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Mason Maxwell Wehse

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ONLINE RESOURCES AND THE TRANSGENDER COMMUNITY

by

Mason Maxwell Wehse

Bachelor of Science, University of Wisconsin-Whitewater, 2014

A Thesis

Submitted to the Graduate Faculty

of the

University of North Dakota

in partial fulfillment of the requirements

for the degree of

Master of Social Work

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This thesis, submitted by Mason Wehse in partial fulfillment of the requirements for the Degree of Master of Social Work from the University of North Dakota, has been read by the Faculty Advisory Committee under whom the work has been done and is hereby approved.

Dr. Andrew Quinn

Bruce Reeves

Dr. Elizabeth Legerski

This thesis is being submitted by the appointed advisory committee as having met all of the requirements of the School of Graduate Studies at the University of North Dakota and is hereby approved.

Dr. Grant McGimpsey
Dean of the School of Graduate Studies

July 27, 2018

Date
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Title Online resources and the transgender community
Department Social Work
Degree Master of Social Work

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Mason Wehse
7/19/18
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ABSTRACT

Transgender individuals are characterized by identifying as a gender other than the gender they were assigned at birth based on their biological sex (Meerwijk & Sevelius, 2017). Transgender identities can include being born female but identifying as male and vice versa. Identities can also include people who are non-binary meaning that they identify as a gender other than male or female, such as identifying as no gender (i.e., agender). Being transgender can be seen as controversial and there is a lot of misinformation and little formal research conducted on this topic. Because of this, transgender people often face discrimination and rejection from their family, friends, and society. Transgender people may turn to the Internet and social media for transgender-related information and/or for social support related to their gender identity. This thesis explores how people in the transgender community utilize online resources by conducting a study where transgender individuals are interviewed about their use of the Internet and social media in relation to their gender identity. This thesis also connects this topic to the field of social work by focusing on how social workers can use the results of this thesis to better serve transgender clie
CHAPTER I
INTRODUCTION

Increasingly in today’s society, transgender individuals are gaining more recognition. To be transgender means that a person does not identify with the gender they were assigned at birth (Meerwijk & Sevelius, 2017). For example, a person who was assigned female at birth based on biology may identify and choose to present as male. Similarly, a person may be non-binary meaning that they identify as neither male nor female, but rather, identify as a third type of gender that does not fit into the traditionally binary gender system. A person who is cisgender identifies as the gender that they were assigned at birth. There is an estimated 1.4 million people in the United States who identify as transgender (Flores, Herman, Gates, & Brown, 2016) making cisgender the most common gender identity.

Transgender individuals can face discrimination due to their gender identity. This discrimination can be in the form of rejection from others, denial of services, or even violence against transgender people. This thesis explores the issues that transgender people face and how they seek solace from these issues by going online. First, this paper examines the discrimination faced by the transgender community. The paper then discusses the Internet and social media followed by how the transgender community uses both. Finally, the present study and research question of how specifically transgender
individuals use social media and the Internet while viewing the question through the lens of how the findings can be applied to social work practice will be discussed.

**Transgender Discrimination and Other Issues**

As mentioned previously, people in the transgender community often face discrimination due to their gender identity. Discrimination against the transgender community can even go so far as to attempt a complete erasure of transgender individuals from society, such as by denying transition-related health care (e.g., hormone-replacement therapy (HRT)) or gender-reassignment surgeries and changes to legal documents (e.g., birth certificate gender markers) to transgender individuals (Bauer, Hammond, Travers, Kaay, Hohenadel, & Boyce, 2009). There has even been some legislative bills that seek to allow businesses and service providers, such as doctors and therapists the ability to openly deny services to transgender individuals on the basis of not agreeing with their gender identity (Shugerman, 2018). For example, Senate Bill 1556 passed in 2016 allowing mental health counselors and therapists in Tennessee to deny services to transgender and other members of the lesbian, gay, bisexual, transgender, queer/questioning, plus (LGBTQ+) community on the basis of the religious beliefs of the practitioners believing that a client’s transgender and/or sexual orientation is morally wrong. The bill also protects clinicians who do deny services from being sued for discrimination (Wagner, 2016). This bill is just one example of the legislative discrimination that transgender individuals face. Even without this Senate Bill 1556, a recent survey has documented that transgender individuals are routinely denied access to health care (among other services) due to discrimination from health care professionals (Mirza & Rooney, 2018).
Medical providers may refuse to treat transgender individuals as the gender they identify as or simply refuse to treat them altogether. Some nurses hold negative beliefs about lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ+) patients, such as homosexuality being a sin and as such, may not treat them with the utmost care that they would treat heterosexual, cisgender patients (Dorsen, 2012; Glad, 1995). This cycle of misunderstanding continues in the nursing education classroom. Nurses may not have a complete understanding of the medical needs of the LGBTQ+ community or may not cover this topic at all during their nursing education (Carabez, 2015; Röndahl, 2011, respectively). In the political realm, it has been proposed that medical professionals can deny patients health care based on their feelings about a person’s LGBTQ+ status. Because of this lack of medical support for the LGBTQ+ community and a lack of understanding of the unique medical needs of transgender individuals, people in the transgender community may either fear or completely forego accessing health care due to the risk of being misgendered or treated poorly by medical professionals (Cahill & Makadon, 2013). In fact, there exists a health disparity among the transgender community that can be attributed to little research done on transgender health and the discrimination that the community can face from both health care professionals and in general (MacCarthy, Reisner, Nunn, Perez-Brumer, & Operario, 2015; Cahill & Makadon, 2014).

Transgender individuals can also face discrimination in the form of rejection from their family and friends. This discrimination can come in the form of refusal to accept the individual’s gender identity including refusal to use the person’s preferred name and pronouns, and even kicking the transgender person out of the home or being violent.
towards them. For example, there is a disproportionate amount of transgender youth who experience homelessness, and many cite being homeless as a result of either running away or being forced out of the home due to family rejection based on their gender identity. These rates of homelessness for transgender youth surpass that of other LGBTQ+ groups (Choi, Wilson, Shelton, & Gates, 2015). Transgender youth also cite higher rates of in-school victimization, such as bullying. Goldblum, Testa, Pflum, Hendricks, Bradford, and Bongar (2012) found that 44.8% of transgender youth experienced gender-based violence in-school meaning that these students experienced some form of violence and/or bullying due to their gender identity.

Rejection from family and friends can potentially lead transgender individuals to take more risks or put themselves into situations where they are more likely to face violence. This is particularly true from transgender women where they may be subjected to abuse and other forms of violence, including murder (Lee & Kwan, 2014). Similarly, individuals who are forced out of their homes and become homeless as a result of their gender identity may find themselves in compromising situations or engaging in risky behaviors, such as sex work, which can lead to health problems, such as HIV (Sevelius, 2013).

As another blow to the transgender community, many states in the United States of America allow coming out to someone as transgender as a defense for murdering a transgender individual. This is termed as the Gay and Trans Panic Defense in which the perpetrator may try to convince the jury that the shock of the victim coming out as gay or transgender warranted an excessively violent reaction, including murder (Lee & Kwan, 2014). As though the violence that transgender individuals face was not enough, the
violence is justified in the eyes of the legal system. This statement goes along with the lack of protections for transgender individuals, such as protection from discrimination against housing, employment, and accessing services. Many states do not have these protections and what little protections that exist are being rolled back due to religious freedom laws, such as the previously mentioned Senate Bill 1556 (“Trump rolls back protections for transgender prison inmates”, 2018).

Transgender Mental Health

The discrimination and rejection mentioned above could potentially be difficult for anyone to face. The mental stress of being a discriminated against as a marginalized group can take its toll on a person’s mental health. A 2015 national survey completed by National Center for Transgender Equality indicated that 40% of transgender adults have attempted suicide in their lifetime, 92% of these attempts occurred before the age of 25. This rate of suicide attempts for transgender individuals is nine times the rate of the general population (James, Herman, Rankin, Keisling, Mottet, & Anafi, 2016). Additionally, in general, LGBTQ+ (lesbian, gay, bisexual, transgender, queer/questioning) individuals have a much higher rate of mental illness than that of the general public and this illness can last from childhood into adulthood (Russell, Ryan, Toomey, Diaz, & Sanchez, 2010). For instance, thirty percent of LGBT+ youth report suicidal ideation and forty percent report depressive symptoms (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009). These rates are much higher than that of heterosexual, cisgender youth.

As discussed previously, transgender individuals face a number of challenges in the way of a general lack of support whether it is from their families, friends, or society
in general. It is crucial for marginalized groups to have social support because this support can act as a protective factor or buffer against life stressors (Cobb, 1976; Cohen and Wills, 1985). This social buffering hypothesis states that during social stressors, social support protects people from these stressors thus, mitigating the effects of these stressors, such as the development of anxiety and depression. Mental illness can develop as a result of the oppression and discrimination that transgender people may face as opposed to being caused because they are transgender. This holds true even in the face of discrimination or a lack of support from society in general. For example, the health and wellness outcomes for LGBT+ children whose families are supportive of them is higher than for youth who come from unsupportive households regardless of the families’ ethnicity, sex, or religion (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010). Ryan et al. (2010) found that family support acted as a protective factor against health issues, such as depression and suicidal ideation and promoted positive health factors, such as increased self-esteem and general health. Ryan et al. (2010) provides support for the social buffering hypothesis in that social support creates a resiliency against the negative impact that discrimination can have on marginalized individuals.

The Internet and Social Media

Because of the potential for discrimination, transgender individuals may have to be strategic about where they go for services and may rely on others in the transgender community for references on where to go for the services and resources that they need. One potential way to obtain this information is to connect with other transgender people online. Before further discussing how transgender individuals use the Internet and social media, a general discussion on both forms of technology is in order.
The Internet is the global connection of computers (The Knight Open Government Survey, 2007), which includes websites, such as search engine websites (e.g., Google search). Social media on the other hand, is a subsection of the Internet where the purpose is for users to interact with one another. Social media can be characterized into subsections including blogs (online personal journals), social bookmarking where users respond to others’ questions and comments in a thread or share links to other websites (e.g., Reddit), social network sites where users create their own profiles about themselves and can friend other people’s profiles (e.g., Facebook), status-update services where users can write short updates or share others’ updates on their profile (e.g., Twitter), and media-sharing sites where users can upload videos and pictures online for others to view and comment on (e.g., YouTube, Instagram) (Dewing, 2010). For the purposes of this thesis, social media will be the main focus rather than the Internet in general. When discussing social media, the names of the social media sites used will be discussed.

**Internet, Social Media, Social Justice, and Social Support**

The Internet and social media are increasingly being used to seek out social support. Social media is used not just for connecting with friends but is also becoming an outlet for advocacy and showing solidarity to those in need. An example of this is the #MeToo campaign, which raised awareness of the high prevalence sexual harassment and assault. This movement gained momentum in 2017 in which people of all genders, sexes, and backgrounds, including high-profile celebrities and transgender individuals would post #MeToo to their social media profiles, such as Twitter and Facebook. In fact, transgender individuals are disproportionally victimized sexually (Arkles, 2018). This
post would indicate that these individuals faced some form of sexual harassment and/or assault in their lifetime. The purpose of this movement was to bring awareness of just how many people have experienced sexual harassment and/or assault including celebrities, which showed that this problem impacts people of all different backgrounds and that no one is immune to it.

In relation to transgender issues, when legislative “bathroom bills” aimed at barring transgender individuals from using the bathroom that aligns with their gender identity were at their height of being introduced to the United States Congress in 2016, the transgender community took to social media to protest these bills. One high-profile example of these bills is North Carolina House Bill 2. In 2016, House Bill 2 passed, but was later partially repealed. This bill stated that individuals must use the bathroom and other public facilities, such as locker rooms that matched their biological sex rather than their gender identity (General Assembly of North Carolina, 2016). Supporters of the bill championed for the safety that the bill would create citing that it would prevent people from pretending to be transgender to gain access to the opposite sex’s facilities. While supporters of the bill saw the bill as resolving a safety concern, opposition to the bill saw the bill as discriminatory of transgender individuals and that it would create more problems especially regarding the personal safety of transgender individuals. In fact, after the bill’s passing, women with short haircuts who looked male, but did not identify as such were pulled out of women’s restrooms and even arrested until they could prove that they were actually biologically female. When the bill passed, calls to the Trans Lifeline, a transgender suicide hotline, nearly doubled due to the panic and distress that
the bill caused transgender individuals just trying to use the restroom (Campbell, 2016; Kutner, 2016).

One way that people fought back against this bill is by taking to social media. The #WeJustNeedToPee campaign was created to fight back against bathroom bills and consisted of transgender individuals taking selfies (i.e., photos of themselves) in the bathroom that is opposite of their identified gender with the goal of showing how ridiculous it looks to have women in the men’s restroom and bearded men in the women’s restroom (Nichols, 2015). This protest garnered many public reactions when it went viral ranging from disgust to praise. The goal of social media campaigns, such as this is to raise awareness and social support for those affected by these issues and many of these campaigns are quite successful in doing so.

Social support does not have to necessarily be direct and in-person to be effective. In fact, perceived social support can have a larger impact on psychological well being than direct social support (Zimet, Dahlem, Zimet, & Farley, 1988). Perceived social support can be defined as a type of social support does not necessarily exist in real life for a person. Rather, if a person believes that they have support, they can still benefit from this view that others support them. Zimet et al. (1988) found that high levels of perceived social support were associated with lower levels of depression and anxiety. As for online support, Shaw & Gant (2002) found that use of the Internet to interact with others can increase self-esteem and perceived social support while decreasing depression and loneliness. This study demonstrates the usefulness of the Internet in increasing users’ social support. The social support, in turn, helps to increase psychological wellbeing, potentially by acting as a protective factor to symptoms, such as depression and anxiety.
However, these findings can be seen as somewhat modest as other studies have shown that while communication and social support online can decrease loneliness, the more that people use social media, the more loneliness that they report (Burke, Marlow, & Lento, 2010). Another study on social media showed that image-based social media sites (e.g., Instagram) decreased loneliness and increased happiness whereas text-based social media sites did not show this effect (Pittman & Reich, 2016). The research on social media and social support seems to be muddled in that it may depend on what type of social media is being used and how it is being used. These factors of usage can impact the user’s mental health either positively or negatively.

**Transgender Online Presence**

Similar to using the Internet to obtain information on available resources, transgender people may use the social media as a way to obtain social support that they may not receive from their family and friends in their every day life. It is crucial that transgender individuals have a safe space to go to for support. Disadvantaged communities rely on supports and resources to make it through life. Everyone requires some kind of social support. How people obtain and utilize this support differs. In today’s digital world, more and more people are obtaining these supports online, including the transgender community. Being online provides a source of safety and anonymity. Users can put out as much or as little information about themselves as they want. If a transgender individual wants to post about being transgender on an online forum, they can use a pseudonym to hide their identity and remain safe behind the keyboard.
People of all identities use the Internet and can benefit from doing so, including those in the transgender community. In the 2000s there was an increase in the transgender community with regard to their online presence. Transgender individuals began creating and posting videos of their stories and transitions on the video sharing Internet platform, YouTube. Transgender individuals share their stories on YouTube for the purposes of educating others, bringing transgender issues into regular society as well as providing information about transition for transgender audiences (Miller, 2017). Some of these “YouTubers” even rose to fame. Names such as Aydian Dowling and Ryan Cassata began appearing outside the realm of YouTube and on national television shows, such as the hit daytime talk show Ellen. These pioneers in sharing their stories on mainstream social media platforms inspired others to share their stories. This, in turn, helped those who watched their videos not feel so alone as well as obtain valuable information on being transgender (Kergil, 2014). For example, a transgender youth growing up in the rural Midwest may have never met or heard of other transgender individuals and thus, may feel utterly alone in their existence. They may not know of the process for being prescribed HRT (hormone-replacement therapy) or what physical changes to expect from HRT. The presence of transgender individuals on social media can provide a source of solidarity, information, and reassurance for those who are questioning their gender identity or who just beginning their transition.

Another purpose that these YouTube videos serve is putting a human face to the transgender community. It is much easier to dismiss issues affecting a community of people one has never interacted with or even seen before. Humanizing an issue as well as making people aware of the issues that LGBTQ+ individuals face by putting a face and
story to these issues makes it more difficult to dismiss the injustices affecting an entire community of people.

Social media also helped connect transgender individuals to one another and helped them develop their sense of identity (Hill, 2005). Transgender individuals could see from others like themselves that being transgender was a valid identity and how they could go about developing their own transgender identity. Transgender individuals also use social media as a way to understand their identities and the emotions that come along with their changing bodies (if they are medically transitioning) and sense of self (Kosenko, Bond, and Hurley, 2016).

How Transgender People Use Online Resources – Previous Research

With the transgender community taking to the Internet and social media to share their stories and advocate for justice, researchers took to studying this phenomenon. Farber (2017) explored how female-to-male (FTM) transgender men were using the social media sites in relation to fitness. Fitness can be immensely and uniquely beneficial for FTMs in that the focus of exercises for this group is to build muscles in the upper body while decreasing fat in the lower body, namely the hips and thighs. This type of body sculpting creates a more masculine appearance and decreases feminine characteristics. Because of the unique needs of FTM fitness, transgender men may feel that traditional, cisgender workouts will not be as beneficial for them. Farber (2017) found that many FTMs took to discussing their fitness goals with other transgender men on online forums. Discussions between transgender men online also discussed their transition, available resources, and created an online community for the men. A space meant for informational discussion also turned into a space for motivating and supporting
others in the community. This study demonstrates how the transgender community can come together online to create their own environment of safety and support.

Expanding on the idea of transgender individuals using the Internet as a resource, Evans, Gridley, Crouch, Wang, Moreno, Ahrens, and Breland (2017) explored how transgender youth and their caregivers use the Internet and social media to gather information related to being transgender. The authors used a multitude of methods, such as phone interviews and online surveys to collect their data. Evans et al. (2017) summarized their results into five major themes of what their participants found online and what information they were searching for online. These themes included exploring gender identity, filling knowledge gaps, seeking support networks, finding transgender-friendly providers, and encountering misinformation. Information online allows transgender youth to explore their feelings of gender dysphoria – a feeling of disconnect or misalignment of one’s gender from one’s physical anatomy. To expand on Evans et al. (2017), whether this information is discovered by reading other individuals’ stories online or reading up on the formal medical diagnosis of gender dysphoria, this information still provides knowledge and insight for transgender youth. Reading or viewing other’s stories online can provide a type of perceived social support where even though the person may not have directly met the writer in real life, they still relate to the message that the person posted online and feel a sense of camaraderie from it. The viewer and/or reader can learn about another transgender individual’s journey and resonate with it and think, “this is exactly what I am feeling and/or going through.”

Similar to Evans et al. (2017) theme of using the Internet and social media to find transgender-friendly resources, Ross and Scholl (2016) explored how transgender
individuals use the social media to navigate medical transition, such as connecting to others socially online to create a transgender social network and use that network to gain medical knowledge related to being transgender. Their research found that transgender individuals often use social media to seek out medical information.

Expanding on Ross and Scholl (2016), transgender individuals use social media as a means of protection in that not all medical providers will be supportive of the transgender community and willing to treat a transgender individual. This lack of support is also why transgender individuals seek out supportive medical professionals that can provide them with the transgender-specific health care that they need, such as HRT or providing routine pap smears for transgender men who have not undergone hysterectomies. As discussed previously, not all medical professionals are willing to treat transgender individuals or are trained to do so. Thus, transgender individuals must seek out certain medical professionals that are willing to treat them even if this means bypassing doctors who are close-by to see one out-of-state who is supportive.

While Evans et al. (2017) and Ross and Scholl (2016) explore the idea of how the transgender community utilizes online resources, these articles do not fully explore the variety of ways transgender adults use the Internet and social media. Evans et al. (2017) focuses on transgender youth and their caregivers and how they use social media in relation to being transgender. Ross and Scholl (2016) focuses on the medical and social aspects of being transgender. How do transgender adults use the Internet and social media in general related to being transgender? For instance, do they use social media and the Internet for medical purposes, social, educational, or for other reasons that may not have been included in previous research? How do transgender adults use the social
media to provide support to others in the community in ways other than discussing medical transition? What are the drawbacks to using the Internet and social media as a transgender person? These questions are explored in the present study as well as demonstrating how this area of research can be valuable for the social work profession.

**Present Study and Research Question**

The present study expands upon Farber (2017), Evans et al. (2017), and Ross and Scholl (2016) by exploring how transgender adults use online resources in all aspects of being transgender rather than focusing on transgender youth or just the medical aspects of transitioning. The interview questions used in this study are designed to explore how online resources are used in giving and/or receiving social support, the development of gender identity, educational purposes, and anything else that participants are willing to share. This study also takes the unique perspective in looking at how participant’s responses can be used in the field of social work to better treatment and enrich the lives of transgender clients. Interviews were conducted with a number of transgender individuals (N=11) who shared their experiences in how the Internet and more specifically, social media played a role in their daily lives as members of the transgender community and aided in their transition process. Knowing this information can help social workers and other professionals better assist their transgender clients by being able to point them in the direction of online resources that are specific to the needs of the transgender community.
CHAPTER II

METHODS

Qualitative methodologies were chosen due to the exploratory nature of the proposed research questions. This study did not have clear expectations or use a specific theory to base findings off of. This makes the study exploratory. Qualitative methods were also chosen given the nature of the study in that it involves the transgender population. In studying this population, it should be cautioned to view the results from a neutral lens rather than from a cisgender (i.e., identifying with the gender one was assigned at birth given their biological sex) point of view. By interviewing participants, it allows them to tell their story without that story be misconstrued (Johnson, 2015). Participants were interviewed using open-ended questions. The aim of the methods of this study was to allow participants to share information in a comfortable manner and to summarize their answers into comprehensible results that demonstrate how online resources are or are not important to the transgender community.

Participants

11 transgender individuals participated in this IRB approved study (IRB-201712-145) using snowball sampling. According to Patton (2003) this type of sampling allows for information rich cases to be chosen. Snowball sampling simply means that participants can be recruited based on other participant recommendations. Thus, snowball sampling ensures that information rich participants can be chosen because
previous participants will be knowledgeable as to who will be able to provide adequate information for the study. This knowledge is based on the fact that these participants have already gone through the study. For example, one early contact provided the name of another transgender individual who was willing to participate who then provided the names of others who would participate who then provided more names, etc. This is how snowball sampling was used in this study.

Participants varied in age from 20 to 60 years of age, but all identified as transgender. Participants were recruited from the Fargo-Moorhead, located in Fargo, North Dakota and Moorhead, Minnesota, respectively. Though not explicitly asked in the questionnaire script, all of the participants volunteered information about their identities on the trans-masculine spectrum meaning that none of them identified as female. All were assigned female at birth based on their biological sex and were taking steps to appear more masculine. Where they were in the process of appearing masculine varied (e.g., some participants had full beards whereas others did not yet start HRT). Again, while this information was not specifically asked for, most participants volunteered this information while answering the interview questions.

**Data Collection**

Given the exploratory nature of this study, qualitative interviewing was used. The type of qualitative interviewing used was that of semi-structured interviewing. Semi-structured interviewing uses a set of open-ended questions allows for the interviewer to expand on the initial, scripted questions with unscripted follow-up questions (Patton 2015). A set of questions was developed to ask participants (see Appendix B). While every participant was asked the same set of questions, the interviews were set up to be
conversational in order that participants could feel more comfortable with the interviewer, again making the interviews more semi-structured due to different follow-up questions asked between the main questions. The interview questions covered if and how participants used social media and the Internet in relation to being transgender, and if the Internet and/or social media played a role in coming out as transgender. The last question asked if there were any ways that the Internet and social media are not useful for transgender individuals in general.

**Procedures**

After participants gave informed consent to participate in the study, interviews took place, one at a time either in-person or online via Skype or Facebook video. The in-person interviews took place in a mutually agreed upon, LGBTQ+-friendly location, such as an LGBTQ+-friendly local coffee shop. The location picked ensured that it would be safe to discuss sensitive material in a public space. Interviews were recorded, with permission, using a digital voice recorder for in-person interviews and QuickTime screen recording software for Skype and Facebook video interviews. Interviews lasted anywhere from fifteen minutes to one hour depending on how talkative the participant was.

**Data Analysis**

Data was analyzed first using open coding. Specifically, what this means is that data was analyzed by transcribing each interview word for word and create labels out of the chunks of data that were read through (Gallicano, 2013). For example, many of the participants discussed using online resources for informational purposes. These types of responses fall under the category of “education” and were grouped together. The
groupings were further analyzed for similarities. Using the same example, many participants discussed obtaining information on transgender issues, such as community resources, obtaining health care, and current events impacting the transgender community. From these similarities, summarizations of the data were made and written in the next chapter of this paper.

To ensure reliability and validity of the data, member checking was used. Member checking is when the results are brought back to the participants to get their thoughts on what was found (Creswell & Miller, 2000). After participants participated in the study and the data was analyzed, a summary of the results was discussed with all 11 of the participants who confirmed that the summary of the results was accurate to their experience.

Another way to check for validity and reliability is the credibility or the internal validity of the data. Because snowball sampling was used in which information rich cases from participants who volunteered were part of the data, the trustworthiness of this data increases. Previous participants volunteered other participants who they felt would be trustworthy in the study. It also helps that many participants responded to the questions in a similar fashion increasing the reliability of the study.

Transferability of the data is another aspect of reliability and validity that was used. While this study only focused on trans-masculine people from the Fargo-Moorhead area, the data could potentially look the same in other areas with other populations and in fact, does indeed look similar to that of Evans et al. (2017) thus, increasing this study’s reliability. However, the present study expands on Evans et al. (2017) by interviewing transgender adults and looking at how the findings can be applied to social work and
other helping professions. The results of this study are likely transferable to other
locations and with other transgender identities

Lastly, interpersonal validity is another type of validity that can be applied to this
study. Interpersonal validity is where the evaluator is able to meaningfully relate to the
participants (Patton, 2015). Because this writer is transgender, many of the participants
felt comfortable sharing more information than what was asked for in this study and
could relate to this writer in terms of the struggles and triumphs that transgender
individuals go through. Because the interviewer was also transgender, the participants
may have felt at greater ease with the interview as opposed to feeling judged or studied.
This also could increase the trustworthiness of the results of the study.
CHAPTER III
RESULTS

All eleven participants used social media and the Internet to varying degrees for transgender-related purposes. All of the participants used the social media website, Facebook, and many participants used additional social media websites, such as Instagram, Twitter, YouTube, and forum-type websites (e.g., Reddit). Everyone used social media and the Internet in some form or another and some used it more than others. The experiences that people had with social media in relation to being transgender differed, however. The interview covered questions on using social media in the coming out process, for social support, and for educational purposes as well as if there were any drawbacks to using social media or the Internet for transgender-related purposes.

Education and Information Seeking

The research indicates that there were several reasons why participants used social media and the Internet in relation to being transgender. These reasons include educational, social support, and identity development. In terms of education, many participants turned to social media to answer questions that they had about their identities and their transitions or just general questions about being transgender. For example, one participant stated that he “learned how to do his [HRT] shot by watching on YouTube how other people do their shot so it doesn’t hurt as much.” Another participant stated, “I
would not have known that a new clinic existed for transgender people in the area had it not been for Facebook.” Overall, participants found social media to be helpful in finding information related to being transgender and actually turned to social media to find answers to their questions.

Finding answers to questions can also stem from social support and directly asking people on social media for support or to provide advice to people on social media. While one participant stated, “I do not use it to answer a lot of questions, I don’t look to social media for support just to answer questions for things I don’t understand myself.”

**Giving and Receiving Social Support**

Other participants stated that they use social media to provide and receive support and share resources including information on medical transitioning (e.g., the effects of HRT) to where to find a mental health therapist who specializes in LGBTQ+ issues. One participant stated,

The Internet helps me stay connected to the community, find resources, and share resources – resources for parents, allies, providers, trans people. I mostly provide support. I’ve gone through many of the operations and people can use that for encouragement and support who are earlier along than me. I get to learn from other people’s perspectives – medical transition experiences, nonbinary experiences – different steps to surgeries, different ways surgeries can be done, different steps to getting on hormones.

Participants use social media to ask questions, seek support from the transgender community, and to make friends. At times, socializing on social media has led to participants socializing with other transgender individuals in real-life. However, a
downfall for one participant about social media is that “online and in-person relationships need to be balanced, which is not currently the case in the transgender community – most happens online due to people’s comfort level.” As mentioned in the introduction, transgender people suffer from a higher rate of mental illness (Russell et al., 2010) with anxiety being one of those. Thus, transgender individuals may feel more comfortable behind a keyboard than socializing in real-life.

**Identity Development**

A third theme for the use of online resources was that some participants explained that social media and the Internet played a large role in their identity development as a transgender person and in the coming out process. One participant even stated, “I probably would not have come out or known about being transgender if not for the Internet.” This participant stated that he began watching the YouTube videos of other transgender men and realized, “that was me.” Other participants made similar statements that they learned about being transgender through the Internet. These participants related to the information and stories they discovered online about being transgender and realized that that was their identity. In terms of coming out, one participant stated,

I think if I came out when there was not Facebook, I would not be a very happy person – I would have known no one and felt very alone. I would not had known that there was a transgender community in Fargo had it not been for social media. This quotation sums up that social media can play a huge part in not only the coming out process, but also, in having support from others and finding that support.
Drawbacks

Amongst all the benefits participants stated about transgender-related online resources, the final question of the interview inquired about if any drawbacks to the Internet and social media existed for transgender users. Many participants were able to point out at least one negative of using the Internet and social media as a transgender person. These included misinformation, negative commentary from people who do not support the transgender community and relying more on social media to socialize rather than meeting people in person. One participant stated that people, “have to be careful of comments because what people think is educational is actually just discriminatory.” Another participant stated,

While 95% of the time its super useful for me to help me figure things out or to help me learn things or help me keep people up to date, at the same time if I venture into the wrong part of social media at times it’s gotten super depressing, angry and sad because of comments like during the whole military ban. If you start to read the comments it’s gotten really sad or angry or upset because people can be stupid when they are hiding behind a keyboard.

At times, this misinformation can be used against the transgender community in the form of negative commentary on social media websites, such as Facebook. For example, there may be an article that exists online that claims that being transgender is a mental illness. Some individuals may take that false information and use it to back up their negative opinion of people who are transgender. Another participant pointed out an interesting drawback to online resources. He stated, “just because you find the answers that are correct for one person, that doesn’t apply to everybody. Everyone’s transition looks
different – this will happen at this time, but that doesn’t always happen for everybody.”

This statement demonstrates that because everyone’s body and genetics are different, not everyone’s transition is going to look the same. For example, it may take a FTM years to grow facial hair whereas it may take others only a few months on HRT to grow a full beard. One final drawback to the being online and being transgender is where non-binary people fit in. As one participant stated that there are, rifts in the community broadened between binary and nonbinary trans people [for] not being “trans enough”. There is enough hate on us that we shouldn’t be doing it to ourselves.” Just as there is internalized racism (i.e., hatred or judgement of one’s own race or others of the same race), there can also be internalized transphobia as well. Overall, although there were drawbacks stated about using online resources, all participants utilized these resources, which have benefitted them in numerous ways, such as by providing them with transgender-related education and social support.

**Unexpected finding**

One unexpected finding was that the degree to which participants used these websites varied by the participants’ age and where they were in their transition, meaning if they had begun medically transitioning and where they were in that process from just starting HRT to having gender-affirming surgeries. For example, one participant stated, “I came out 21 years ago way before the Internet and have had most of the surgeries.” This participant also stated, “I only really use Facebook for social media, but use other websites to access information, such as the National Center for Transgender Equality website for information.” Whereas another participant who stated that he recently started HRT used social media, such as “YouTube, Facebook, Reddit, and Tumblr to answer a
lot of questions” that he had. Through the interviews, it emerged that the older participants were, the less they tended to use social media and the Internet for transgender topics or that they stuck to just one social media website, usually Facebook. Similar patterns also emerged for participants who were further along in their transitions compared to participants who were just beginning their transitions as those who were later in their transition did not have questions that those earlier in their transitions did, such as coming out and how to access HRT. As stated previously, while information about age and where participants were in the transition process was not specifically inquired about, participants willingly volunteered this information during the interview. Overall, despite age or where participants were at in their transition, all used online resources, namely social media as a resource either for social support, education, identity development, or in the coming out process.
CHAPTER IV

DISCUSSION

The transgender population is one that is both marginalized and understudied. There exist many misconceptions about what it means to be transgender and what the unique needs of the transgender community are. As discussed in the introduction, many health care professionals simply are not educated or prepared to work with transgender individuals. Because of this, studies such as this one are crucial to better understanding what the transgender community needs from professionals, such as social workers. Previous studies, such as Evans et al. (2017), and Ross and Scholl (2016), and Farber (2017) looked at how some people in the transgender community used online resources, such as how parents and transgender minors used these resources or for medical and fitness reasons, respectively. However, the present study took a unique approach in exploring how transgender adults utilized online resources for any purpose related to their transgender identity with the goal of applying this data to the helping professions, namely social work. This study differs from Evans et al. (2017) as it looks exclusively at adults rather than at children and caregivers. This study also looks at how the present research can be applied to transgender clients.

The present study found that transgender adults use the Internet and social media for multitude of reasons including to obtain information, to give and receive social support, and to help develop their transgender identities. These findings are similar to
those of Evans et al. (2017) in that these are the same categories that were found in their studies of how transgender individuals use online resources including education and social support. Although the same themes were found, the way that transgender adults use these themes may differ from children. For example, many of the participants interviewed have gone through some type of medical procedure or been treated with hormones whereas children are less likely to have undergone these procedures due to their youth. This aspect alone may change what type of information is being sought by adults versus children in relation to being transgender. Every single one of the participants interviewed used online resources in relation to their gender identity. Some used social media to come out and others used it to help them develop and realize their transgender identity. Many participants stated, “I would not have [blank] if it was not for the social media” whether that was knowing about a new transgender-specific healthcare clinic or having the support and courage to come out. Overall, it seems that being connected online and using social media is a huge resource for transgender people and one that is used on a regular basis. While the basis of how and how often social media is used seemed to depend on the age and how far into transition participants were, this was an unexpected finding and one worth looking further into, but still does not detract from the fact that transgender individuals rely on social media and the Internet as a major resource in relation to their gender identity.

Where this study differs is that by studying transgender adults, who are at various stages in their transition, it was discovered that age and stage of transition influenced how online resources were used. For example, the older participants were and the later they were in their transition, the less involved they were in using online transgender resources
and were more likely to provide social support than to seek social support. One suggestion for this result is that participants who are at the later stages of their transition have already experienced the events that other transgender individuals may be seeking advice on. For example, if a person is already on HRT, has an established doctor and therapist, and has had the gender-affirming surgeries that they desire, they are likely not going to need to seek out these resources again. Also, people who are older and further along in their transition may be more likely to be established in the transgender community and have had time for family and friends to become tolerant of their identity that they do not feel as large of a need to seek out social support online compared to a youth who is just coming out as transgender and does not have any resources or social supports established yet. Another possibility is that older generations simply do not use as many social media sites as much as younger generations do since they did not grow up with these sites (Zickuhr and Madden, 2012).

Another distinction that this study makes from Evans et al. (2017) is the extension of these findings to social work and other helping professions. As shown in other professions, such as nursing (Röndahl, 2011) those going into the helping professions are not adequately trained or educated on helping LGBTQ+ individuals. Transgender individuals can face discrimination and rejection from their families, friends, and society in general. Because of this, people who are transgender experience a higher rate of mental illness (Russell et al., 2010). It can also be difficult for these individuals to find resources and service providers that are affirming of their gender identity (Cahill & Makadon, 2013).
Another factor to consider when working with the transgender community is how to connect clients to the resources that they need. Part of the job of a social worker is to help clients get set up with resources and services. For example, if a client were homeless, a social worker would work with housing authorities and agencies to help the client find a home. Transgender clients may need assistance with knowing which health care professionals are safe and affirming to go to, where they can go to receive social support, and where they can find information about their gender identity. Knowing what online resources are available and where to direct clients to would be beneficial to transgender clients. All of the participants in this study were connected online to the larger transgender community and used this connect to gather information related to their identity and to socialize with other transgender individuals. Many of these online groups and forums were either private (i.e., a person cannot join the group without being added by a current group member) or only well known to the transgender community. This privacy aspect to online resources protects the transgender community, but also, can make it difficult for someone just developing their identity or trying to get connected to the transgender community to do so. Some of the participants stated that someone else informed them of an online group available, which opened up the doors to other online resources that they did not know were available. One participant even stated that he was unaware of a new transgender health care clinic being opened in the area until someone mentioned it in an online group. Due to the difficulty in accessing some online resources without already being involved in the community, social workers should make it a point to keep up with the resources available so that they can pass these resources on to their clients. The more established clients become with the online transgender community and
resources, the more supported they may feel and the less they need to depend on the worker leading to increased client autonomy.

As discussed previously in the literature review, the social buffering hypothesis states that social support can help act as a protective factor for mental illness, even online (Cobb, 1976; Cohen and Wills, 1985; Shaw & Gant, 2002). All participants stated that they use social media in relation to being transgender for the purposes of social support in some way either by giving social support, receiving support, or both. Simply having a group on social media, such as a transgender Facebook group that users can rely on to receive support when they need it can be a protective factor in the realm of perceived social support. Social workers can use this theory and knowledge of how transgender individuals use social media to direct them to these groups in order to receive social support and perhaps reduce any mental illness symptoms their transgender clients may be experiencing.

While this study is crucial to the field of social work by making some enlightening discoveries, there are some notable weaknesses to this study. First off, all of the participants in this study identified as FTM or on the trans-masculine spectrum of being transgender. This completely excludes male-to-female (MTF) transgender and non-binary individuals. These individuals can face a unique set of challenges from FTM transgender individuals. For example, MTF transgender people often go through laser hair removal to remove their excess body and facial hair to appear more feminine. Needing this service is unique to biological males seeking to transition to a more feminine or even gender-neutral appearance as for many transgender men seek to increase body and facial hair, which often occurs a natural consequence of HRT. Also,
because this study did not specifically ask about age and where participants where in their transition, it is difficult to make a formal conclusion about the findings of this study regarding these factors and online usage.

Future research on the topic of online resources and the transgender community can help alleviate some of the weaknesses of this study. Future research should focus on expanding on the current study by including participants from different transgender identities including MTF and non-binary individuals and including data, such as asking specifically about age and where participants are in their transition (e.g., how many months has each participant been on HRT?). Currently, there exists very minimal research on transgender individuals, especially on how transgender people use online resources and how this research can be applied to the helping professions. Having more research that studies the transgender community can help professionals better assist their transgender clients. For example, knowing that social media is a huge resource for transgender individuals can help providers be aware of what social media groups and resources exist and point them out to their clients for educational and social support purposes. For instance, a social worker working with a client who is experiencing gender dysphoria could know of the new healthcare clinic for transgender individuals and direct that client to that clinic’s Facebook page so that that individual can make an appointment to start HRT. Overall, there are still many questions about transgender individuals and how they use technology is just one piece of the puzzle. However, the more education and research that exists on this group of people, the more that professionals can learn how to better serve the transgender community.
APPENDICES
APPENDIX A

CONSENT FORM

THE UNIVERSITY OF NORTH DAKOTA
CONSENT TO PARTICIPATE IN RESEARCH

TITLE: Online resources and the transgender community

PROJECT DIRECTOR: Mason Wehse

PHONE #: 74568

DEPARTMENT: Social Work

STATEMENT OF RESEARCH

A person who is to participate in the research must give his or her informed consent to such participation. This consent must be based on an understanding of the nature and risks of the research. This document provides information that is important for this understanding. Research projects include only subjects who choose to take part. Please take your time in making your decision as to whether to participate. If you have questions at any time, please ask.

WHAT IS THE PURPOSE OF THIS STUDY?

You are invited to be in a research study about how the transgender community utilizes the Internet and social media because you are an adult under the age of 65 who identifies as transgender.
The purpose of this research study is to understand how the transgender community uses the Internet and social media as a resource, so that social workers will better be able to assist the transgender community.

**HOW MANY PEOPLE WILL PARTICIPATE?**

Approximately 10 people will take part in this study at various locations in the Fargo-Moorhead area or via Skype.

**HOW LONG WILL I BE IN THIS STUDY?**

Your participation in the study will last 30-60 minutes.

**WHAT WILL HAPPEN DURING THIS STUDY?**

You will be provided with a copy of the interview questions to read over followed by this consent form. Once consent is given, the interview will begin with the interviewer asking questions from the list of questions you read. The interview will be digitally voice recorded (or video recorded if participating via Skype). You are free to not answer any questions you feel uncomfortable answering and you may quit the study at any time without consequence. The interview will last approximately 30-60 minutes. Once the interview is over, recording will end and you will receive a list of transgender resources should you need to utilize them. You will then be finished with the study.

**WHAT ARE THE RISKS OF THE STUDY?**

There may be some risk from being in this study. Talking about sensitive material in a traditionally conservative location may pose some discomfort, embarrassment, or privacy concerns to you. You may stop participating in the study at any time and choose to not answer any question that you do not want to. Everything in our power will be done to
ensure your privacy. Aliases will be used in place of your name for your answers to the interview questions. The recorded interviews will be stored in a password-protected dropbox accessed only by the principle investigator and student advisor. All data will be destroyed after three years.

Should you need to access support services, a list of transgender-friendly resources will be provided to you upon conclusion of the study.

WHAT ARE THE BENEFITS OF THIS STUDY?
You will not benefit personally from being in this study. However, we hope that, in the future, other people might benefit from this study because knowing how the transgender community uses online resources can help social workers know how to better help this community.

ALTERNATIVES TO PARTICIPATING IN THIS STUDY
There are no alternatives to participating in this study.

WILL IT COST ME ANYTHING TO BE IN THIS STUDY?
You will not have any costs for being in this research study.

WILL I BE PAID FOR PARTICIPATING?
You will not be paid for being in this research study.

WHO IS FUNDING THE STUDY?
The University of North Dakota and the research team are receiving no payments from other agencies, organizations, or companies to conduct this research study.
CONFIDENTIALITY

The records of this study will be kept private to the extent permitted by law. In any report about this study that might be published, you will not be identified. Your study record may be reviewed by Government agencies and the University of North Dakota Institutional Review Board.

Any information that is obtained in this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. You should know, however, that there are some circumstances in which we may have to show your information to other people. For example the law may require us to show your information to a court or to tell authorities if we believe you have abused a child, or you pose a danger to yourself or someone else. Confidentiality will be maintained by means of using an alias in place of your name, storing your data in a password-protected dropbox accessed by only the principle investigator and student advisor, and the data will be destroyed after three years.

If we write a report or article about this study, we will describe the study results in a summarized manner so that you cannot be identified.

This study will use audio (or video if participating via Skype) recording. You have the right to review and edit the recordings. Only the principle investigator and student advisor will have access to the recordings. The recordings will be erased after three years.
Everything in our power will be done to ensure confidentiality. Aliases will be used in place of your name for your answers to the interview questions. The recorded interviews will be stored in a password-protected dropbox accessed only by the principle investigator and student advisor. Consent forms and personal data will be stored in a locked cabinet in a locked office. All data will be destroyed after three years.

**IS THIS STUDY VOLUNTARY?**

Your participation is voluntary. You may choose not to participate or you may discontinue your participation at any time without penalty or loss of benefits to which you are otherwise entitled. Your decision whether or not to participate will not affect your current or future relations with the University of North Dakota.

**CONTACTS AND QUESTIONS?**

The researcher conducting this study is Mason Wehse. You may ask any questions you have now. If you later have questions, concerns, or complaints about the research please contact Dr. Andrew Quinn at 701-777-2669 during the day.

If you have questions regarding your rights as a research subject, you may contact The University of North Dakota Institutional Review Board at **(701) 777-4279** or **UND.irb@research.UND.edu**.

- You may also call this number about any problems, complaints, or concerns you have about this research study.
- You may also call this number if you cannot reach research staff, or you wish to talk with someone who is independent of the research team.

- General information about being a research subject can be found by clicking “Information for Research Participants” on the web site:
  http://und.edu/research/resources/human-subjects/research-participants.cfm

I give consent to be audio recorded during this study.
Please initial:  ____ Yes  ____ No

I give consent to be video recorded during this study.
Please initial:  ____ Yes  ____ No

I give consent for my quotes to be used in the research; however I will not be identified.
Please initial:  ____ Yes  ____ No

Your signature indicates that this research study has been explained to you, that your questions have been answered, and that you agree to take part in this study. You will receive a copy of this form.

Subjects Name: ______________________________________________________

_________________________________________  ______________________
Signature of Subject  Date

I have discussed the above points with the subject or, where appropriate, with the subject’s legally authorized representative.

_________________________________________  ______________________
Signature of Person Who Obtained Consent  Date
APPENDIX B

QUESTIONNAIRE SCRIPT

Interview script

Hello, thank you for meeting with me to participate in my study. Today, I am going to ask you some questions on your social media use in relation to being transgender. I will be recording the interview, with your permission, for the purposes of being able to transcribe the interview later. Everything you say in the interview will be strictly confidential. Your name will not be associated with your responses. The interview should last approximately 30 minutes.

Before we begin the interview, I will need you to first read through and sign this consent form. This form explains the study and if you sign it, you are saying that you agree to participate in this study.

Now that you have consented to participate in the study, we can begin. Again, your responses are completely confidential; you are not obligated to answer any questions, and may quit the study at any time without repercussions.

1. What is it like being a transgender individual in the FM area? What are some benefits and challenges that you have experienced?
2. How has having access to the Internet has played into you coming out as transgender?
   a. Are you part of any LGBT and/or transgender specific online groups?
      i. What is the online group and the group’s purpose?
      ii. How often are you involved with the group?
      iii. What does your involvement look like (i.e., what do you do with the online group)?
      iv. How do you use the online group to get support? To provide support?

3. Do you use any social media to focus on transgender specific topics? (Social media can be anything that you create or share media content for social networking, such as Facebook, Twitter, YouTube, Tumblr, Instagram, etc.)
   a. What social media sites do you use? What is the purpose of these sites?
   b. How do you personally use these social media sites in relation to being transgender, such as in order to understand your being transgender?
      i. How do you use these sites to gain and/or provide support with anything related to being transgender?
      ii. How do you use these sites for educational purposes related to being transgender?

4. Given everything that we have talked about, please describe anything else you would like me to know related to how the Internet is or isn’t useful for the transgender individual?

Thank you for your participation in my study and taking the time to meet with me and discuss your experiences.
REFERENCES


