school
4	23	European American	Female	Some college
5	30	Hispanic American	Gender fluid	Masters
6	25	European American	Female	High school
7	59	African American	Male	Bachelors
8	37	Other	Female	Bachelors
9	29	European American	Male	High School
10	47	Hispanic American	Male	Masters
11	27	African American	Female	Associates
12	40	European American	Female	Some College

Data Collection

Interviews were conducted on the phone (*n*=4), via Skype (*n*=3), via FaceTime (*n*=3), and via Google Hangouts (*n*=2) between January 2019 and March 2019. After the interviews were transcribed by a third party, I e-mailed copies of the transcripts to the participants so that they could verify whether the information was correct, raising the validity of the study's results. Three participants (P-5, P-9, and P-11) sent back edits, which were documented and updated on their transcripts before I coded the data collected. P-5 and P-9 indicated their edits using the track changes option on Microsoft Word, and P-11 spoke to me over the phone about the concerns they had with their transcript.

Although the interviews were conducted on a number of platforms, they were all recorded using a digital recorder with the permission of the participants. I also took field

notes throughout the interviews. The interviews conducted on Skype, FaceTime, and Google Hangouts allowed me to take into consideration the physical expressions of the participation throughout the interview. Although I could not see four of the participants, I took note when I believed an inflection in their voice, such as change a in tone or volume, could be heard. I also used a reflexive journal to indicate notes of how sections of the interviews trigger self-identified biases so that I could take them into consideration when coding and determining themes. Within 24 hours of each interview, I sent each interview recording to the transcriptionist. Within 48 hours of receiving the interviews, the transcriptions were then sent back to me. The transcriptionist was required to sign a confidentiality agreement (see Appendix C) prior to receiving any of the interviews.

The interviews lasted 30-47 minutes. Ten of the participants acknowledged the receipt of the transcripts with three requesting edits. Two e-mails and one phone call were made in an attempt to reach the two participants who did not respond. Because I did not hear back from two of the participants after sending out the transcripts within 15 days, they were considered to be accurate as typed up by the third party.

The method of conducting the interview was the only variation I encountered throughout the data collection. I expected all of the interviews to take place on the phone. When I asked the participants the best method for them to participate in the study, they gave me a wide variety of technological options including FaceTime, Google Hangouts, and Skype.

Data Analysis

Throughout the entire research process, I ensured the confidentiality of the participants. Steps taken included securing all documents in a safe, encrypting all

electronic documents, securing the recorder in a safe, and deleting the recordings after the transcription was completed.

I used a third-party individual to transcribe the 12 interviews, and the interview transcriptions were formatted into a Word document. Some discrepancies between the audio interview and transcription were pointed out by participants when they reviewed their transcription. Changes were made as soon as they were received from P-5 and P-9. There was a high confidence that the changes were accurately made, because they were sent in Microsoft Word using the track changes option. I spoke with P-11 over the phone and then made the corrections. The edited document was then sent to P-11 who verified that the corrections were correct.

Coding began when I received verification from the participants that the transcript was accurate and reflected what they were trying to communicate. Braun and Clarke's (2006) 6-step thematic analysis was used to analyze the data collected. Prior to coding each of the interviews, I placed the field notes taken during the interviews into the columns approximately when they occurred. The time in the interview that correlates with the notes in the field journal was documented. This step allowed me to continue to foster reflexivity in the research (see Malterud, 2001). I then made two copies of the interviews so that a manual method of coding could begin. This was accomplished by me using multiple highlighters and pens to focus on certain words, phrases, and sentences and then annotate themes that began to come to the surface. As the process continued, I transferred the words, phrases, and sentences to a white board and placed them under columns of emerging themes.

Identified Themes

After all of the interviews were initially coded, I then moved into Step 4 of the Braun and Clark (2006) 6-step thematic analysis procedure by reviewing emerging themes. The following questions guided me throughout this step, resulting in me selecting the main themes and subthemes in Step 5:

1. Do the data support the selected themes?
2. Is the spectrum of codes under one theme too broad?
3. Are the themes plausible?
4. Can any of the themes be combined?

The following three main themes and a number of subthemes where identified in this process.

Table 2

Emergent Themes and Subthemes

Identified Themes	Identified Subthemes
1) Perceived internal threat at shelters	Sexual and Nonsexual Assault
	No one for them to turn to for support
	Media influence on perception of emergency personnel and volunteers
2) Lack of understanding for the transgender community	Pronoun Use
	Lack of noncis-friendly policies regarding gender-specific areas
	Direct and NonDirect harassment
3) Perceived bias based on shelter location	Usage of religious facilities as shelters
	Involvement of religious-affiliated organizations

	Perception of how a community's political views will impact the quality of service received

Responses to Research/Interview Questions and Emergent Themes

The purpose of this research was to conduct a general qualitative study to determine if members of the transgender community faced discrimination while they were staying at shelters while under a mandatory evacuation in 2018.

To answer the research questions, an interview structure was designed to have predetermined and vetted questions aligned with each of the research questions (Appendix A). The questions were developed to be open ended to allow the participants to describe their experiences as accurately and freely as possible. Two follow-up questions were predetermined, and all remaining follow-up questions were developed during the interview based on how participants responded.

Discrepant Cases

Only one case deviated from the overall themes. P-5 identified as gender fluid. P-5 did not believe they had a single gender identity, describing their identity as "A social description I refuse to let my self be identified by…why only chose to be one gender, that's so restrictive." P-5 caused a discrepant case because though they are considered to be transgender since gender fluid was considered to be a noncisgender P-5 went to the shelter dressed as their cisgender identity (male). P-5 stated:

> So let me start off my saying this is something that I am not proud of…What was I supposed to do? Go into a place where I knew I would be discriminated against for my gender identity when I could just go as society expected me to

> look...Surviving was my goal… If I went in as a woman, I don't know if I would be alive and I wasn't scared that the storm would kill me. (P-5)

The chance of P-5 facing discrimination while in the shelter was lowered significantly because the choice was made to go in as their cisgender identity. The knowledge gained from P-5's insight on this decision contributed to understanding some of the subthemes discovered. Ultimately, P-5 took steps to prevent discrimination so P-5's experience cannot be used towards the overarching purpose of the study.

Evidence of Trustworthiness

Throughout the study, I ensured the steps presented in Chapter 3 were followed. This began by using a third party to transcribe the interviews. This process helped to guarantee an accurate transfer of the interviews from voice recordings to typed words. Allowing the participants to review and edit their interviews prior to coding supported the trustworthiness of the project because it ensured that what was said was accurately transcribed. My bias was also controlled by using a reflexive journal throughout the stages of the research. This enabled me to self-identify situations that may have caused a biased interpretation. Having the interview questions reviewed by subject matter experts also ensured that they would gather information fairly and that they would not lead the participants to answer in any specific manner.

Credibility

I conducted the study with the assumption that all participants were truthful. No pressure was placed on the participants to answer in a certain way, and multiple reviews of the research instrument were conducted by subject matter experts to ensure that they

did not influence the participants to give directed or coached answers. Credibility was also added by ensuring that participants could review the transcripts prior to coding.

Transferability

According to Trochim (2006), transferability was "The degree to which the results of qualitative research can be generalized or transferred to other contexts or settings. From a qualitative perspective transferability is primarily the responsibility of the one doing the generalizing. The qualitative researcher can enhance transferability by doing a thorough job of describing the research context and the assumptions that were central to the research." A key part of research is the ability for it to be duplicated or transferred to another project. Transferability was achieved by ensuring a detailed explanation of the steps I took throughout the process. These steps can be found throughout Chapters 3 and 4. In these chapters, I laid out the recruitment method that was used and the planned method of data collection and analysis that was implemented. I then confirmed the actual procedures that took place in Chapter 4. All issues were annotated and all mitigation steps that were taken were also covered in Chapter 4. There were a number of factors that influenced the transferability of this research. These factors included the sample size, the wide spectrum of geographical locations of the participants, and the variety of disasters that resulted in the mandatory evacuations. Though these variables impacted the transferability of the research, they were also essential to answer the research questions with the population being studied.

Confirmability

According to Trochim (2006), confirmability is "the degree to which the results could be confirmed or corroborated by others". The ability to audit the data throughout

the phases of the research is essential and it impacts both the transferability, credibility, and dependability of the research. Per Walden University's dissertation policies, all data, including interviews, will be kept for at least 5 years in case the data needs to be validated. The data will be stored in a safe during this time. I am the only individual who has access to this safe, ensuring that the integrity of the data were and is maintained. Additionally, I maintain all of the documents used to manually code the data; these documents will also be secured in a safe during the 5-year period.

Dependability

According to Trochim (2006), dependability is "The need for the researcher to account for the ever-changing context within which research occurs" (p. 1). A number of steps were taken to ensure the dependability of the research, including steps to develop and allow for transferability and confirmability. Steps were taken to ensure that my biases had no impact on the research. The respective steps included the outside review of interview questions and maintaining a reflexive journal, field notes, and all documents used throughout the coding process.

Reviewing the interview questions ensured that the data collected would lead to an accurate answer for the research questions and supporting research questions. This action also ensured bias was removed, thereby raising the dependability of the raw data collected. Having participants review the transcribed interviews also reinforced the dependability of the data prior to editing. By maintaining a reflexive journal, I documented any personal biases that were experienced throughout the research process as well. This step allowed for constant reflection of identified biases and then I took steps to ensure that they had no impact on the analysis process. Actual statements made by the

participants were used throughout Chapters 4 and 5 to reinforce the results of the analysis.

Results

The primary question studied was what kinds of social construction assumptions influence discrimination towards the transgender community during and following a crisis. This was addressed by themes determined in the analysis and reinforced by the themes that developed from the supporting research questions.

While using Braun and Clarke's (2006) 6-step thematic analysis procedure, a number of themes appeared that aligned with Schneider and Ingram's (1993) social constructions of a targeted population theoretical framework. This theory was essential in developing an understanding of why a group within society is at a disadvantage compared to other community members (Schneider & Ingram, 1993). The importance of this theory (Schneider & Ingram, 1993) was illustrated by the participants' statements about not knowing if people truly understood what it meant to be transgender. P-1 stated:

> As I move throughout my day to day life, I don't know whom I can trust…I am a transgender female but, it took me years to truly understand what they meant. Now you expect these people who just are here because they get paid to be here know what it means to be transgender or care to learn what I need or to treat me with respect. (P-1)

Schneider and Ingram (1993) defined a target population as "(1) the recognition of the shared characteristics that distinguish a target population as socially meaningful, and (2) the attribution of specific, valence-oriented values, symbols, and images to the characteristics" (p. 2). My analysis showed that this perception works both ways with the

community studied. Perceptions that members of the transgender community had about police, firefighters, EMS, healthcare workers, and shelter workers had just as much influence as the perceptions that police, firefighters, EMS, healthcare workers, and shelter workers had about the transgender community. This fact resulted in the development of the first theme for this research, which was the perceived internal threat as shelters.

Theme 1: Perceived Internal Threat at Shelters

The theme of perceived internal threat at shelters directly supported RQ1 and SRQ1, and this theme provided the largest section of data needed to answer SRQ3. Three subthemes contributed to theme 1: sexual and nonsexual assault, having no one to turn to for support, and the influence that media has on the perceptions of emergency personnel and volunteers.

Every participant but one (P-4) mentioned some type of fear when it came to going to a shelter during the mandatory evacuation of their community. P-6 had one of the most passionate responses to the interview question of "Describe the level of trust you had of emergency services (Police, EMS, Fire Department, Community Medical providers and Emergency Directorate) prior to entering the shelter":

> Is there a choice of less than none? I knew this disaster was coming, I kept watching the warnings on the news channel… Why didn't I just get in my car and keep driving. I could have lived out of it for a week or two. But no, I was stupid and stayed. This resulted in me having no choice but to go to a shelter. Well no, let me correct that I had a choice I could have stayed in my apartment and have potentially died…I remember sitting there thinking to myself well the storm may

> kill me but if I go to the shelter I know for sure I will not make it out alive… I only went because my girlfriend made me promise to go for her. (P-6)

P-6 and I spoke about what contributed to the belief that death would be certain if P-6 were to go a shelter:

> Look at me, I accept who I am…there is no hiding who I am…I get discriminated against when I can choose where I want to go, so I could have only imagined what would could happen when I am placed into a crowed space with stressed individuals…I was not expecting the best from anyone in that shelter…I watch on the news all the time transgender individuals being attacked or killed, laws being passed to take away may rights, hate, hate, hate that's all I see. (P-6)

I asked P-6 if they had been openly discriminated against by a member of the police, fire department, EMS, or any other community representative prior to their time in the shelter? P-6 responded:

> No not me directly, but my friends have been… I have been discriminated against by others who could be part of those organization but on the job…I have never been robbed before doesn't make me fear that I could be… You never know what someone will do. (P-6)

Unlike P-6, the fear for P-1 was based on a sexual assault that occurred in a homeless shelter a few years prior:

> No one would believe me and I didn't know where to get help from. I thought it was going to be a safe place for me to stay, there was nothing to say that it was going to happen…I couldn't breathe, I tried to scream and then I just wish I would

> die…He whispered into my ear if you want to dress like a girl you're going to get fucked like a girl. (P-1)

P-10's fear derived from an interaction with police in connection with an assault report:

> I was in fucking pain. Blood dripping all over the place. They showed up and had someone show up to help patch me up, but as they walked away I heard one of them say what did it expect walking around here looking like that, just asking for it, damn freak not like we have enough work to do already…I just wanted to get out of there… for months all I did was think about did I ask for it? (P-10)

Other participants perceived a threat from believed societal perceptions of the transgender community that they had seen on the news and social media. P-11 stated:

> The current administration in the White House has done nothing but hate on people like me. I thought my life would be better after everything Obama did for me, I was wrong…A lot of hate I have seen recently has been about allowing people to go into the Army who are transgender. The comments and posts people do about that make me scared… I remember sitting there thinking what if those people are in my shelter. Would I be turned into a meme? Would I be attacked, laughed at. (P-11)

P-4 recalled the following:

> do you remember that video of the women in the video game story… That shows how much society hates the transgender community… The video, the comments, even all of the memes I still see on Facebook shows me that people think that who

> I am is a joke…People think that the trans people are just freaks, societies punching bag. (P-4)

Some of the perceived internal threat did come from whom participants believed would also be staying in the shelter. P-2 discussed this fear when it came to past interactions they had with a local business owner:

> They kicked me out of the store and yelling that they do not support my kind and that I was an abomination that they would punish on Gods behalf if I ever came back.…If they don't want my money that's fine, I can get my bagels somewhere else…But when I got ready to head to the shelter, I was like shit what if that son of a bitch was there…I wanted to bring a knife so, I could have it to sleep with, but my ass would be in jail for having a weapon (P-2)

The media sources that were played in the shelters had an impact on the perception of the religious, political, and social beliefs that the shelter workers held as well. Seven participants (P-2, P-3, P-6, P-7, P-9, P-10, and P-12) mentioned that they felt less comfortable staying at the shelter after seeing conservative-leaning news networks playing on shelter televisions.

P-9 spoke about how they felt after seeing Fox News on the television in the volunteer area:

> I know it's weird judging people while talking about how you felt judged but I don't think anyone can argue that Fox News isn't a friend of my lifestyle…the news was covering the storm, but that's not all they were covering, the other stories had nothing to do with my life style but if they liked that then there belief system must have been against mine…I just walked by and was remembered who

> was watching telling myself, that person can't be trusted, not asking that person for help. (P-9)

P-2 talked about how they asked for the channel to be changed on a television that was in a common area because having Fox Business news on made them feel uncomfortable. P-2 recounted the following:

> I didn't think that is something that should have been played on…I didn't want something super liberal but why did it have to be that…When I asked them to change the channel, I go nasty looks, so I got up to leave…I heard one of them under their breath says its lucky they let it stay here. (P-2)

The social constructs demonstrated in theme 1 were connected to the Schneider and Ingram (1993) social construction theory. This theory connects the development of social constructs within communities to the messaging done by politicians, existing policies, and nongovernmental entities such as the media and religious organizations (Schneider & Ingram, 1993). The fear and mistrust that exists between the transgender community and emergency services is a function of past negative interactions with emergency services, current laws that led to discrimination towards the transgender community, and community leaders (media, religious figures, and politicians) messaging against the transgender community (Guadalupe-Diaz & Jasinski, 2016; Ecker, 2016; Espinoza, 2014; Gaillard, Gorman-Murray, & Fordham, 2017; Mottet & Ohle, 2006; Murray et al., 2014). Change can be difficult since existing policies and social constructs cause the transgender community (the target population) to become passive and withdrawn from the system (Schneider & Ingram, 1993).

Theme 2: Lack of Understanding for the Transgender Community

The second theme was that there was a lack of understanding for the transgender community. This theme had the biggest impact on answering RQ1 and supported data to answer SRQ2. Three subthemes contributed to theme 2: pronoun use, lack of noncis-friendly policies regarding gender specific areas, and direct and nondirect harassment.

P-1 remembered the days that they stayed in a shelter and the stress that was caused by just trying to communicate with the staff:

> when checking into the shelter I was giving the staff my drivers license which has my dead name on it and not my true name. Because of this I kept getting called Sir…. Within 72hrs I must of corrected staff members 30 times that it is ma'am and not sir…No matter what I did they wouldn't address me as ma'am. (P-1)

P-8 had an issue with pronoun use that they felt was also a direct reflection of discrimination of one of the police officers that was assigned to the shelter:

> He was on his phone and I waited till he go off I walked up to talk to him…He responded with Sir that is my concern right now, I corrected him with ma'am, he stopped and I swear I wasn't doing anything but he started yelling; I don't give a fuck what you're called I'm dealing with too much right now to have to be concerned with what you want to be called, you look like a man, sound like a man, so how about you go inside and be a man…He walked away as I began to tear up. (P-8)

The issue of sleeping areas became apparent throughout the interview process as well. Seven participants (P-3, P-4, P-7, P-8, P-9, P-10, and P-12) mentioned that they had issues or concerns with the sleeping arrangements in the shelters they stayed in.

P-12 spoke about the impact of being a male-to-female transitioned individual in a shelter:

> Even though I have completely transitioned they wouldn't recognize it. They would only assign me a bed in an area that is designated for men and wouldn't allow me to be with the other women who were there alone… I kept being stared at… I was so scared. (P-12)

P-9 spoke about something similar:

> My friend went to the shelter with me and I was expecting to be able to sleep within the same area with him…I had to sleep with the women… I didn't think I was in danger but me being their made me and them feel uncomfortable… I felt like everyone thought I was some pervert. (P-9)

P-3 initially had an issue with sleeping areas, but it was quickly addressed by the staff when they brought it up to the shelter volunteers:

> The staff were actually really nice and accommodating about making sure that I was in an area I was comfortable with…A staff member came up to me and apologized and said that they didn't even think about the situation when giving me the bed they did. (P-3)

P-11 argued that the staff addressed the area but didn't think that the method they took should have been needed or that there should have been some other procedure in place. This participant stated the following:

> A small of group of adults and child began to talk about me, I don't know why I had sat there the entire time not talking to anyone. I spent most of my time on my phone talking to my mom…someone must have complained about me or maybe

> the staff overheard something, you never know this day and age maybe one of the other people overheard something and went and told the staff… A older kind women came up to me she grabbed my knee, looked in my eye; sweaty we got a place that will be more comfortable for you and more private…I was like where are we going and why do I have to go... she told me that it was a better location and that I would have more privacy.. I didn't think I had a choice so I gathered my stuff and followed here, as I walked out I felt like every eye on in the room was looking at me... So should I complain I don't know I had my own room, I could leave it when I wanted to its not like I was in solitary confinement, though I didn't know how safe I would be if I ever left so I limited my time out of my room as much as possible… I was never told why they moved me…I am thankful that they took the step to ensure I was safe…Should I have ever been in danger though? (P-11)

P-6, P-7, P-10, and P-12 expressed concern about the bathrooms and showers they had to use while at a shelter. P-6 expressed concern because they had already faced discrimination from the choice of bathroom use prior to the emergency event:

> I had security called on me once while I was at the movie theater bathroom… I was so embarrassed…I went to go use the bathroom and I broke out in a cold sweet…Would one of the fathers think I was trying to molest their child…I would hold my pee for hours waiting till everyone was asleep so I could go and use it without anyone seeing me. (P-6)

P-10 was concerned about which bathroom to use when arriving, but the facility had a family bathroom that they used throughout their stay at the shelter:

> when I arrived I didn't even think about it till maybe 6 hrs in then I had to go…I just thought how many people will I need to explain this too, what type of looks will I get… I wondered if little children would have to ask their parents why I was in the bathroom…I was so happy when I saw they had one of those family bathrooms. (P-10)

As an African-American and one of the oldest participants, P-7 had a unique experience because it wasn't known by the participant if the discrimination that they were experiencing was ageism, racism, transphobia, or a combination of the three. P-7 stated:

> I knew something wasn't right, this isn't how things should be happening…I would try to talk to someone, and they wouldn't listen… There always seemed to be something or someone more important they needed to focus on…One day all I needed was someone to talk to listen to me…I had no one, I was alone. (P-7)

Although messaging connects this theme to Schneider and Ingram's (1993) social construction theory the attributions of a member of the transgender community was more significant to connecting the theory to theme 2. Schneider and Ingram (1993) made the argument that the "attribution of specific, valence-oriented values, symbols, and images to the characteristics" (p. 335). This theme more importantly was impacted by stereotypes that community members held about transgender individuals. These stereotypes were developed through history by "politics, culture, socialization, history, the media, literature, religion" (Schneider & Ingram, 1993, p. 335). The social constructs that were developed contributed to the negative experience faced by the participants (Schneider & Ingram, 1993).

Theme 3: Perceived Bias Based on Shelter Location

Three subthemes contributed to the third theme of perceived bias based on shelter location: the usage of religious facilities as shelters, the involvement of religiously affiliated organizations in the emergency recovery process, and the perception of how communities' political views would impact the quality of services provided.

Only three of the shelters that the participants stayed at were in religious facilities or annex buildings of religious buildings (the shelters where P-9, P-3, and P-5 stayed), four participants (P-1, P-6, P-10, and P-12) mentioned that they were fearful that the closest open shelter would be affiliated with some religion, and eight participants (P-1, P-2, P-3, P-4, P-6, P-8, P-10, and P-12) claimed that they would be apprehensive about going to a shelter if they knew it was at or affiliated with a religious organization although most of the participants used language that seemed to refer to Christianity above any other religion.

P-9 recalled the fear they had walking into the gymnasium of a local catholic church:

> My heart was pounding and all I could think about was my time in the church as a little kid, how I was disowned by the church when I came out…memories of seeing the 500 club on t.v. spreading hate because of how I lived my life…These people will not even allow me to take communion and they want me to believe that they care about my safety during this storm…will they be too busy trying to save my so called soul to safe my body from this storm. (P-9)

P-3's fear developed not from the building itself but from the people they believed would be in the building:

> I didn't know what to expect, was there going to be those crazy southern Baptist people in here, or would I wake up to a prayer circle around…I spent years playing that game pretending to be religious, hiding who I was, taking my wife and kids to church every Sunday, for over 20 years suppressing who I truly was so that they too would not be judged… I know how these people think, how they act, how they judge… I know I was not welcomed, but I spent so many years hiding from them… I lost so much because of them, I was not hiding today… I was ready to stand my ground if confronted. (P-3)

P-10 went into detail about why they would be hesitant to go to a shelter if it was at a location that was religiously affiliated:

> I have no love for the church, I have seen them do horrible things to our community… They indoctrinate the youth of this United States to hate the LGBT community and I believe that they are the number one reason why there is such a high suicide rate amongst the LGBT youth in this United States…I am sure they wouldn't try to kill me or something in my sleep…I was more fearful of how I would act when I was at the shelter…I have a problem not speaking my mind and with what was going on I know I would have said something (P-10)

Four participants (P-1, P-3, P-4, and P-7) expressed concern regarding the involvement of the Red Cross in their evacuations, shelters, or recovery process. P-3 expressed concerns about Red Cross based on a new article they read approximately 2 years prior to the event that caused their evacuation:

> I remember this article I read a few years ago it went over how the Red Cross has religious connections and how they tried to push those religious beliefs while

> helping people…So when I saw them there I was like O here we go I'm going to have to hear from these people while all I want is food and some dry cloths. (P-3)

I followed up with P-3 to determine if any Red Cross personnel gave them any religious material or tried to convert them to any religion at any point during the evacuation, shelter stay, or recovery process. P-3 stated the following:

> Nope, I guess they knew my soul was too far gone (participant began laughing) …I was actually surprised that none of them did, it wasn't what I was expecting. (P-3)

Although P-7 never saw anything that reinforced their belief that the Red Cross was a religious-based organization, the fact that there was also a red cross associated with the organization made P-7 believe that religion must have played a role in the organization. P-7 stated the following:

> Why would you have two organizations if religion wasn't a role and if religion was a part of it then how should I expect them to treat me… everyone else treats me a certain way but I can avoid them, these people are supposed to give me care when I am in need…. Will they. (P-7)

P-2 expressed concern with the Community Emergency Response Team (CERT) that operated within their community. The participant's concern was not that it was a religious organization but that the people that they knew were involved with CERT were extremely religious and they believed that that bias would impact their work. P-2 made the following argument:

> I know those people, I have dealt with these people at my business, at community events…they treat me like trash every other day, why would I think they would

> do differently during an emergency…One of them actually brought religious pamphlets to me once while I was at work, claiming that they wanted to save my soul…These people are friends, they do everything together, its actually why I think that they all volunteered to do CERT together… a lot of them go to the same church. (P-2)

All of the participants expressed some concern over the current climate at the local, state, and federal levels from politicians and activists regarding the transgender community. The military transgender ban, bathroom use issues, lack of laws that protected the transgender community from hate crimes, and administrative laws that dealt with updating the gender of an individual on driver's licenses, birth certificates, and death certificates were all issues mentioned by the participants that contributed to them having some mistrust of the government and also blaming them for contributing to how community members treat transgender individuals.

P-8 mentioned walking into a dinner one day and overhearing police officers talking about President Trump's recent ban on transgender community members serving in the Armed Forces:

> As I walked in I heard them talking but really didn't pay any mind to it, then after getting my food I heard them talking about it more saying that people with mental disorders shouldn't be allowed to have guns… why would we want men in dressed fighting our wars…I couldn't believe what I was hearing, I was just hoping that they wouldn't recognize that I was sitting there… would they be saying this if they saw me or knew I was a member of the community they were hating on… They didn't think anyone was listening so they spoke the truth. (P-8)

P-3 spoke about how the state they lived in was known for being divided on who could use which bathroom:

> The so called debate on which bathroom I could use started in this state, I know that there are a number of politicians in this state who would rather see me die then help me…I think that it is getting better after the most recent elections, but remember that at the time I only knew that republicans hate the transgender community and the republicans are in charge… so I am hated. (P-3)

P-5 didn't think that their politicians caused or facilitated any hate, but that they had not taken any steps to keep emergency personnel accountable for bias or discrimination. P-5 stated the following:

> In my community, the politicians need the support from the fire and police unions to stay in power there for they are not willing to cross them…the blue lives movement in response to the black lives movement has also made it difficult for politicians since they can't look like they are anti-police…It will keep happening since no one will keep them accountable…We are such a small community, and our allies are such a small community, so politicians have no incentive to support us. (P-5)

P-12 mentioned something similar:

> We have no support, no one is willing to fight for us…traffic lights, traffic lights that's what the last politician ran on. They are more about some damn lights than they do about my quality of life…my concerns are such a low priority… If a community helps 1,000 people should they really care if 1 or 2 face discrimination during the process. (P-12)

According to the Schneider and Ingram's (1993) social construction theory, religion was one of the factors that can lead to a social construct being made toward a population. Historically, religious organizations have had a significant role in developing the negative social constructs that society has towards the transgender community (Dwyer et al., 2015; Jalali et al., 2016; Ream & Forge, 2014). This role was known by members of the transgender community and in turn has influenced the construction that the transgender community has built about religious institutions. Choosing to have a shelter at a religious institution discourages members of the transgender community from going to the shelter.

Summary

Members of the transgender community who stayed at shelters following a mandatory evacuation in 2018 did face discrimination. These results allowed for the exploration of themes that emerged from the interview transcripts and addressed the main research question and supporting research questions of this study.

The primary research question was regarding what kinds of social construction assumptions influenced discrimination towards the transgender community during and following a crisis. The research gathered revealed that the lack of a general understanding of what it meant to be transgender, the unwillingness of individuals to identify someone as their noncisgender, and the desire to not identify the transgender community as an at-risk population were the three social construction assumptions that influenced discrimination toward the transgender community during and following a crisis. The direct statements made recounting the experiences of the study participants supported this claim. Because the transgender community was not viewed as an at-risk population, there

was a lack of policies in place to protect them. Based on Schneider and Ingram's (1993) social construction theory, if the transgender community was an authoritative group and/or had a positive social construct related to them then there would have been policies in place to prevent discrimination.

The first subresearch question was regarding what types of shared perceptions members of the transgender community had about the current emergency response protocols for the transgender community. The participants provided evidence for the claim that, because of past experiences with entities such as the police, EMS, fire department and religiously affiliated organizations, the participants entered into the shelter with negative perceptions of the service that would be provided to them. Past experiences included: shaming, sexual assault/harassment, assault, inadequate services, and emotional abuse. The transgender community has a lack of trust of the emergency response protocols because of the entities involved in executing them. The experiences of transgender individuals in the shelters connected to this study only helped to reinforce these perceptions.

The second subresearch question was regarding what procedures ensured that transgender community members receive adequate services during disasters and catastrophes. Based on the analysis of that data, the following four procedures could have a positive social impact on the transgender community if enacted:

1. Communities need to improve their understanding that past actions have had a negative impact on the level of trust that the transgender community has of their officials, including emergency personnel. To address this issue,

communities need to begin campaigns directed at improving these relationships.

2. Emergency planners need to begin viewing the transgender community as an at-risk population. Doing so will ensure that, during the planning and execution phases of an emergency plan, the needs of the transgender community are considered. These considerations should include sleeping arrangements, hygiene facility use policies, security concerns, and special drugs (hormonal therapy).
3. Emergency personnel and shelter staff need to be educated about the transgender community so that they have a better understanding of what it means to be transgender. This education baseline could contribute to better use of pronouns when speaking to or about a member of the transgender community while also giving the above mentioned parties an understanding of the perceptions that transgender community members have about them.
4. There need to be LGBTQ advocates at some level within the community. A representative is not needed at every shelter but someone to advocate for this minority group throughout all phases of an emergency plan should be available.

The third subresearch question was regarding what type of shared assumptions influenced the level of trust the transgender community had for emergency services. The level of trust that the transgender community had for emergency services was impacted in three major ways. First, it was impacted by their personal experiences that happened prior to and during the emergencies or disasters. Second, their trust level was impacted by the

current political climate that was hostile towards the transgender community. This concern included the experiences that members of the transgender community heard about from their families, friends, and media sources. Third, their trust level was also impacted by the overall assumption of the transgender community that their way of life, their gender identity, their happiness, and their free will was under attack. From local community services (police, EMS, fire departments, etc.) to politicians at all levels of government to religious organizations, there were few places within their community where they felt safe. The number of individuals who were willing to protect them was small.

The major themes I discovered are as follows:

1. There was a perceived internal threat at shelters (with subthemes of sexual and nonsexual assault, absence of individuals to serve as a source of support, and media influence on the perception of emergency personnel and volunteers).
2. There iwas a lack of understanding about the transgender community (with the subthemes of pronoun use, lack of noncis-friendly policies regarding gender specific areas, and direct and nondirect harassment).
3. There was a perceived bias about shelters based upon their location (with subthemes of the usage of religious facilities as shelters, the involvement of religiously affiliated organizations in emergency recovery, and the perception of how a community's political views will impact the quality of service received).

Chapter 5 includes my exploration as to how the results from this study could strengthen a community's understanding of how the perceived social constructs impact

the transgender community's trustworthiness of emergency agencies. The conceptual framework used in this study supported the claim that the level of care gained was a result of the perception the transgender community members had of those involved in providing serves during emergencies and disasters as well as the perceptions that service providers had of the transgender community. The limitations of this research and recommendations for further studies regarding the transgender community will also be addressed in Chapter 5.

Chapter 5: Discussion, Conclusion, and Recommendations

Introduction

The purpose of this general qualitative study was to determine if members of the transgender community faced discrimination while they were staying at shelters as the result of a mandatory evacuation in 2018. The LGBTQ community has experienced discrimination on various levels throughout history (Dominey-Howes et al., 2014; Dwyer et al., 2015; Halloran, 2015; Jalali et al., 2016; Ream & Forge, 2014; Shipherd et al., 2015). The transgender community, however, has faced especially high levels of discrimination compared to their LGBQ counterparts (Dominey-Howes et al., 2014; Dwyer et al., 2015; Halloran, 2015; Jalali et al., 2016; Ream & Forge, 2014; Shipherd et al., 2015). Over the past 8 years, the LGBQ community has improvement in their quality of life but the transgender community has not seen the same results (Dominey-Howes et al., 2014; Dwyer et al., 2015; Halloran, 2015; Jalali et al., 2016; Ream & Forge, 2014; Shipherd et al., 2015).

The three themes that emerged from the research were that there was (a) a perceived internal threat at shelters, (b) a lack of understanding for the transgender community, and (c) a perceived bias based on shelter locations. The participants indicated that, although everyone in a community faced some form of stress during an emergency or disaster, fears within the transgender community were different from the fears that cisgender individuals had. The participants in the study faced additional stress and fear based on their gender identity and their inability or unwillingness to hide their gender identity. The participants indicated that emergency services (e.g., police, EMS, and fire departments) and shelter workers needed to have a better understanding of what the fears

of transgender community members were, what caused them, and whether fears came to fruition. By addressing fears of the transgender community seeking emergency shelter, recommendations could be made to improve the living conditions for members of the transgender community during future emergencies and disasters. These recommendations could also be implemented throughout normal interactions with community emergency service providers such as police personnel, firefighters, and EMS.

Interpretation of the Findings

Although none of the participants were turned away from a shelter, they did face stress, discrimination, and fear that other shelter residents did not face. The factors they had to contemplate prior to going to a shelter were different than those of their cisgender counterparts. Participants would face some form of discrimination while in the shelter (Halloran, 2015). Transgender community members were less likely to go to shelters because of their perceived fears (Halloran, 2015).

In almost every case, the perception of what participants would face while at shelters was a result of something the participant had experienced prior to the emergency or disaster. These experiences included direct discrimination faced by displaced victims, legal or political action taken that impacted them or someone they knew, and/or second-hand discrimination they knew of or experienced during their lifetime thus far as a result of their identification as transgender. Many of the participants also faced discrimination at some point during their stay at a shelter in 2018, which tainted their perception of shelter staff and fellow evacuees for the remainder of their stay at the shelter. P-8 mentioned walking into a dinner one day and overhearing police officers talk about President Trump’s recent ban on transgender community members serving in the armed

forces. In addition, P-8 faced direct discrimination from a police officer while at the evacuation shelter.

The results of this study support Meyer's (2013) finding that minority groups face greater stigma and stress throughout society. Additionally, the findings presented in this study support the conclusion of Briones-Robinson et al. (2016) who stated that the transgender community had a high level of mistrust of the police because of their previous interactions. Despite the advancement in sexuality-based equality seen over the past 9 years, all of the participants still feared going to a shelter; had an issue with the type of facility where the shelter was located; and/or had an issue with who would be involved with the evacuation, shelter, and recovery process. Based on previous and perceived discrimination, participants attempted to reduce the potential for discriminatory actions in various ways. For example, P-5 went to the shelter as the gender they believed would be most accepted by both the shelter staff and the other evacuees.

Participants feared outside variables as well. Three themes emerged that could pose a challenge for community leaders in addressing transgender discrimination in shelters because community leaders did not have direct influence over all aspects that could potentially cause fear or mistrust. First, participants repeatedly expressed fear that other evacuees would cause them harm while staying at the shelter. This harm could be a result of issues with sleeping arrangements and personal hygiene areas. P-11 faced such a threat and the shelter staff members gave the participant a secure area to sleep as a result. The second theme was the trust level participants had of religious institutions. This included the actual physical locations of shelters and perceived bias of organizations based on religious affiliation of the organization or its members. P-2 expressed hesitation

to trust a federally supported program because of the religious beliefs of its members and the bias they faced from them as private citizens. The participants indicated that the impact an organization's membership can have on the perceptions of the overall organization is significant, even if the personnel's beliefs do not align with the belief or mission of the organization. The research gathered supports Mottet and Ohle's (2006) finding that shelters can be dangerous places for members of the transgender community. The research also expounds upon research by Mottet and Ohle (2006) by showing that shelters were able to provide the needed services that transgender community members need if shelter staff was willing to learn what those needs are.

Schneider and Ingram (1993) defined a target population as "(1) the recognition of the shared characteristics that distinguish a target population as socially meaningful, and (2) the attribution of specific, valence-oriented values, symbols, and images to the characteristics" (p. 2). The participants of this study supported the argument that the perceptions held by the participants, fellow evacuees, and emergency personnel influenced their actions. Participants' perceptions of more conservative individuals and communities led them to believe that there was a higher likelihood of discrimination. Based on the participant interviews, it was unlikely that any of the community leaders knew how or took any steps to improve the perception that transgender community members had of them or their agencies.

In many cases, the participants faced some form of discrimination while in shelters. Most of the discrimination that occurred was emotional and nonphysical, with the biggest fear being that they would face some form of physical harm. This experience reinforced certain perceptions for the participants while disproving others. The

expectation versus the reality compared in the interviews made it apparent that there is a need for a public campaign to build trust between community organizations and noncisgender community members.

In at least two of the interviews (P-3 and P-11), participants mentioned that the shelter staff changed their policies to help them stay safe or feel more comfortable. This response showed a willingness of community members to change and that there may be a gap in the knowledge base of the shelter staff and community leaders when providing emergency services to transgender community members.

Historically, the LGBTQ community has had a negative relationship with religious organizations (Murray et al., 2014). The data collected and analyzed supports the claim that this history has both a direct and indirect impact on the perceptions of shelter staff and community partners during and following emergencies and disasters. Although community leaders cannot be held responsible for this history, they should take it into consideration when developing partnerships, choosing locations for shelters, and preparing for potential conflicts that can occur between shelter attendees with varied religious beliefs.

Limitations of the Study

This study began with a concern for getting enough participation to reach saturation of the data to maintain the validity of the project. This concern came about as the result of the fact that, members of the transgender community tend to stay away from shelters because of the fear of assault or discrimination. Creswell (2007) allowed for such a small sample size because it enabled a more focused gathering of the data. Additionally, the sample size for this study reflected the small overall size of the transgender

community (which was calculated to be even smaller when considering the limited amount of transgender community members willing to go to shelters).

There was also a need to ensure that the reliability and accuracy of the data were maintained throughout the study. This was accomplished by providing direct quotes from the participants. Structured questions were used and reviewed by subject matter experts prior to being included in the study to ensure that the scope of the study was maintained. Follow-up questions were also included, which allowed participants to elaborate on areas where more information was needed. The participants were allowed to verify the information they provided to ensure accuracy prior to analysis. Participants were informed that at any point up until the research was published, they could contact me to make additions or corrections to their interviews or to withdraw from the study.

The flexible format for conducting the interviews contributed to the accuracy of the information gathered. I allowed the participants to choose the tool that would be used to conduct the interview, which allowed the participant to choose their location to ensure privacy and a higher level of comfort while conducting the interview. This decision did place a slight limitation on me; however, it was important that the participants had the privacy and infrastructure that was most conducive for them to feel comfortable and safe speaking about their personal experiences regarding their gender identity.

Rapport and trust were essential to conducting these interviews. The fact that I am a member of the LGBTQ community as well allowed for rapport and trust to be built with the participants. Although previously identified as a possible bias when coding the information, my sexual orientation proved to be a benefit in raising the participants' comfort levels and it allowed them to open up and be as accurate as possible throughout

the interview process. I continued to take intentional steps to ensure that any bias they had did not impact the study. Bias was prevented by maintaining copies of field notes, a journal, and having interview questions reviewed by subject matter experts prior to the interviews being conducted.

Initially, the willingness of the participants to come forward for the study was a concern. One reason for that concern was the small size of the transgender community. Another reason was the mistrust that could exist when coming forward to participate in such a study. Rapport with participants and community stakeholders, such as community centers, colleges, nonprofits, and support groups, was essential to me locating willing participants. Also, the data were only collected from those receiving the services for emergency recovery and not the service provider themselves. Subsequent research will need to be done to capture the perspective of the service providers.

Recommendations

The data aligned with themes that demonstrated mistrust, fear, lack of knowledge, and discriminatory actions that took place at shelters during mandatory evacuations in 2018. Some participants expressed hesitation to stay at a shelter knowing that not going to a shelter could result in extreme harm to themselves. The mistrust and fear came about as as result of past experiences that the participants had as a result of their gender identity. Some of the mistrust and fear also resulted from their perceptions of other nongovernmental agencies that could be involved in their care at shelters. Participants also mentioned the interactions that reinforced their belief that the general population and community service organizations did not have a good understanding of what it means to be transgender. Participants experienced issues regarding pronoun usage, true name

versus dead name usage, and current policies that address sleeping and hygiene areas when related to the transgender community. Participants expressed the need for an education movement throughout society to address this lack of knowledge.

Based on the participants' responses, recommendations are as follows:

1. Sensitivity training related to the transgender community be conducted within all of the community service-based organizations (EMS, police, fire departments, etc.).
2. Every shelter should have at least one gender-neutral bathroom.
3. If news networks are being played in the shelter, they should be a local news network or a neutrally-based national network.
4. Emergency managers should take steps to have an Equal Opportunity advocate at shelters or assigned by regions to ensure that transgender community members are protected.
5. Work should be done with community leaders and stakeholders to improve the perceptions that the transgender community has of them.
6. Outreach should be done with local community-based LGBTQ organizations/institutions to build a partnership with them.
7. Further research should be conducted to capture data from service providers.

Implications of Positive Social Change

It was my intention that this study be used to contribute to the current literature on the discrimination that members of the transgender community face and to contribute a positive change in communities throughout the United States. The social change implications from this study could have positive impacts for both community leaders and

transgender community members. Education, advocacy, and healing are three positive impacts that can result from this study.

This study can educate the community leaders and community organizations involved in emergency management (e.g., police, EMS, fire departments, etc.) about the current perceptions that the transgender community have of them. The knowledge gained could result in an expansion of policy-making and education programs throughout various communities. These programs could result in a better experience for transgender community members in both emergency and nonemergency interactions with their community leaders and community organizations.

These findings could also lead to healing between the transgender community and community agencies. This healing could improve the perception that the transgender community has of these community agencies as well, which could result in better community relations both during and not during emergencies and disasters.

In addition, advocacy for laws to protect the transgender community is a possible social change that can result from this study. This study has helped to establish the transgender community as an at-risk population that is not always protected by the organizations that are meant to protect them. A better relationship between the community and the police, fire department, and EMS is also a possibility as a result of the findings from this study.

The knowledge that can be gained from this study may educate community leaders on the fears and lack of trust that the transgender community members have of those who are meant to protect them, which could result in them taking active steps to

eliminate those fears. Additionally, this research may result in religious organizations learning more about the impact that they have on members of their communities.

Theoretical Conclusion and Application

This study included evidence supporting the claim that members of the transgender community faced discrimination while staying at shelters following mandatory evacuations in 2018. Schneider and Ingram's (1993) social construct theory explained why they faced discrimination. The discrimination was connected to the social constructs that community members and leaders held about the transgender community. The constructs also contributed to the views that transgender community members had of emergency personnel. These constructs are a factor in the lack of policies and training that could prevent the negative experiences that the interview participants faced.

The policies and training needed to ensure that members of the transgender community receive needed services while at shelters will only happen after the social construct (Schneider & Ingram, 1993) of the transgender community changes. The social construct (Schneider & Ingram, 1993) will only change when society as a whole views it as beneficial to do so. According to Schneider and Ingram (1993), politicians and government officials made political calculations when deciding how to view and implement social constructs so that they benefitted their political ambitions.

Schneider and Ingram's (1993) social construct theory can be used to develop a strategic plan to help mitigate the level of discrimination that the transgender community faces while at shelters. This plan should focus on educating officials who are responsible for the emergency management of a community. Schneider and Ingram's (1993) social construct theory revolved around the fact that political figures encouraged or supported

the social contracts that would keep them in positions of authority. Therefore, Schneider and Ingram's (1993) theory should be used to show political figures what is currently happening to the transgender community.

Conclusion

Although the quality of life for the LGBTQ community has improved, the results of this study suggest that discrimination still exists. The transgender community still has perceptions about community organizations and the lack of quality services that they provide for transgender individuals, which could potentially result in future harm to transgender individuals. These perceptions and discriminations can be corrected if community leaders are willing to make an effort to build partnerships and relationships with the transgender community.

Community leaders should also understand that events outside of their control will have an impact on the level of trust that the transgender community has. Such variables include the relationship between the transgender community, religious organizations, and their local communities as well as the discrimination that members of the transgender community have faced throughout their lives.

Discrimination and fear exist throughout the United States and is faced by individuals throughout a set of community subgroups. Relationships between society and such community members, especially between emergency personnel and those in need of emergency care, must be improved.

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Appendix A: Interview Questions

LGBTQ: LGBT is intended to emphasize a diversity of sexuality and gender identity-based cultures. It may be used to refer to anyone who is non-heterosexual or non-cisgender, instead of exclusively to people who are lesbian, gay, bisexual, or transgender. The letter Q is for those who are questioning their sexual identity.

Transgender: Denoting or relating to a person whose sense of personal identity and gender does not correspond with their birth sex.

RQ: What kinds of social construction assumptions influence discrimination towards the transgender community during and following a crisis?

Question: Please describe your experience at the shelter you stayed at?

Question: Did you experience any forms of discrimination while at the shelter?

Question: If you faced discrimination, what do you believe lead to this discrimination?

SRQ1: What types of shared perceptions do members of the transgender community have about the current emergency response protocols for the transgender community?

Questions: As a member of the transgender community, is there anything that you require that the cisgender (individuals who identify with the gender of their birth) individuals don't?

Questions: Explain the procedures and protocols that you experienced while at the shelter that negatively impacted you.

Follow up Question: Was your gender identity a factor in those policies having a negative impact on you?

SRQ2: What procedures would ensure that transgender community members receive adequate services during disasters and catastrophes?

Questions: What policies or procedures do you believe would improve the quality of life for a member of the transgender community while at a shelter?

SRQ3: What type of shared assumptions influence the level of trust that the transgender community has for emergency services?

Questions: Describe the level of trust you had of the emergency services personnel (Police, EMS, Fire Department, Community Medical providers, and Emergency Directorate) prior to entering the shelter.

Follow up Question: How did this change after your experience at the shelter?

Appendix B: Demographic Survey

Name: _____ Date: _____

City you live in: _____ Date of Interview: _____

Location of Shelter (City and State): _____

Ethnicity/Race:

What is your race?
_____ White
_____ Black or African American
_____ American Indian and Alaska Native
_____ Asian
_____ Native Hawaiian and Other Pacific Islander
_____ Other race

Are you of Hispanic, Latino, or Spanish origin?
_____ No
_____ Yes

Age
_____ 18 to 24 years
_____ 25 to 34 years
_____ 35 to 44 years
_____ 45 to 54 years
_____ 55 to 64 years
_____ Age 65 or older

Education Level

What is your education level?
_____ Completed some high school
_____ High school graduate
_____ Completed some college
_____ Associate degree
_____ Bachelor's degree
_____ completed some postgraduate
_____ Master's degree
_____ Ph.D., law or medical degree

_____ Other advanced degree beyond a Master's degree

Marital Status

What is your marital status?
_____ Single (never married)
_____ Married
_____ Separated
_____ Widowed
_____ Divorced

Gender

What is your gender?
_____ Female
_____ Male
_____ Gender Fluid
_____ Nonbinary
_____ Gender Nonconforming

Transition
_____ Male to Female
_____ Female to Male
_____ Prefer not to answer

Religion

What religion do you identify with?
_____ Jewish
_____ Mormon
_____ Protestant
_____ An Orthodox church such as the Greek or Russian Orthodox Church
_____ Christian Scientist
_____ Seventh-Day Adventist
_____ Muslim
_____ Roman Catholic
_____ Something Else (Please Specify) _____
_____ Not Religious
_____ Not Religious, but Spiritual

Political Views

How would you describe your political views?
_____ Very Conservative

_____ Conservative
_____ Moderate
_____ Liberal
_____ Very Liberal

Type of Employment

How many hours per week do you USUALLY work at your job?
_____ 35 hours a week or more
_____ Less than 35 hours a week
_____ I am not currently employed

Employment Location

Do you live in the same town or city that you work?
_____ Yes
_____ No

Does your work impact the town or city that you live in?
_____ Yes
_____ No

Appendix C: Confidentiality Agreement

Name of Signer:

During the course of my activity in collecting data for this research for "Transgender an At-Risk Population During and Following Emergencies and Disasters," I will have access to information that is confidential and should not be disclosed. I acknowledge that the information must remain confidential and that improper disclosure of confidential information can be damaging to the participant.

By signing this Confidentiality Agreement I acknowledge and agree that:

1. I will not disclose or discuss any confidential information with others, including friends or family.
2. I will not in any way divulge, copy, release, sell, loan, alter, or destroy any confidential information except as properly authorized.
3. I will not discuss confidential information where others can overhear the conversation. I understand that it is not acceptable to discuss confidential information even if the participant's name is not used.
4. I will not make any unauthorized transmissions, inquiries, modifications, or purging of confidential information.
5. I agree that my obligations under this agreement will continue after termination of the job that I will perform.
6. I understand that violation of this agreement will have legal implications.
7. I will only access or use systems or devices I am officially authorized to access and I will not demonstrate the operation or function of systems or devices to unauthorized individuals.

Signing this document, I acknowledge that I have read the agreement and I agree to comply with all the terms and conditions stated above.

Signature: **Date:**