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An Assessment of Transgender and Gender Non-Conforming Individuals Gender Affirming Health Care Practices in the Greater Tampa Bay

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An Assessment of Transgender and Gender Non-Conforming Individuals Gender Affirming Health Care Practices in the Greater Tampa Bay

by

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Dedication

This thesis is dedicated to the transgender and gender non-conforming Floridians who made this project possible. Your willingness to spend time to discuss deeply personal and sometimes painful experiences with incredible honesty, vulnerability, and strength is the reason this data exists. Your time and wisdom will help inform young trans individuals who experience the same difficulties or joys as them via the educational comics developed based on your experiences. I cannot thank you all enough.

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Abstract

The LGBTQ+ community faces discrimination and oppression throughout U.S. history and today. In particular, transgender and gender nonconforming (TGNC) individuals may face a variety of challenges when seeking biomedical health care tied to hostility, discomfort, lack of training, stigma, and denial of care at clinics or hospitals (Baker & Beagan, 2014; Lykens et al., 2018; Safer, 2021). TGNC individuals face medical gatekeeping when trying to access medical gender-affirming care (Aizura, 2018; Malatino, 2020). The research project aims to investigate these individuals' healthcare experiences, and access to both medicalized and nonmedicalized gender affirming health care practices.

In order to conduct this research a targeted sampling approach along with respondent-driven sampling will be taken. The methods used to collect data include a survey of approximately 30 to 50 participants and semi-structured interviews of approximately 15-20 participants. In order to participate in the research individual's must, self-identify as transgender/GNF, be over 18 years of age, and live in the greater Tampa Bay area. The application of intersectionality as a theoretical approach will be used as a base for analysis transgender/GNF individuals' health care practices existing outside the bounds of the biomedical industrial complex will be assessed. Through investigating the current situation and realities of care for transgender/GNC individuals there should be implications where care, support, and access are lacking.

This research is not aimed at looking at whether there is a greater need for access to high-quality medical treatment and health care for all individuals, including that of accurate and

knowledgeable care for TGNC people. Instead, this research is aimed at investigating the realities of TGNC identity, expression, and care that are forming outside of the medical industrial complex sometimes being known as do-it-yourself (DIY) technologies. When examining trans/GNC health care there cannot only be an examination of the medical transition but also the queer experiences that continue to exist outside of the confines of the *Diagnostic and Statistical Manual of Mental Disorders* (DMS-5) pathological labels. This research aims to get insight into who is able to utilize biomedicine, who wants to utilize biomedicine, and what exists beyond these confines.

In addition to the need for a larger scope of research on trans/GNC gender-affirming health care practices, there is also a specific need for the account of trans DIY and TGNC identities outside of medical spaces. DIY technologies enable TGNC individuals to increase their freedom of agency and involve a shared cultural narrative (Kimball 2006). Many in the field have called on medical anthropologists to pay more attention to TGNF individual's health care experiences, access, and alternative gender-affirming health care practices.

1.0 Introduction

Transgender individuals are among the most vulnerable populations in America, facing higher violence rates, criminalization, and imprisonment (James et al., 2016; Routh et al., 2017; Leitsinger, 2020). Individuals may also face sizeable rejection by employers, friends, and family. Due to immense discrimination, transgender individuals struggle to find employment and access to health care often subject to poverty and social marginalization (Bellis, 2017). In addition to economic barriers, physicians and staff often do not have proper transgender and gender non-conforming (TGNC) care training or are uneducated on providing gender-affirming care. While there are some cultural competency trainings that are aimed to make services better for the LGBTQ+ community quality of care remains insufficient (Baker and Beagan, 2014). Even with these trainings there is not a single US medical school that has an LGBTQ+ community health focus, including transgender health issues (O'Hara, 2015). However medical gender-affirming care is not the only gender-affirming care the TGNC community uses. Many transgender individuals tend to use other forms of gender-affirming care such as DIY technologies (Kimball 2006). Given the variety of barriers that TGNC people face when accessing medical gender-affirming care, DIY technologies such as binders, packers, gender-affirming clothing, etc. are utilized (Hughto et al., 2017).

To understand the realities of TGNC healthcare there needs to be a holistic look at different terms and their definitions by utilizing feminist anthropological theory and trans studies. The term gender affirmation is the process in which an individual's gender identity is acknowledged through interactions and is a large factor in health for transgender individuals

(Reisner, Bailey, & Sevelius, 2014; Sevelius & Jenness, 2017). Biomedical gender-affirming healthcare refers to "transition-related medical" care and is done by those with adequate "transgender healthcare training" (Clark et al., 2017). In which adequate training has created individuals who have a comprehensive understanding of varied trans experiences and can provide positive blanket health care that includes care related to gender affirmation. Many TGNC individuals desire medical gender-affirming care such as hormone blockers, hormone replacement therapy, and transition-related surgeries (Safer, 2021; Heyes and Latham, 2018). Transition is defined as “body modification processes in pursuit of presenting as a different gender” (Aizura 2018, 12). While many TGNC alternative gender-affirming care refers to gender-affirming care that is utilized and developed outside of the normative medical setting.

The word transgender itself needs to be defined for the context of this study, in order to do so there needs to be a historical understanding of America's gender system and current medical system. This history includes how the contemporary gender binary and heteronormative culture developed as well as common problems that arise when trying to define and relate the contemporary trans experiences to other gendered experiences that lay outside the "binary" and will be further investigated in the literature review. Utilizing medical anthropological theory is critical to the research as understanding how the medical system works in reference to the TGNC communities, such as the DSM-5, will help contextualize their experiences. There has been much research was done that proves that TGNC individuals face marginalization and barriers when it comes to accessing gender-affirming medical care (Baker and Beagan, 2014; Hughto et al., 2017; Edenfield et al., 2019). However, there is not very much research or anthropological focus on alternative gender-affirming care practices and tactics. Which is a large part of trans history and the TGNC experiences (Malatino, 2020). This research looks at the experiences of Tampa’s

TGNC community experiences with biomedical and alternative gender-affirming care. Specifically focusing on the tactics and technologies used by TGNC individuals outside of normative medical settings. The research contributes to the growing body of medical anthropological literature surrounding trans health practices in the United States.

In addition, this research utilizes graphical applied anthropological methods by using the data to develop open-access comics for the TGNC community. Graphic anthropology utilizes illustrations and comics to portray graphical narratives, often utilizing ethnographic stories as a basis (Spray 2021). The comics were developed based on main themes and shared experiences that participants discussed in their interviews. In order to ensure the privacy of the informants the comics will be developed based on composite narratives and the characters will not share physical characteristics with the participants. The graphic comics developed based on the research will allow for some of the pitfalls of conventional research methods, such as reproducing "power disparities" (Galman, 2021). The graphic novels also allow participant involvement in the production of how their own stories are being presented. This was done by sending the comics to participants and receiving feedback before the comics could be finalized. The research utilizes a mixed-methods approach to investigate TGNC realities and experiences with gender-affirming care and make the findings accessible to the community that provided the data for such analysis to be made.

2.0 Literature Review

In order to conduct this research many different components of anthropological and feminist texts were studied to provide contextualization and support for the research. There needs to be a comprehensive understanding of the intersectional influences on TGNC individuals' health experiences and practices. This includes feminist theory providing an understanding of the issues of the word transgender and the historical development of using the word transgender. Feminist theory and trans studies allow critical looks at how to accurately argue and support trans justice and education. In addition, medical anthropological theory is tied closely to feminist theory as the term transgender relates to the biomedical system and its historical development, including the *DSM-5* (Aizura 2018; Kleinman, 1981). Trans studies also provides evidence for how this construction of gender and medicine creates a plethora of barriers to care for TGNC individuals in the US, such as socioeconomic barriers, gatekeeping, and gendered violence (Edenfield et al. 2019; Jackson, 2016). Due to these barriers trans individuals often look for other avenues of education and gender-affirming care. This includes DIY technologies that are passed between the community via online platforms or community education (Kimball, 2017). The research findings will utilize graphical anthropology to provide an accessible form of community education that was created by and for TGNC individuals.

2.1 Contextualizing Trans Identities

When looking at transgender/GNC experiences in the US, with regards to health care or not, there needs to be an intersectional temporal understanding of the word transgender and gender nonconforming. Through Feminist theory we understand that gender does not exist in a

void and is integrally tied to socio-cultural constructions, as so gender, similarly to culture, is fluid (Gailey, 2015). The word transgender is about the rather contemporary US experience of gender identity that is not cisgender. The terms transgender and gender nonconforming "refer to individuals whose gender expression or identities do not conform to culturally defined norms associated with their birth-assigned sex" (Chen et al., 2016: 117). Trans studies allow for the understanding of normative gender constructions such as the female vs. male gender binary that is often portrayed as normative in the US. Normalizing actions include such binary birth documentation, binary federal licensing, history of binary sexing infants, the diagnosis of non-cisgender gender identities, and other more sociocultural based realities like gender policing contribute to creating and recreating binary gender norms in the US (Heyes and Latham, 2018; Spade 2003).

Yet this does not provide enough detail about the roots or history of the word/meaning of transgender today. As gender does not exist in a void the reality of trans experiences that are often associated with marginalization, barriers, or violence are integrally tied to the gendered norms and historical construction of America. Therefore, when aiming to discuss trans identities you need to take into account the construction of gender and sexuality in America, so the use of other cultures and other cultures in historical constructs that are often used as arguments of support for trans existence today are not only inadequate but also harmful.

A common issue when discussing the history of transgender is when individuals rely on historical indigenous cultures or utilize historical cross-cultural comparisons of individuals outside the gender binary. The making of these histories into that of transgender history before the word even came about is highly problematic (Devun and Tortorici 2018). TGNC individuals in the US are not comparable to that of nonbinary genders in other cultures. Feminist theory

defines gender as a culturally organizing concept that emerges based on that location's historical and cultural constructions (Chen 2019; Meyerowitz 2004). Thus, in the contemporary US, this gender construction has been based in a colonial, biomedical, and patriarchal society, along with the biomedical ties to defining and diagnosis gender dysphoria and other gender-affirming care. Intersectional feminist does not discount the realities of colonialism and racism that have altered gender hierarchy and gendered realities contemporarily. These realities inform the repetitious recreation of the gender binary via gendered performance and presentation (Butler, 1988) So, although many individuals may find a cross-cultural comparison of transgender individuals as useful in understanding transgender identities contemporarily, this is not productive (Chatterjee, 2018; Chisholm, 2018).

A common term utilized when referring to cultures with more than two genders is “third gender,” a term developed by anthropologists’ in 1975 (Towle and Morgan, 2002: 472). The term “Two-Spirit” a term that ultimately simplifies the gender diversity of different Indigenous cultures and their history, is commonly used by contemporary US Indigenous gender-diverse peoples (Driskill et al., 2011: 10**)**. The blanket statements often used when making these arguments are based on generic simplified gender constructs of indigenous communities. The term represents "at least 133 different indigenous tribes" making it difficult to make blanket statements about how gender-diverse peoples were treated in indigenous tribes in North America prior to colonization (Chisholm, 2018: 5). These term developments are tied to the initial designation or categorization of individuals that did not fall within the gender binary by Euro-centric academics.

A symptom of some of these representations is the utilization of overgeneralized statements about gender-diverse peoples in Indigenous communities as "historical" evidence for

transgender individuals. Yet, this over-romanticizes historical indigenous realities as well as fails to separate the different transtemporal sociocultural realities of two very different gender systems. Firstly, some North American Indigenous tribes had a bigender system and not all gender-diverse communities were accepting of Two-Spirit people. The over-romanticization simplifies and generalizes a plethora of cultures into a single estimated definition. The comparison of transgender individuals today to that of gender-diverse peoples of the past ignores the reality that the gender perceptions and constructs today have been based on a colonialist framework that imposes a bigender system where a matrix heteronormative hierarchy is imposed (Devun and Tortorici 2018; Tallie 2011). The age of colonization "was a violent time of extreme cultural loss" (**Garroutte 2003, 78**). In some communities, Two-Spirit individuals were considered special community members and held unique important positions (Burns, 1998; **Williams, 1992**). The cultural loss attributes to the violence that many gender-diverse indigenous people face with their community, including no longer having these positions of importance. Overemphasizing trans acceptance in Indigenous communities distracts from the contemporary discrimination gender diverse people face within their communities (Chisholm 2018). Contemporarily in the US, there continues to be violence against Indigenous Two-Spirit and gender-diverse peoples inside and outside of indigenous communities. Ultimately, the use of a generalized limited scope historical understanding is not a useful way to make strides in trans liberation in the contemporary US.

Individuals also rely on cross-cultural examples such as Muxe and Hijra individuals. The term "Muxe" is used when referring to AMAB Indigenous Mexican people that do not fit into the binary gender categories (Chisholm 2018, 3). In Mexico, the Muxe gender carries a paradox of societal roles of privilege with societal prejudice. Muxe individuals are seen as gifted but also

have to undergo a ritual of passage undergoing verbal and physical abuse from their parents to affirm, that they are in fact Muxe (**Mirande 2011**). However, some individuals also face ostracization from their families and not all communities are accepting of them. To compare transgender individuals to that of Muxe would be inappropriate because their definitions are not congruent. The gender identity, social, and cultural norms are not equivocal this includes the history of the gender and the gendered term contemporarily utilized. When a western perception is applied to that of other cultures' gender systems it is important to not apply western understandings. In the US we often separate sex, gender, and sexual identity however, this is not the same construction of identities for all societies (Devun and Tortorici 2018).

Similarly, Hijra individuals, from parts of India, have become tied to the international conversation about the transgender identity. To understand the complexities of westernization in reference to the term transgender the term hijra must first be defined. The hijra identity is a distinct gender identity that is separate from male and female (Chatterjee 2018); hijra individuals are born sex male and wear feminine clothes, hijras may also undergo castration-penectomy or other forms of feminization (Dutta and Roy 2014; Reddy 2006). Due to the distinct gender, sexuality, and religious matrix in which Hijra individuals function traditionally has led to important sociocultural roles as well as contemporarily limited economic opportunities (Reddy 2006). The term transgender then began developing a universalizing effect reaching India in the early 2000's (Chatterjee 2018). The institutions then began categorizing South Asian practices of gender variance as "local expressions of transgender identity" without the sociocultural contextualization (Dutta and Roy 2014, 320). By using the term transgender as an expanding category for all gender-variant persons globally erases sociocultural constructs of gender variance and risks replicating colonial knowledge production (Aizura 2018; Devun and Tortorici

2018; Dutta and Roy 2014, 321; Stryker and Aizura 2013, 8; Valentine 2007, 4). Therefore, for the purpose of this paper the term transgender must then be defined for the context the study is functioning in, a contemporary US gender system.

Trans Studies provides archival support for the word transgender developing as a western categorical term, for the purpose of this paper it is an American-based umbrella term used for individuals who do not fall into the binary cisgender western European category (Chen 2019; Stryker 2006). This can also be understood as individuals whose gender identity does not align with "culturally defined norms associated with their birth-assigned sex" (Chen et al. 2016). The term TGNC will be utilized as a shorthand for transgender and gender-nonconforming individuals. However, no matter the definition the precisely correct label will always fail to encapsulate the identities in the TGNC population (Aizura 2018, 12). As the feminist theory states that these definitions continue to be too limiting to accurately portray trans identities and realities it provides construction of how to analyze TGNC identities and experiences today.

Ultimately, it is problematic to compare the contemporary US-based definition of the word transgender to that of other cultures gender diverse populations for a variety of reasons. The generalization of the term transgender to other cultures' gender constructs is problematic as it both simplifies the vast variety of different genders based in different Indigenous cultures and overromanticizes the past gender constructs while erasing the realities of many gender-diverse peoples faced in the past. This false romanticized reality is then used as a reference to historical transgender individuals to argue for their acceptance today, being both misguided and problematic. In addition, utilizing cross-cultural examples presents a contemporary act of westernization and erasure of other individual sociocultural gendered constructs. Therefore, the term transgender needs to be understood within the history and realities of the term's

development contemporarily in the US. Trans studies and feminist theory discuss the integral ties between TGNC identities and the over-medicalization of their bodies by biomedicine historically. In order to do this a critical look at the term transgender and the ties to western medicalization is necessary and will be analyzed further in the next section.

2.2 DSM-5, Medical Transitioning, & Historical Medicalization of Trans Bodies

In the US TGNC individuals continue to face gatekeeping by medical professionals when trying to access gender-affirming health care in a biomedical clinical setting (Baker & Beagan 2014; Bellis 2017; Hughto et al 2017; Lewis et al. 2019). Gender affirming care is known to have positive health effects on TGNC individuals, gender affirmation in social life as settings is also a contributor to this (Nguyen et al. 2018; Jarrett et al. 2020). The biomedical industrial complex historically medicalized TGNC transitioning and the queer body at large (Aizura 2018; Malatino, 2020). The connection between the word transgender and biomedicine is evident through the extent to which TGNC individuals who desire HRT or other forms of medical transitioning must be diagnosed. The research utilizes a medical anthropological theoretical approach by relating the trans experience to the construct of illness as defined by Kleinman (1981) and to contemporary structures of biomedicine at large. Illness is the conceptualized construction of an ailment (Kleinman 1981). As prescribed by the *Diagnostic and Statistical Manual of Mental Disorders (DMS-5)* individuals who wish to access hormone replacement therapy or access to surgical gender reassignment must be diagnosed with gender dysphoria by a psychiatrist (Aizura, 2018; Chen et al., 2016). Therefore, individuals must be diagnosed with a psychiatric disorder in order to pursue forms of medical transitioning.

In addition, the *DSM-5* method of diagnosis relies upon three limiting defining factors. Firstly, the definition is dependent upon all trans people's identities fitting into a "theoretical

model" created by cis-gendered individuals based on their perceptions of “a small sample of primarily MTF (male to female)” transgender women (Heyes 2003, 1110). Secondly, it relies on all transgender people needing sex reassignment surgery to live their identities successfully (Heyes, 2003). Lastly, one must change one's body to live their identity, reintegrating antifeminist rhetoric. The medicalized definitions of trans identities are tied to stereotypical tropes of trans individuals via cis-gendered perceptions and interpretations. The legitimacy of one's identity is then placed into the hands of the physician to decide if their desires are "real" or deserve treatment (**Spade 2003**). Bodily autonomy is not only stripped from the individual but also forces them into only having one way of “coming out” that is very limiting and binding (Heyes 2003). The medical “diagnosis is disciplinary, not merely descriptive” (Heyes and Latham 2018, 185). This is also tied to the concept that transgender individuals to successfully live their identities must be passing. Therefore, they can only acceptably exist if they fit into the gender perceptions of the western biomedical complex as well as can successfully pass as that conceived form of femininity or masculinity.

Furthermore, this medicalization of queer bodies and experiences not only assists medical gatekeeping but also labels and identifies these people as deviant. The focus on the medicalization of the TGNC experience also erases the multitudes of trans experience and existence that exists outside the realms of western biomedicine. TGNC individuals also face a lack of access to general health care that is often tied to the intersectional violence they face. Coinciding with the deviant identification in medical practice TGNC individuals often face inappropriate social pressure or probing. Many individuals face questions concerning whether or not they are "real men" or "real women" including questions about their genitals and whether they have undergone bottom surgery (Malatino, 2020: 38). Social discussions continue to

implicate a gender binary and one in which genitalia identify sex that coincides with gender. This construction is not only inadequate but also continues to create and sustain a culture of harm. Tying TGNC identity with medical transition erases a large portion of trans existence and experiences that lie outside of formal medical spaces.

2.3 Non-Medical Gender Affirming Care & DIY Technologies

In the US TGNC individuals continue to face gatekeeping by medical professionals when trying to access gender-affirming health care in a biomedical clinical setting, often turning to alternative gender-affirming health care. In terms of the research alternative gender-affirming health care practices include but are not limited to binding, using a gaff, using a packer, using padding, altering clothing, social transitioning, and the use of "off the books" hormones. Many of the forms of alternative gender-affirming health care practices described above have been being utilized prior to the development of surgical techniques and continued to be used by those who do not want surgical intervention or those who are unable to access it.

TGNC people often look elsewhere besides normative medical settings for education, health care, and community support. Although it may be argued that healthcare and TGNC healthcare, in particular, has advanced in the past decade, these individuals still face significant barriers to access (Edenfield et al. 2019). Many TGNC individuals turn to DIY (do-it-yourself) communities for gender-affirming health care (Hughto et al. 2017). These communities contemporarily are found across a variety of social media platforms and internet spaces. Many of these DIY communities are facilitating education as well as being enactors of knowledge production, otherwise known as "tactical technical communication" (Kimball 2006). TGNC individuals employ "tactical technical communication" when learning how to utilize, use, and create alternative gender-affirming practices, otherwise known as DIY technologies (Kimball

2006). Unlike many spaces of the clinical setting these communities have been developed through the “new materialist informed queer lens” where knowledge is being produced by, for, and with TGNC people (Edenfield et al. 2019: 184). These communities are also characterized by sharing knowledge and education within the community for low or no cost at all (Foster 2019). These tactics to gain affordable, effective, and compassionate medical care by TGNC individuals have continued to develop, grow, and spread. Trans studies provide a basis for understanding gender-affirming care knowledge production occurring outside of the normative medical setting such as in DIY (do-it-yourself) communities and how the knowledge is being disseminated such as in tactical technical communications.

Online spaces such as YouTube, Facebook, and other internet forums have been spaces that continue to grow as online resources for and by TGNC individuals (Bosom & Medico 2020; Chen 2019). Media representation has a large contribution to representation or lack thereof, in particular, "YouTube has almost single-handedly transformed the trans mediascape" (**Horak 2014, 572).** While YouTube allows TGNC individuals to curate the content they create about themselves or the community, prior media content had often fetishized or manipulated TGNC individuals’ characters to comply with larger societal stereotypes (Heyes 2003). Contemporarily the increased use and plethora of videos YouTube hosts has played an integral part in DIY video creation and circulation, this extends to that of DIY technologies for the TGNC community. Although there have been a lot of positives contributed to YouTube there are still a lot of issues surrounding diversity and representation, for both race and transition experiences (Horak 2014). This includes the false creation of the conception of transition as linear, via transition videos. Transition is complex and can involve transtemporal movements that are not affiliated with normative linear portrayals (**Carter 2013**). Ultimately YouTube has had a large impact on the

way in which tactical technical communications function but continues to suffer from its ties to cis-hetero colonialist structures present (Horak 2014).

Other internet platforms such as Facebook and Reddit also function as sites of DIY communities and tactical technical communications. Private Facebook groups often function as safe spaces for the LGBTQ+ community at large, these spaces function to make community, trade information, and ask questions from peers (Pitkanen 2017). Similarly, other online forums, such as Reddit are utilized by the TGNC community to share experiences and instruction manuals on DIY technologies such as self-prescribed HRT (Edenfield et al 2019). This plethora of online platforms serves as tactical technical communication spaces by which TGNC individuals troubleshoot, connect, share information, and create accessible knowledge. The digital trans care development highlights the importance of having resources for and by trans and GNC people (Bosom and Medico, 2020).

2.4 Graphic Applied Anthropology

Graphical anthropology is a sub-method of 'visual anthropology', a term coined after World War II which is associated with using cameras to make records about culture (Worth 1980, 7). Visual anthropology can be utilized to show a participant's wholistic experience instead of providing a biased perspective resounded in popular media (Guindi 2015; Loizos 1993). Although visual anthropology as a method has undergone many changes it still aims to use a visual medium for presenting culture (Worth 1980; Taylor 1998). Visual anthropology is also used to present “multiple voices and ideologies instead of a researcher monologue” (Galman 2009, 198). Graphical anthropology, therefore, provides a useful method to present composite narratives and present shared experiences. Researchers will utilize composite narratives to illustrate experiences and protect informant identities (Arjomand, 2022).

Graphic comic anthropology is linked with the practice of drawing, which just like other forms of research is learned (Hurdley et al., 2017).

Particularly for TGNC studies, comic anthropology has been utilized before to display experiences and research findings by Sally Galman (2021). She utilizes comics in addition to written text to display the qualitative research she conducted with transgender children (Galman 2021). While her comic provides an understanding of her research in a more accessible fashion it is not necessarily constructed for the use of those trans children. Graphic novels or comics have been used by the TGNC community and youth to "affirm children's gender creativity*"* or provide different realities of "gender creativity" (McNally 2015, 503). The goal of utilizing graphic applied anthropology is to share experiences of TGNC realities and experiences within the TGNC community. In essence, utilizing graphic applied anthropology as a tool for employing trans care via creating resources from TGNC sources for TGNC viewers. Graphic anthropology as a method will be discussed later on in the next section.

3.0 Methodology

3.1 Ethnographic Methods

The protocol for this research employed an online survey (14) and remote or socially distanced semi-structured interviews (nine), with a follow-up interview (four) that is completely optional for some of the participants. The basis for most of this ethnographic research was digital ethnography, or ethnography being mediated by digital technologies such as digital communities (Hesse-Biber et al. 2011). In order to conduct the survey, a targeted sampling approach was taken in the form of posting the recruitment flyer in eight LGBTQ+ Tampa-specific Facebook groups with three of those being groups specifically for the trans community. Along with this a respondent-driven sampling approach was also taken; this method is commonly employed in research that works with a small population that may be often invisible or difficult to reach (citation). In the past some researchers have had issues collecting data on transgender/GNC individuals (Lewis et al., 2019; Lykens et al., 2018); to combat this problem I will be expanding my sampling to online platforms as discussed in where the surveys will be posted. During the COVID-19 pandemic when many more individuals are online or participating in online events and utilize digital platforms to stay connected with people (citation). In addition, the research will in no way place individuals in a higher chance of contracting COVID-19 as all research will be conducted via virtual platforms. The requirement to participate in the survey includes that the participant must be 18 years or older and self-identify as transgender or gender non-conforming.

Recruitment started by reaching out to 11 different Tampa LGBTQ+ Facebook groups Group Administrators' which varied between one admin and four admin per group. To gain

approval to the Facebook groups I sent a Facebook message, to the administrators of each group, that provided the informed consent statement about the research, the general purpose and topic of the research, and requested permission to recruit for the research by posting in the group (Boellstorff 1969; Markham 2013; Norskov & Rask 2011). The recruitment flyer was posted one or two times throughout the three and a half months of data collection. Of the 11 groups that were contacted about posting the recruitment flyer seven approved of sharing the flyer in the group, two groups never responded, and one group declined. The Facebook Group's administrator that denied sharing the research flyer stated that it was due to the group's focus not being on the research topic at hand. I believe the main reason that I was able to post my research so easily in so many of the Facebook Groups was due to my prior involvement as a group member before I began my research as well as my close affiliation with the TGNC community as a non-binary individual. Yet even with this shared community, there were some difficulties with data collection.

There were some difficulties that arose with data collection including varied support of the research in the different Facebook groups. Throughout the eight groups there was very little interaction with the post reaching a maximum of six likes or reactions; in two of the three trans-specific groups individuals offered to share the poster in other groups or online communities they were in. On one of the group post a member responded in a negative fashion utilizing a sarcastic statement to get across the idea that it would be hilarious to trust the research and therefore people should be wary of participating. This show that a reason that the responses to the survey (and thus the interviews) may be due to distrust by the community on my online post for recruitment. Based on the limited interaction and comments of distrust made by a community members this may be a contributing factor to lower participant participation in the research

(Dalsfaard 2016; Norskov & Rask 2011). This distrust is to be expected based on the interlocutor's information and the historical perspective of violence faced by TGNC individuals. All administrators that approved the post were interested in the research or interested in supporting the research topic.

In addition, I reached out to individuals I know in the LGBTQ+ community to share my flyer with individuals they thought would like to participate in the research. After posting the post on my own Facebook wall a couple of friends and acquaintances shared this post on their own social media. A trans activist shared my recruitment poster to their organization's Instagram story; a couple of individuals also shared my Instagram story post I made to recruit individuals for the research. Individuals who participated in the interviews were also asked if they would be open to sharing my recruitment flyer. Ultimately the main digital platforms that were utilized in recruitment include Facebook and Instagram. However, even with all of this support and the spread of my recruitment flyer there was still only a small sample size for the survey and interview data. This difficulty along with limited research data collection time influenced the success of recruitment.

The survey has three main question categories including respondent demographic characteristics, gender-related life events, and alternative forms of gender-affirming care. Under the respondent demographic characteristics, the questions were all demographic multiple-choice or open-ended questions (Appendix A). The survey also included close-ended questions, open-ended questions, multiple-choice questions, and rating scale questions (Appendix A). Open-ended survey questions allow individuals to share their knowledge and beliefs about gender-affirming care (Weller 2015). The rating scale questions followed along the lines as described by Weller and Romney (1988) in their chapter on Rating Scales. These scale rating questions

focused on the use of certain gender-affirming care practices and items and on interrelationships between people and social organizations. The social networking scale questions were used to estimate participants' social support and their community connections (Weller 2015). These questions aim to determine the usefulness of participating in certain digital and in-person communities for the participants.

There is an informed consent statement prior to entering the survey questions. This informed consent describes the risks and information that will be collected in the survey. The participant was able to stop and/or leave the survey/interview at any time. To protect participant identities, all answers are completely anonymous. No personal identifying information was collected in the surveys and no personally identifying information is shared in any public presentation of data or results. The data will be kept on a password-protected laptop that only key researchers have access to. The surveys will be conducted through the online platform Qualtrics, this means that IP addresses will not be collected providing participant anonymity. Participants are also able to choose to not answer any of the questions posed by the survey by selecting the "I prefer not to answer" option on each question, this extends to interview questions. The survey will serve as a site for recruiting participants for the interviews. At the end of the survey, there will be an optional question, asking if they would like to participate in a more in-depth interview. If participants opt into a more in-depth interview their information would be disclosed to the researchers and anonymized in any data or any research made public.

Audio-recorded remote interviews (13) were completed via Zoom video calls or phone calls. In total there were nine interview participants, with follow-up interviews with four participants. This digital ethnographic method includes interviews or communication over computers and cell phones and allows for research to continue as long as the researcher and

participants have access to digital technologies (Goralska 2020; Hesse-Biber et al. 2011). Only one of the nine participants in the interviews did not want to be recorded and therefore hand notes were used to record the data. Although all 13 interviews were held remotely, 12 via Zoom video calls and one phone interview, all participants were given the option of an in-person socially distanced interview. It can be assumed that due to the nature of the research and COVID-19 pandemic most of the research would be digital ethnography. Of the nine interview participants, four were from respondent-driven sampling and five were from participating in the survey.

The semi-structured interviews included questions that aim to examine the knowledge, beliefs, and experiences of the participants. Through the use of open-ended, mini-tour, and social networking questions a better understanding of the degree of knowledge about alternative gender-affirming care that Tampa's trans and gender-nonconforming community has could be gained (Weller 2015, 327-328). Open-ended questions asked about participants' personal experiences with gender-affirming care, how they define gender-affirming care, and experiences tied to their gender identity. Mini-tour questions will be utilized to unpack more specificity within their longer descriptions (Weller 2015). Social networking questions will be utilized to gain a sense of what sorts of community is present in the greater Tampa Bay area for the TNGC community as well as how individuals view those communities or organizations. The semi-structured interview questions aimed to guide participants on the topic and theme while continuing to be unbiased and open-ended.

In the interview, participants were provided verbal consent for three main reasons. Firstly, by using verbal consent there will be no written site where participants could be identified or connected to the research. Secondly, many individuals may not be out to their

family, friends, or in general and therefore may face backlash if there was any signed evidence. Thirdly, participants' names may not be their legal names. I will never ask for an individual to have to use their deadname and therefore problematizing the legality of the written consent (Aizura 2018; Heyes et al. 2018). Each participant's names were disassociated from the recordings and notes to protect the identity of the participants.

Word's transcription tool was utilized to help transcribe and code the interviews that are recorded. Before the second interview with any participant, their first interview was transcribed (as verbatim as possible) and reviewed. After the first couple of interviews, new questions developed to get a better conception of gender-affirming care use and trans experiences in the US. The semi-structured interview style allowed for different questions to be utilized or answered at different points in the interview. As interviews were conducted handwritten notes with coded identifications were taken. After all, interviews were completed the rest were transcribed verbatim; I jot down the main themes that began to emerge and shared experiences (Weller 2015). All interview data, including transcriptions, are kept on a password-protected storage device that is only accessible to the main researcher. The shared experiences of participants were utilized as aggregated data that informs the development of the composite narratives utilized in the comics and research results.

Composite narratives are useful for researchers such as anthropologists because they use the data from several informants to tell a single story. The composite narratives will be based on two to five informants' data. This method allows researchers to keep participants anonymous about private experiences or more sensitive discussions (Willis 2019). Based on the research topics a lot of the difficult discussions and topics are bound to arise such as past experiences of misgendering, violence, dysphoria, and gender identity. The use of composite narratives will

allow the data to represent the complex realities of the TNGC community rather than isolating them. In addition, composite narratives provide a compelling way to present aggregate data, providing individual experiences that are shared in a specific community. This is proven by Piper and Sikes (2010) in their study of gay teachers, where they utilize composites to discuss sexuality while protecting the identities of the teachers. Other sensitive topics such as body shaming and experiences of young obese girls have utilized this method to protect their informants (Wertz et al. 2011). While there may be fictitious aspects of the comics such as informants' age and race to protect their anonymity no informants' experiences will be made up. This fictitious aspect allows for "an authentic representation of feeling states rather than a strict adherence to narrative truth" (Orbach 2000, 197). Ultimately this method allows the realities of TNGC participants to be shared and utilized for education while simultaneously protecting their anonymity.

3.2 Feminist Methods

When conducting anthropological research on the TNGC community it is necessary to take into account feminist and trans studies methods. Feminist theory provides the perspective that "gender is a dimension of societies and culture that is key to understanding human relations" (Gaily 2015, 148). Therefore, it is important to understand the gendered construction of my research site in order for a comprehensive understanding of my participant's relations with gender-affirming care and their experiences. This US-based research takes into account the historical construct of gender in the contemporary US, including legislation, gender norms, and the history of medicalizing trans bodies (Gaily 2015; Stryker 1997). As a nonbinary individual in the US, I have some shared experiences with other TGNC individuals, but do not have the ability to make generalizing statements about the community. Varied experiences and making sure to

provide attention to this variety of experiences is key to participating in feminist methodology (Heyes, 2003). This attention to diversity in experiences and realities of trans identities is an integral part of the research including how the survey and interview questions were constructed. The research focused on the TNGC community necessarily needs to take a trans studies perspective and apply feminist methods in order to accurately construct questions that provide useful findings. This includes how statements are made, what types of answers are listed in multiple-choice survey questions and the nature of interview conversations. As well as how this data will be analyzed.

During data collection ensuring lack of shame and emphasis on normalizing trans experiences was also applied. I believe it to be integrally important to provide a safe research environment for those who did participate. This came to be very important during interviews as many of the topics being discussed such as negative experiences with medical professionals, violence, and personal mental health issues can be difficult for some individuals to discuss. Trust was built by a culture of transparency with all informants, including the fact that the information they provided was knowledge they owned and created. Ensuring that power was held in the participant's hands allowed many of them to open up about more details of particular experiences or perspectives. In addition, it holds the researcher to an ethical standard for which one's research alone is not enough to constitute feminist methods. Researchers must enact feminist methods into their daily lives past their academic findings, this includes activism and active instances of halting gendered violence (Jaggar 1991).

Feminist methodology instigates a blanket perspective over all aspects of the research design including interview schedules, survey questions, how data is analyzed, where the emphasis is placed, and how results will be disseminated. When discussing integrating this into

daily lives it should be easy to comprehend the consistency of taking a stand against transphobia, homophobia, racism, and gendered violence in general. In addition, feminist methodologies in anthropological research allow for reflections throughout the research with regards to outcomes. Particularly for this research it means that although gendered violence and trans pain are main focuses because the community is marginalized it does not mean that takeaways for the community do not need to have aspects of trans joy. A realistic description of TGNC realities can be provided while also emphasizing and analyzing trans joy and trans care (DIY technologies). Therefore, when analyzing the findings purpose of these findings will contribute to which aspects of the data are highlighted instead of solely relying on descriptive frequency statistics for guidance of analysis. Ultimately feminist methodologies are an umbrella method for this queer led and queer-based research on TGNC individual's health care practices, knowledge production, and experiences.

3.3 Data Analysis Methods

The quantitative survey data will be initially be analyzed for descriptive statics which will be utilized to create bar charts to characterize the general trends of the data. This includes descriptive statistics of aggregate demographic data. A Fisher Exact tests will be utilized to test if there is a statistically significant relationship between gender and whether a specific gender affirming care practice within the past six months is useful. Fishers Exact test will also be utilized for two more tests to identify if there is statistical significance. The first is between gender and whether a specific support or educational platform is useful. The second is between age group and whether a specific support or educational platform is useful. The sliding scale questions comparing different alternative gender affirming care practices use prior to the past six months and within the past six months. This data will be analyzed using a non-parametric

Wilcoxon signed-rank test to compare the two time periods to see if there was a behavioral change in the 14 different alternative gender affirming care practices. The analysis seeks to determine if there is a change in use to expressing a change in individuals health practices. Through this statistical analysis the general trends and relationships in the data can be identified. However, there is a large limitation with generalizing this data with other larger populations due to the small sample size.

The interview transcriptions will be analyzed using inductive thematic analysis as detailed by Braun and Clarke (2006). Thematic analysis was employed because it provides a way of identifying patterns in data and tries to connect them in meaningful ways through grouping (Braun & Clarke 2006; Patton 1990; Thomas 2006). Analysis is informed by critical, feminist, and trans studies, meaning that power dynamics and normative conceptions of gender and sexuality are taken into account. After several transcripts are analyzed for patterns codes will be developed by the primary researcher. The codes are defined including what instances or information is included and what is excluded from the code (see Appendix B for details). Coded segments will be interpreted within the context of the larger interview(s) and in relation to other transcripts (Baker & Beagan 2014). This text analysis will be utilized for developing the framework for understanding applicable findings in the raw data.

3.4 Graphical Anthropological Methods

This research will utilize graphical comics to present the aggregate data from the surveys and interviews to create composite narratives. The comics will serve as a visual medium for expressing the complex experiences of TNGC individuals in an accessible and free format. Graphic novels as a visual method are still in its 'definitional stages' and is still highly undefined and contested as an acceptable standard of quality (Galman 2009, 199; LeFevre 2000;

Magnussen & Christiansen 2000). The academic community has continued to "debate the epistemological value of images in educational research because they are not accepted forms of scholarly transmission" (Fischmann 2001, 28). Yet, graphic anthropology provides an image-based product that contributes to more widespread applications. The comics produced from this data could perhaps be translated into multiple languages and easily understood or utilized by a variety of TNGC peoples with diverse backgrounds. The free access comics that will be developed from this data will also be accessible to many individuals who may not have access to academic texts gatekept by academic institutions and paywalls.

Despites it critiques by utilizing graphical anthropology into this research and utilizing it as an accessible education tool it presses the academic boundaries of what is considered formal education or acceptable means of data analysis (Loizos 1993). Analytically the researcher must simultaneously be "an artist as well as a 'messenger'" (Ottman 1988, 197). I will utilize the 'descriptive data' of the interviews present the findings of the research in an artistic visual format (Galman 2009, 197). A process of this method is then the simple act of the drawing happening, the blank page turning into whatever the illustrator makes of it (Spray et al. 2021). To combat some of this construction based on the researcher's interpretation of data alone a collaborative effort should be sought to both grant stakeholder ship with the individuals offering their stories as well as emphasize the power of storytelling via comics. To do so the participants who are interviewed will also have the option to pre-view and provide feedback on the comics that will be constructed from the data, it is important to keep the community who is being affected involved in the process of producing their stories (Galman 2009; Galman 2021). After the comics have been looked over and approved by research participants the comics will be distributed via queer-based channels. This includes participants sharing them in their local

communities and digital community platforms. As stated, the goal of the comics is for them to be utilized by the communities that need them. Therefore, multiple trans based nonprofits will also be circulating the comics and utilizing them. The purpose of open access is so that these stories that were created by the community continued to be owned and benefit the community. Conducting feminist and queer anthropology entails that this is the least to do when gathering such important and often sensitive data. The research's application and intent of producing these educational comics is so that it will be utilized in the pursuit of justice for TNGC people, especially BIPOC TNGC people. Allowing there to be a level of community involvement with the construction of the final graphic comics produced.

The process of creating the comics begins with learning about how comics work, how they function, what makes a good comic, and how to draw to get your point across. Similar to other skills drawing can be learned (Hurdley et al. 2017). As an illustrator I had worked with digital illustration tools such as Procreate and Illustrator prior to beginning my thesis work. However, I had only created one simply three panel comics before. Prior to beginning even analyzing the data I read many comics including Sally Galman's comic *Wedges: Stories as Simple Machines* (2021) and Khari Jackson's *My Gender Is My Gender* (2016). In addition to these longer comics aimed more at educating educated individuals I also read basic comics produced by artist such as QueerIvy and Huda Fahmy's art. Simple art that displays experiences but does not necessarily contain masterful levels of drawing or painting. Fahmy's art in her two books *Yes, I'm Hot in This* (2018) and *Huda F Are You?* (2021) display this perfectly as simple art is used to convey experiences of a Muslim woman in America. Comics can be helpful ways to display and express experiences that cannot be conveyed in ways that writing does (Czerwiec

et al., 2015). After understanding how to structure comics more I began code analysis on the interview transcripts.

The code analysis (*3.3 Data Analysis Methods)* that provides a basis for what the main themes and experiences are in the data. After this analysis has been done shared experiences were noted and highlighted in the codes. When reading over the interview transcripts after being broken down into the different codes I would jot down shared experiences and the differences or similarities between participants. From these notes similar to a main theme a main comic theme was created. I jotted down about 15 comic ideas and decided to narrow it down to those that were most commonly discussed and applied to the research goals. From this theme or base topic, I sketched some preliminary ideas I had for different panels (Appendix C). After sketching these preliminary ideas, I utilized my illustration skills and used a tablet to sketch a more solidified comic design with ideas of the image for each panel in the comic (Appendix D). I made these sketches as detailed as possible to provide more realistic representations of different experiences. Although participants were mostly white the comics should be accessible and diversified as the TGNC community is, therefore, a variety of bodies and races were illustrated to provide a more accurate representation of the diversity in the community. I decided to make all characters based off fictitious images of individuals while the experiences remained tied to interview data.

After the sketches were colored in, they were sent to participants who stated they would like to see the comics and provide feedback. Feedback was then applied to the comics before being released. After the completion of all participants feedback participants were provided a copy of the comics to share and post it to where they pleased. Many participants discussed posting it to their nonprofit's page or to a variety of Facebook Groups they were in. The comics would also be posted in all Facebook Groups that recruitment flyers were posted in to show

completion of the project to all those who allowed and trusted me to recruit in these private safe spaces. The comics serve as an applied aspect of the research by producing a product by and for the TGNC community, including myself as the researcher and illustrator.

4.0 Results

The survey data and interview data were analyzed using a variety of methods, discussed in chapter three. The surveys were quantitatively analyzed utilizing *SPSS* to conduct statistical analysis including descriptive statistics, Fishers Exact test, and Wilcoxon signed rank test. The survey had a total of 14 responses that fulfilled the requirements for analysis. Descriptive statistics are utilized to display the demographic information, usefulness of different alternative gender-affirming care practices, and usefulness of different support systems. Fishers Exact test is utilized to determine if there is any significant relationship between gender and alternative gender-affirming care practices. A Fishers Exact test is also utilized to determine if there is a significant relationship between gender/age and usefulness of different support systems. In addition, a Wilcoxon Signed ranks test will be utilized to see if there was a recent change in participants alternative gender-affirming care practices that may indicate a change in their life impacting use. This analysis will provide insight into the findings of the study but is limited on larger applications due to its small sample size.

The total interview participants included two trans men, four trans women, one agender person, one genderqueer person, and one nonbinary person, totaling in nine participants. The interview participants ranged in age from 24 years old to 65 years old with six participants being over 40 years old. Code analysis was utilized to analyze the interview transcripts for themes that applies to inquiring about alternative-gender-affirming care practices, trans experiences, and trans education (how and where this occurs). Codes were also analyzed for frequency and then subcategorized by specific instances such as for gender-affirming care (medical and alternative)

were both subcategorized in to negative, positive, and general instances. These codes provide insight into the data findings about experiences, knowledge production, and health practices.

4.1 Statistical Analysis

A database of 20 responses was examined for completeness and compliance with the inclusion criteria. Six responses were excluded due to being out of the zip code limitations of the study or if the majority of the data relevant to the variables of interest were left blank. The remaining 14 responses were analyzed; Table 1 summarizes the participants demographic information. Respondents age ranged from 24 to 66 years, with 50% of the respondents younger than 40 years. Respondents tended to be white, have some college education, and low to medium household incomes.

The median age at which participants identified their authentic gender identity was 15 years (range, 3 -50 years) and the median age for when participants started to talk to others about their gender identity was 28 years (range, 2-45 years). The median age for when individuals began utilizing alternative gender-affirming care was 28 years (range, 13-54), medical gender-affirming care was 29 years, and social transitioning was 30 years (range, 13-53 years).

The contemporary analysis also aims to investigate which alternative gender affirming care variables and support structure variables are useful and for who they are useful. To do so three Fisher Exact tests will be utilized to investigate statistical significance associations between the different variables. The first test compares gender and whether a specific gender affirming care practice has been useful within the past six months. Table 2 provides a summary of how many participants found each alternative gender affirming care variables useful for both time periods regardless of gender identity. Based on the descriptive statistics there is no change in how many participants found the different variables useful but there still might be differences in

Table 1. Survey demographics characteristics (n = 14).

Variable	Frequency
Age	
24-30	5
31-40	2
41-50	1
51-66	6
Ethnicity/Race	
White	12
Black and Indigenous	1
No Response	1
Sex Assigned at Birth	
Female	8
Male	6
Gender	
Woman	5
Man	6
Gender Non-Conforming	3
Pronouns	
She/Her	6
He/him	6
He/They	1
She/They	1

Variable	Frequency
Level of Education	
High School GED	1
High School Degree	2
Some college, no degree	5
Associate's Degree	2
Bachelor's Degree	2
Master's Degree	2
Current Occupation status	
Employed Part Time	1
Employed Full Time	8
Unemployed by Choice	2
Retired	3
Gross House-Hold Income	
Less than $10,000	1
$10,000-$29,999	6
$30,000-$39,999	1
$40,000-$85,999	5

the ranking of 0 (least useful) to 10 (most useful) based off the different time periods. However, since there was not change in frequency of participants finding the different variable useful some information about which variables are most commonly found useful by all genders can be gained. The top three most used variables in both time periods include gender affirming clothing (92.9 percent of participants found it useful), proper pronoun usage (87.5 percent of participants found it useful), and social transitioning (78.6 percent of participants found it useful). The second compares gender to usefulness of different tactical technical communication variables and the third compares age groups to usefulness of different tactical technical communication variables. Table 3 provides a summary of how many participants found each support system useful or not regardless of gender or age.

Table 2. Frequency (and percent of total) of different alternative gender-affirming care practices usefulness (n = 14).

	Prior to Past 6 months		Within the Last 6 Months	
Variable	Useful	Not Useful	Useful	Not Useful
Chest Binding	2 (14.3)	12 (85.7)	2 (14.3)	12 (85.7)
Packer	2 (14.3)	12 (85.7)	2 (14.3)	12 (85.7)
Gaff	1 (7.1)	13 (92.9)	1 (7.1)	13 (92.9)
Chest Padding	1 (7.1)	13 (92.9)	1 (7.1)	13 (92.9)
Body Padding	0 (0.0)	14 (100.0)	0 (0.0)	14 (100.0)
Make-Up	4 (28.6)	10 (71.4)	4 (28.6)	10 (71.4)
Hair Cuts/Wigs	9 (64.3)	5 (35.7)	9 (64.3)	5 (35.7)
Gender Affirming Clothing	13 (92.9)	1 (7.1)	13 (92.9)	1 (7.1)
Social Transitioning	11 (78.6)	3 (21.4)	11 (78.6)	3 (21.4)
Lack of Deadnaming	10 (71.4)	4 (28.6)	10 (71.4)	4 (28.6)
Legal Name Change	7 (50.0)	7 (50.0)	7 (50.0)	7 (50.0)
Proper Pronoun Usage	12 (85.7)	2 (14.3)	12 (85.7)	2 (14.3)
Non-perscribed HRT	2 (14.3)	12 (85.7)	2 (14.3)	12 (85.7)
Self Surgery	1 (7.1)	13 (92.9)	1 (7.1)	13 (92.9)

The top three most useful variables include family support (78.6 percent of participants found useful in their lifetime), Facebook groups (71.4 percent of participants found useful in their lifetime), and YouTube (71.4 percent of participants found useful in their lifetime).

Lastly in order to investigate if there was a statistically significant difference in the usefulness of each alternative gender-affirming care variable between the two time periods a non-parametric Wilcoxon signed ranks test will be used. As previously discussed, non-parametric testing must be utilized due to the small sample size. Although there was no change in the number of participants that found each gender affirming care variable useful or not between the two time periods this does not provide insight on whether there was a difference in how useful the items were as provided by the scale question, therefore the Wilcoxon signed ranks test for each variable will confirm if there are any differences.

Table 3. Frequency (and percent of total) of different Support Systems usefulness (n = 14).

Variable	Useful	Not Useful
Family Support	11 (78.6)	3 (21.4)
Facebook Groups	10 (71.4)	4 (28.6)
Youtube	10 (71.4)	4 (28.6)
TGNC Support Groups Online	9 (64.3)	5 (35.7)
Online Community Groups	9 (64.3)	5 (35.7)
Other Social Media Platforms	7 (50.0)	7 (50.0)
TGNC Support Groups In Person	7(50.0)	7 (50.0)
Online Forums	6 (42.9)	8 (57.1)

Fisher's Exact Test: The statistical analysis aims to investigate there are significant associations between three different relationships: genders and usefulness of different alternative gender-affirming care variables, gender and usefulness of different support systems, and age and usefulness of different support systems. Since there was no difference in frequency of usefulness between the two time periods for alternative gender affirming care variable it does not matter which time period is used for analysis, therefore the latter time period will be used. All Fisher Exact tests will use an alpha of 0.05. The first Fisher Exact Test results express that there was only a significant association between gender and the usefulness of the variable Make-up within the last six months with a p value of 0.01 (Table 4). To gain a better comprehensive understanding of this variable's usefulness by gender a bar chart of frequency of participants by gender for the variable Make-up was created (Figure 1). This graph shows that while trans women found make-up to be useful, trans men and gender non-conforming individuals tended to not. The second Fisher Exact Test results express that there were no statistically significant associations between gender and usefulness of different support systems (Table 5). Showing that gender doesn't make a significant difference on whether a support system variable is found useful or not. The third Fisher Exact Test results express that there were three statistically

significant associations between age and whether a support system was useful or not (Table 6). The variables that reject the null hypothesis are Online Community groups (p value of 0.01), Online Forums (p value of 0.003), and Other Social Media Platforms (p value of 0.04). Figure 2 shows the while younger age groups (21-30 years old) find online community groups very useful over their lifetime, older age groups (51-66 years old) do not find them useful. Figure 3 and Figure 4 expresses similar associations with younger groups finding online forums and other social media platforms more useful throughout their lifetime than older age groups. However, the limited participant amount limits ability to make generalizations from the data presented.

Table 4. Fisher's Exact Test gender to different alternative gender-affirming care ($\alpha = 0.05$).

Variable	*p* value
Chest Binding	0.67
Packer	0.67
Gaff	0.57
Chest Padding	0.57
Body Padding	
Make-Up	0.01
Hair Cuts/Wigs	0.78
Gender Affirming Clothing	1.00
Social Transitioning	0.75
Lack of Deadnaming	0.14
Legal Name Change	0.65
Proper Pronoun Usage	0.67
Non-perscribed HRT	0.03
Self Surgery	0.21

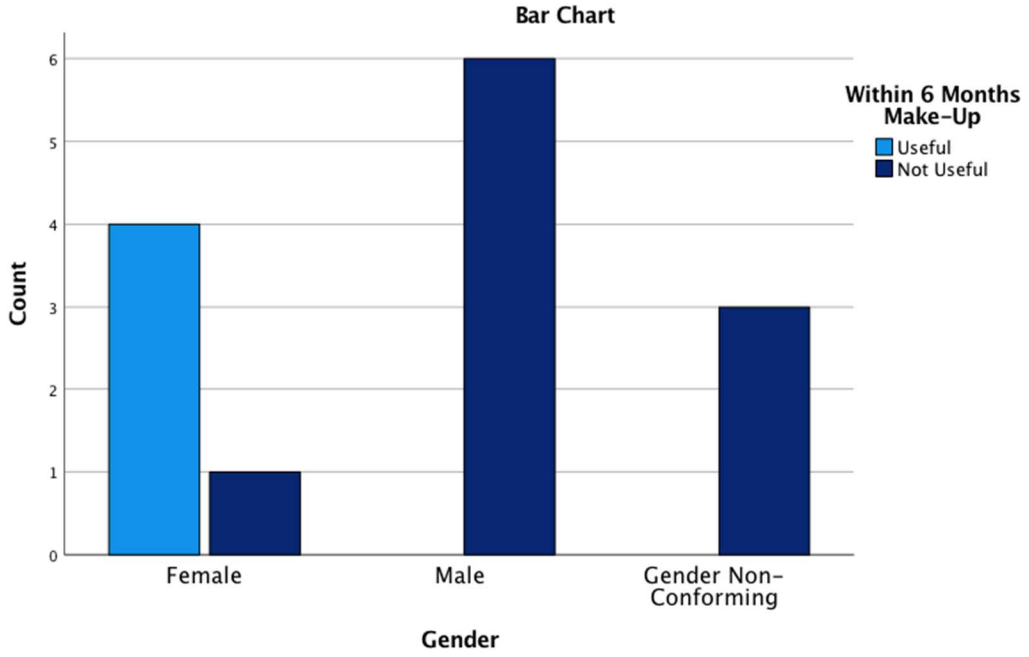

Figure 1. Bar chart of whether within the last 6-month Make-Up was useful or not.

Variable	*p* value
Family Support	1.00
TGNC Support Groups In Person	0.39
TGNC Support Groups Online	1.00
Online Community Groups	0.41
Facebook Groups	0.78
Online Forums	1.00
Youtube	0.26
Other Social Media Platforms	1.00

Table 5. Fisher's Exact Test gender to usefulness of different support structures ($\alpha = 0.05$)

Variable	*p* value
Family Support	1
TGNC Support Groups In Person	1
TGNC Support Groups Online	0.26
Online Community Groups	0.01
Facebook Groups	0.58
Online Forums	<0.01
Youtube	0.23
Other Social Media Platforms	0.04

Table 6. Fisher's Exact Test age to usefulness of different support structures ($\alpha = 0.05$).

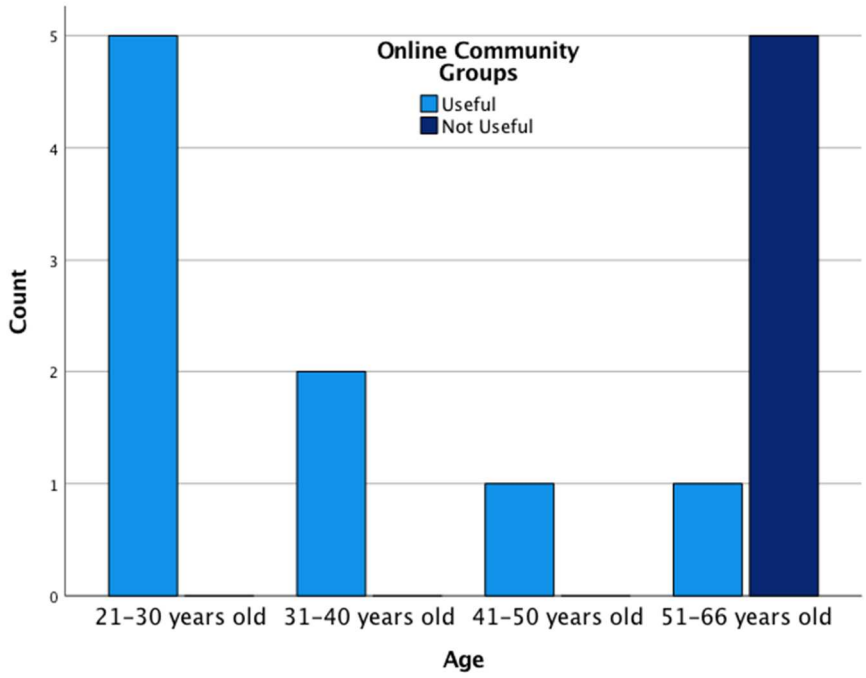

Figure 2. Bar Chart of which Age Groups found Online Community Groups useful or not.

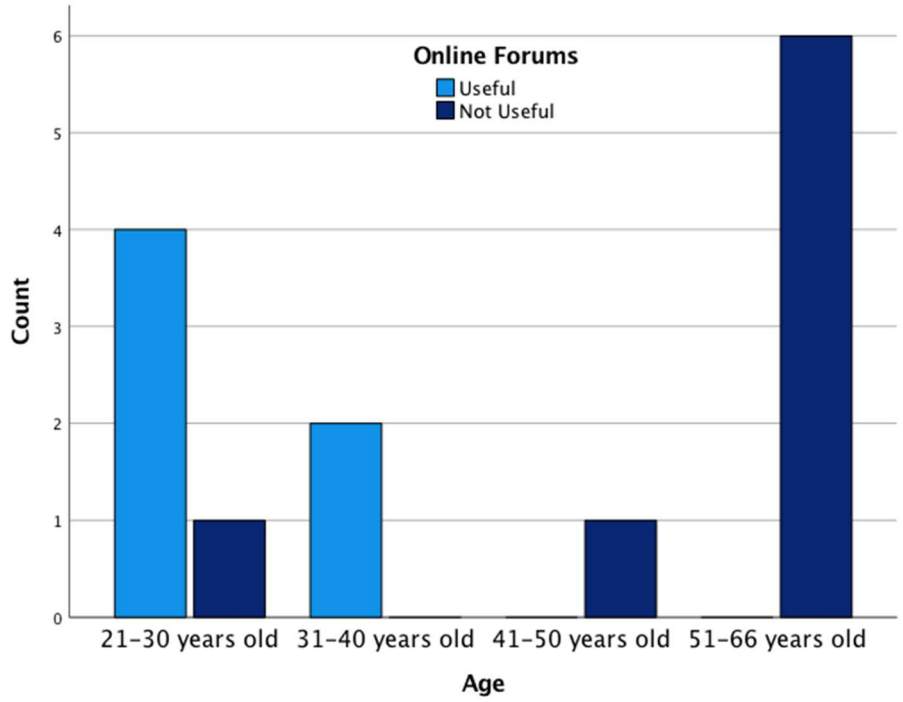

Figure 3. Bar Chart of which Age Groups found Online Forums useful or not.

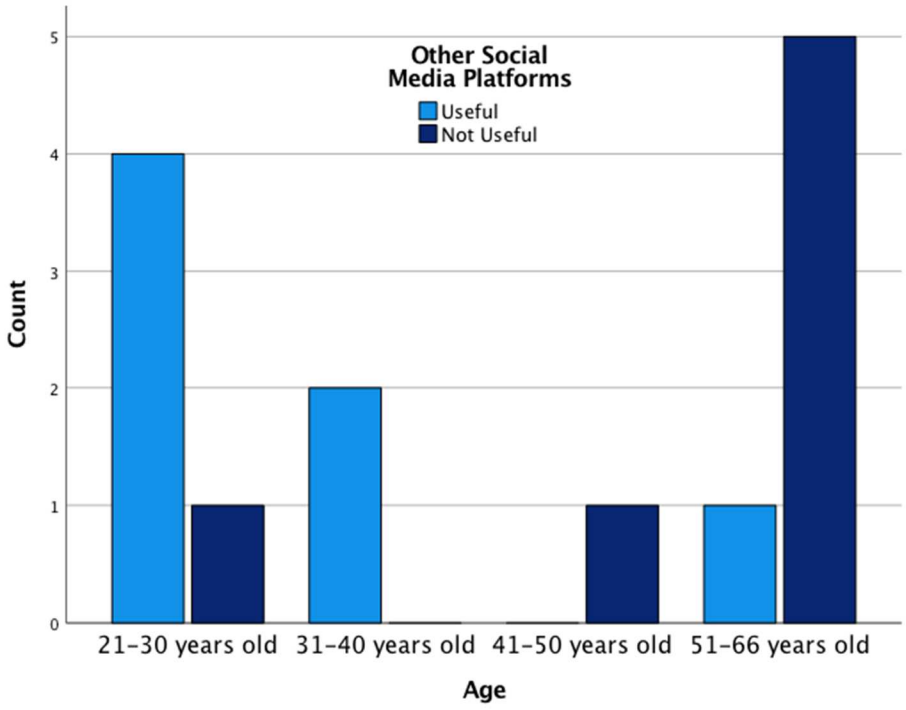

Figure 4. Bar Chart of which Age Groups found Other Social Media Platforms useful or not.

Non-parametric Wilcoxon Signed Ranks Test: A Wilcoxon signed ranks test will be utilized to determine if there was a behavioral change in the 14 different alternative gender affirming care practices between two different time periods. As previously discussed, non-parametric testing must be utilized due to the small sample size. The analysis seeks to determine if there is a change in use to expressing a change in individuals health practices. This is done firstly by the preliminary examination of the descriptive statistics that was conducted in order to develop expectations for the subsequent statistical calculations (Table 7). Based on the descriptive statics it appears as the only variable where there may be a statistical significance in the change over time is lack of deadnaming based on the difference in the Coefficient of Variation for the variable between the two time periods. This association may indicate if there has been a change recently in the usefulness of lack of deadnaming for the participants. The Wilcoxon Signed ranks test was performed in SPSS and specific *p*-values were determined, the results of the Wilcoxon tests (Table 8) indicate that the

Table 7. Descriptive statistics of the different alternative gender affirming care variables.

	Prior to Past 6 months			Within the Last 6 Months		
Variable	Mean	Median	Coefficiant of Variation	Mean	Median	Coefficiant of Variation
Chest Binding	1.36	0	2.54	1.07	0	2.55
Packer	1.36	0	2.09	0.79	0	2.54
Gaff	0.71	0	3.71	0.71	0	3.76
Chest Padding	0	0	0.00	0.50	0	3.74
Body Padding	0	0	0.00	0.00	0	0.00
Make-Up	2.36	0	1.58	2.07	0	1.86
Hair Cuts/Wigs	4.46	4	0.73	5.57	8	0.81
Gender Affirming Clothing	8.5	10	0.34	8.36	10	0.35
Social Transitioning	6.71	10	0.64	6.86	9	0.60
Lack of Deadnaming	8.5	10	0.34	6.57	8.5	0.67
Legal Name Change	6.07	10	0.80	4.64	2.5	1.07
Proper Pronoun Usage	8.43	10	0.36	8.07	10	0.46
Non-perscribed HRT	1.07	0	2.71	1.07	0	2.71
Self Surgery	0.36	0	3.71	0.36	0	3.71

Table 8. Results of Wilcoxon Singed Rank tests (alpha= 0.05)

Variable	n	*p* value	Outcome
Chest Binding	14	0.593	Doesn't reject null
Packer	14	0.180	Doesn't reject null
Gaff	14	1	Doesn't reject null
Chest Padding	14	0.317	Doesn't reject null
Body Padding	14	1	Doesn't reject null
Make-Up	14	0.655	Doesn't reject null
Hair Cuts/Wigs	14	0.416	Doesn't reject null
Gender Affirming Clothing	14	0.414	Doesn't reject null
Social Transitioning	14	0.832	Doesn't reject null
Lack of Deadnaming	14	0.041	Rejects null
Legal Name Change	14	0.157	Doesn't reject null
Proper Pronoun Usage	14	0.317	Doesn't reject null
Non-perscribed HRT	14	1	Doesn't reject null
Self Surgery	14	1	Doesn't reject null

only variable where there were significant differences in the usefulness over the two time periods is lack of deadnaming (p=0.041). There is no significant difference in the usefulness of other variables. Ultimately, the results are as expected given the previous exploratory data analysis and likely indicate that there was not a lot of change in the levels of usefulness within the last six months. The results demonstrate that there have not been a lot of recent changes in the participants use trends in different alternative gender affirming care variables indicating that many participants have probably already began using these variables prior to the six months or never have used these variables. Overall, further research is needed to determine the possible mechanisms that contribute to changes, or lack thereof, in the usefulness of different alternative gender affirming care practices.

4.2 Demographic Information of the Interviews

The total interview participants included two trans men, four trans women, one agender person, one genderqueer person, and one nonbinary person, totaling in nine participants. The interview participants ranged in age from 24 years old to 65 years old with six participants being over 40 years old. Of these participants only two were BIPOC, which could be attributed to a couple different reasons. It could be contributed to the demographics of the Facebook Groups used for recruitment or the general distrust that of researchers and "outsider light skin" individuals. This is supported by discussion with some of the participants who stated that there is a lot of tension within the LGBTQ+ community along race lines. Another supporting statement along this is a participant's recollection of even themselves being a light skin mixed race individual themselves facing mistrust in the BIPOC Tampa community. Three participants had only lived in Tampa for the past two years, two participants had lived here for three years, two participants had lived here for more than five years, and one participant had lived here for more than ten years.

4.3 General Trends

Based on the coded interviews (Figure 1) it can be seen that the most frequent codes are medical gender-affirming care, gendered violence, masking, and tactical technical communications. While these codes interrelate to one another they have clear and defined boundaries, the inclusionary criteria for each code can be found in Appendix B. Each code was then broken down into a subcategory of the different perspectives or experiences that fell under that code (Table 9). While medical gender-affirming care was mentioned approximately twice as much as alternative gender-affirming care 48.4 percent of the medical frequencies were negative while only 18.8 percent of those alternatives were negative. The majority, 70.2 percent, of the

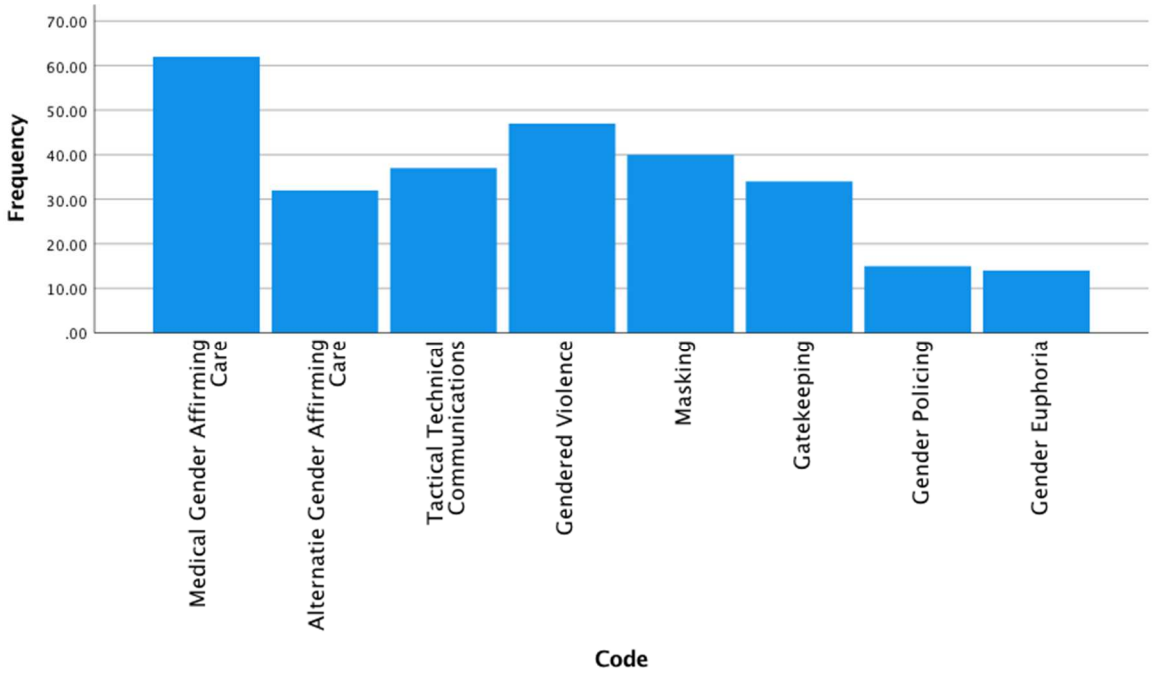

Figure 5. Bar chart of Code frequencies.

code gendered violence fell under personal experiences of the participants. The code masking has a 65.0 percent of the cases being self-based, in the sense of masking due to denial or lack of awareness of their gender identity. Finally, the code tactical technical communications had a 59.4 percent to 40.6 percent split between communities and technologies, expressing that while communities were mentioned a little bit more both are probably equally utilized and important to different people. More in-depth results of each code are discussed in the following section.

Medical Gender Affirming Care: The code medical gender affirming care cases were split into negative, positive, or general experiences/aspects. Seven of the nine participants mentioned negative experiences/aspects while only five mentioned positive experiences/aspects. The negative experiences mostly circulated around personal experiences with physicians, psychiatrists, or other medical staff recounted by four participants. One of the older trans-women recalled going in for a routine health examination and being told “I’m not going to touch you” by a physician who refused to conduct the exam due to the participant being trans. Other negatives

Table 9. Descriptive statistics of code frequency broken into sub categorization.

Code	Frequncy
Medical Gender Affirming Care	**62**
Negative Experiences	30
Positive Expeirences	11
General	21
Alternatie Gender Affirming Care	**32**
Negative Experiences	6
Positive Expeirences	18
General	8
Tactical Technical Communications	**37**
Technologies	15
Communities	22
Gendered Violence	**47**
Personal Experiences	33
Mental Health	7
Fear Induced	7
Masking	**40**
Self Based	26
Protection Based	14
Gatekeeping	**34**
Gatekept by Self	3
Gatekept by Cis Folks	19
Gatekept by LGBTQ+ Folxs	12
Gender Policing	**15**
Policed by Self	5
Policed by Others	10
Gender Euphoria	**14**
Technologies	9
Communities	5

revolved around insurance and economic issues with accessing medical gender affirming care, with three of the four participants still desiring surgical intervention facing this as their main barrier to access.

> "I would love to get top surgery before I go, but I don't see that happening. It's so difficult. Like the doctors that I was thinking about going with don't take insurance, because they're like, astronomically expensive."

> "it's hard to get top surgery covered by insurance, like a lot of times it will be reimbursed after the fact. But like still fuck, dude. You gotta have like $10,000 to start."

Both trans men's statements above show that that they desire top surgery but couldn't afford it due to insurance and monetary barriers. Another trans woman had positive medical gender-affirming care experiences, stating "Even if a doctor uses the wrong pronoun for me, I immediately correct them. And they are genuinely apologetic and it just it doesn't happen very often." Nine participants mentioned general experiences/aspects of medical gender affirming care and were familiar with the term in general.

> I think if you are going to get gender affirming care, that is medical, or that is mental or emotional, just that you're your identity is not only like respected, but like, understood, it's like educated, it's like, there's been resources to help you. You know, so gender affirming care means you're actually going to like receive care and not be like, telling people how to provide the care.

Some of these general comments included what participants thought was an important aspect of good medical gender-affirming care. Overall, the code mostly surrounded problems, troubles, or difficulties the participants faced.

Alternative Gender Affirming Care: Similar to the code medical gender affirming care, this code's cases were also split into negative, positive, or general experiences/aspects. Three participants mentioned negative experiences of aspects of alternative gender-affirming care, while eight participants mentioned positive experiences or aspects of alternative gender-affirming care. All three participants that mentioned negative experiences discussed difficulties they had with sizing or using binders. One participant stated in exasperation "I mean, I have a binder but it's I suspect it's too small… Like breathing is hard… It's so hard to determine the size though, like measurements and shit." Another participant recalled similar issues with sizing,

> "I sized it based on the measurements that they gave. So it fits everywhere but the Chest. Everything fits for the chest. So when I put it on, it's like the armhole is too big, and then it doesn't compress the chest, right, but everything else fits. So instead of doing what it's

> supposed to do with your chest, which is flatten it, it wants to push it up toward my neck… It's so uncomfortable. Like, I put it on the first day that I got, and I was like, oh, it's gonna be great. It's gonna really help me a lot. I put it on and I was just like, well, this sucks. This doesn't work at all. That's not right. It's not supposed to fit that way."

Of the eight participants who mentioned positive experiences/aspects cases revolved around social gender affirmation (pronouns, proper name usage, etc.), gender affirming-clothing, and community support. One participant mentioned that social transitioning really changed their life, "I've never been happier in my life, since I only came out of transition." Examples of gender-affirming clothing being mentioned include when a gender non-conforming participant mentioned "wearing more feminine clothing and also like, revealing, I guess. You know, more like just comfortable being comfortable with your like own body as well." Another gender non-conforming participant also stated a similar sentiment

> "I shaved my head and started wearing a lot more masculine presenting clothing. And it just feels a lot more doable to me, I don't really feel is I don't, you know, I don't wear a lot of dresses. I don't wear a lot of feminine clothing anymore. I'm very neutral, actually now. And now that it seems like makeup and nail polish, and things are like, totally, you know, for any gender, I feel more comfortable embracing that. So, yeah, it's been a journey, but it's, I definitely feel much more comfortable in my own skin. Now that I don't try to define myself."

Mentions of community support also extended to the positives of feeling comfortable as one's self more so around other TGNC individuals, "like that community. That's like, where I feel most myself." Other general comments about alternative gender affirming care mostly defined it as trans created and distinguished it apart from medical gender-affirming care because it functions outside of the system and is much more than what is usually conceptualized as health-related care.

> "Gender affirming care, outside of the medical system is care that is breaking down barriers, and making. Having a gender lens first, like coming at it and taking an understanding, but also care that is not in collusion with like, the medical system in the mental health system. And it's like, you don't have to have a letter. Or you don't have to lie and say that you are suicidal to be able to get like, you know, gender affirming care."

This quote shows the community necessity aspect while still focusing on defining alternative gender affirming care.

Gendered Violence: The code gendered violence was broken down into three subcategories- personal experiences, mental violence, and fear induced. All nine participants mentioned personal experiences discussing the violence they face for their gender identity alone. Of the subcategory's personal experiences accounts for 70.2 percent of total cases of gendered violence, indicating these cases are both common and relevant. A participant recalls lessons she learned that some people "look forward to cussing you out, condemning you to hell. Just yelling at you." Other participants shared similar sentiments of having faced verbal violence associated with their gender identity or presentation. Three participants mentioned being asked about their genitals or other personal health information by strangers or unfamiliar individuals. Only three participants mentioned case that fell into the subcategory mental violence discussing suicide and mental health institutions abuse towards TGNC individuals. Besides suicide the counseling system is still part of the medical industrial complex and therefore has harmful aspects. A participant recalls the monotony of being told you are crazy in a society meant to destroy you.

> "the dysphoria and depression, you know, is from like, constant microaggressions and negative interactions or constant, like, you know, manipulation and conditioning. Where, like, you know, and so you medicate somebody so they can survive those things. And you're telling them, you should be able to exist under these circumstances, like, that's crazy making."

Five participants had cases that fell into fear induced, meaning that they had continued fear surrounding facing violence for being TGNC and this has affected their life in some way. This fear that continues to stick with a little over half the participants is often associated with physical violence. A participant stated that self-defense is important "Because you're always gonna run in there to like some people that will try to shoot you or murder you."

Masking: The code masking was split into two categories self-denial and protection. Seven of the participants had cases of self-denial, meaning that the masking (see definition in Appendix B) was not induced by another individual or done so for protection. Self-denial accounted for 65 percent of the cases in the code Masking making it the majority (Table 9). Examples of this include when participants would discover that they could perhaps be trans and decided to continue to ignore their feelings for a plethora of reasons.

> "Until the Internet came out, and I started seeing that, and reading and, and understanding, reading some more understanding some more. And I spent the next decade in denial. In fact, that's what I call it my decade of denial. I'm the big macho McChisimo guy. I call that my decade of denial. I just, but the more that I realized, the more that I understood, the more I started, that's when the dysphoria kicked in. Right. And the more I fought it, the more it came back even stronger."

Other cases include instances where individuals felt complex feeling but were unsure what they were associated with or were unaware of the possibility of gender diversity/transness.

> "I just couldn't, it was like, I could not take any more of how I felt about myself. But I still didn't know what was going on. I didn't know why I felt that way. Just like I hated everything about me. I hated having to constantly. The thing that I used to do most was I felt like I was in drag all the time. But I had to do that as like as much as possible because I otherwise I felt like I wouldn't pass even though I was being identified outwardly a woman. It's like the weirdest feeling."

Two gender non-conforming participants mentioned how they felt they had to overemphasize aspects perceived to be attributed to their sex assigned at birth to be accepted by those around them or to fit in more.

> "instead of just being isolated and lonely, I would just be like, Okay, I'll default to female, you know, and, but it wasn't comfortable for me."

> "You know, deepening my voice and changing mine. My dialogue, you know, sounding dumb or that kind of thing."

Four participants had cases of protection, in which individual masked for fear of being harmed, protecting themselves from harm, or protecting themselves from difficult situations all

surrounding their gender identity, stated by two participants as “masking to survive”. Many participants stated they would “gauge” to see if it was safe to be themselves or “gauge” the situation to see if it was worth it to confront people who misgendered them.

Gatekeeping: this code was split into three subcategories- gatekept by self, gatekept by cis, and gatekept by the LGBTQ+ community. Three participants mentioned instances of gatekept by self, including cases when they, or other trans individuals, felt they weren’t doing enough to be “trans” or felt like they weren’t “trans enough” and was often tied to inability to access medical gender-affirming care.

> “I just don't feel trans enough, I haven't had surgery or whatever. And someone else being like, you don't have to have surgery to be trans.”

However, this only accounts for 8.8 percent of cases under the code (Table 9). 55.9 percent of the code falls into gatekept by cis, which includes instances where TGNC individuals were limited access to something, be a part of something, or do something due because of a cis-hetero individual. Seven participants describe cases of this, including the inability to access medical gender-affirming care due to physician and medical staff. One participant described their frustration with these gatekeeping tactics

> “she will admit that she has she's old school and she has certain beliefs that she still might try to work through. I just have concerned that somebody who specializes in trans care has those biases, because I've been in several of her presentations, listening to her speak, and she's still very much like, I feel all transgender folks should be mandated to live the gender that you know, they believe that they are for at least a year, and I'm like, I get that you feel they need to be sure. But that's a whole year of unsafety. That's a whole year of potential violence as a potential harm prevent like Why? Yeah, I mean, like, I don't I don't understand what where does that one-year mark come from? What, where's the research behind that?”

This also includes instances contributed to the discussion of passing, needing to pass, or not passing; the term “pass” was specifically mentioned by five participants. Gatekept by the LGBTQ+ community includes cases when other member of the LGBTQ+ community said that

an individual was not trans enough, gatekept transness by limiting definitions of what trans means, and also TERF based lesbian interactions. While only one participant mentioned experiences of this themselves, six participants discussed this problem in the community, and two participants participated in some form of gatekeeping.

> "I feel like some people, and sometimes myself included, don't see like, transitioning people as valid, until they're like making those steps because I have these thoughts about myself. It's like, alright, well, you're not actually taking steps to do this."

Another participant reflected on these internalized biases we have against our own community that need to be dismantled.

> "I think I really struggled with some folks who were, you know, really feminine presented and saying they were nonbinary, I had like, kind of like, like we you, you get to look that way and still be non-binary. And I really had a process that I think a lot of that was from my own internalized heteronormativity and internalized, like binaries that I was angry about and had been about."

The variety of experiences within the code of gatekeeping expresses the wide scope of the code as well as the inability to make generalizing statements about a community that faces intersectional issues circulating around gender identity.

Gender Policing: this code was split into two subcategories of self-policing or being policed by others. While gender policing traditionally is the act of being policed by peers, family, and society to conform to the sociocultural norms of a persons interpreted gender identity such as in America is often perceived to be assigned at birth and associated with sex. However, for the purposes of this paper individual holding themselves to unrealistic sociocultural gendered expectations of their sex assigned at birth. This self-policing often aligned with hyper-masculinity or hyper-femininity in order to suppress emotions of gender dysphoria or aim to fit heteronormative society.

> "Like if I don't have my hair down to my waist, nobody's gonna know I'm a girl. I can't cut my hair because they're not getting on girl. If I don't wear makeup, if I don't like dress

> nicely, I've got to go to classes. I went to classes to learn how to do makeup. I was a makeup artist. Because I felt like this is what a girl does. This is what a girl doesn't know life. And I have to do these things to make sure that people know I'm a girl."

While four participants mentioned self-policing, often times tied to the code masking, six participants mentioned being policed by others with most cases being associated to family or peers and this subcategory making up 66.6 percent of the code (Tabel 9). Four participants recall childhood experiences of other stating statement such as the following: "boys don't do that," "you're acting too much like a boy," "you're not a girl, don't do that," or "act like a boy." Participants also mentioned receiving pushback from friends or lovers for actions that were "gendered" for the "opposite sex." Overall gender policing while one of the codes with the lowest frequency contains critical information on the persistence of gendered constructs in sociocultural realities.

Tactical Technical Communications: This code includes the subcategories technologies (40.5 percent of cases) and communities (59.9 percent of cases). The subcategory technologies are defined as tactical technical communications that are mediated through some medium of technology whether that be a Facebook group, an app, or a piece of technology such as a cellphone or computer. Communities are the instances where tactical technical communications are based on in-person interactions with one or more other TGNC individuals. Both trans men discussed utilizing YouTube videos to gain information about different procedures or feelings associated with being trans. The six participants that had cases of the subcategory technologies all mentioned the internet as a general information gaining tool. All participants in the study discussed tactical technical communications occurring via community interactions. All three gender non-conforming participants discussed how communities allowed them to explore gender non-conforming identity.

> "I started meeting people within the LGBTQ community. Really, were embracing their identity, and, you know, being vocal about their identities, and it was mostly trans folks… I don't know if I was just hanging around more, folks, but there is a lot more folks who are trans are like, yep, that's, that's who I am. And it just spoke to me."

Other individuals discussed how other TGNC individuals understood certain issues or problems simply due to the fact that they all faced similar issues within the cis-hetero post-colonial system,

> "I don't know accepting without being willing to have like difficult conversations as well. I think there was a lot of learning that happened within spaces like that. Where people have like, people drop their egos and a new, you just always have an open ear. But like, I don't know there has to be a very strong bond. I don't know you foster that through just mutual care. Like, I think there's like you build up a sense of camaraderie from like, facing similar challenges navigating the same system."

Most of the cases under community discussed similar sentiments of comfort and ability to seek out knowledge or information from individuals who understood their situation, their desires, and their issues. The older trans women in particular mentioned their past experiences navigating drag bars and night clubs for information, mentorship, and community. One older trans woman stated that she started to reach out to the local community by looking up "local drag bars" to get information. Another stated how she used to go to the "drag clubs" at night and dress as a girl, there is where the trans women really took her under their wing and taught her a lot. For purposes of anonymity these direct quotes will be left out. These examples show that community happens in a lot of different times, spaces, and places but is a common part of tactical technical communications for all the participants.

Gender Euphoria: gender euphoria was the code with the fewest number of cases and was not split into any subcategories due to its case size. Even though participants were asked about gender euphoric experiences only eight participants had cases of this code arise in their interview transcriptions. Examples of gender euphoria were closely tied to with interactions with others

(whether they be outside or inside the LGBTQ+ community) or tied to alternative gender affirming care technologies they utilize to feel great about their gender. Some participant discussed how "I didn't have to explain things… it was just full acceptance. And it was an amazing, amazing feeling." contributed to feelings of gender euphoria associated with support of their gender expression or identity. Most examples of alternative gender-affirming care DIY technologies that contribute to gender euphoria include gender affirming clothing.

> "when I was getting measured for the suit, I felt like super badass. Like, I got to pick out every single part of it, like, and I felt like really got to show my style… I had such euphoria from those moments."

Other examples of gender euphoria attributed to gender affirming clothing happened during youth.

> "I would just you know, dress up in her clothes, her old clothes, and, you know, her and I would play games, and I play, you know, playhouse with her and the other girls on the block."

Although gender euphoria did not represent a large portion of the total code cases it is an important code to focus and critically analyze. This is because the statistical significance of this code's representation is not representative of the weight that TGNC joy has. While the negatives seem to be overwhelmingly present in this code analysis this does not show the complete representation of trans identity. As stated, prior feminist theory and queer theory are informative throughout the research process including analysis. Providing weight and emphasis on trans joy and trans community support is necessary to have comprehensive critical analysis of this data.

Chapter 5: Discussion

The results express the findings of the statistical analysis of survey data and analysis of interview data. The survey had 14 total participants while the interview had nine participants. The statistical descriptive statistics (Table 2) found gender-affirming clothing, proper pronoun usage, and social transitioning to be the most commonly used alternative gender-affirming care practices by the participants. The statistical analysis also showed that the most useful supports included family support, Facebook Groups, and YouTube (Table 3). While the only statistical significance between gender and gender-affirming care item was make-up it expresses how many individuals utilize many of the alternative gender-affirming care practices such as the most commonly used mentioned above (Table 4). The application of the statistical analysis is limited due to the small sample size.

The total interview participants included two trans men, four trans women, one agender person, one genderqueer person, and one nonbinary person, totaling nine participants. The interview participants ranged in age from 24 years old to 65 years old with six participants being over 40 years old. Of these participants, the majority of them provide some insight into the older white transgender Tampa community. Based on the coding interview (Figure 1) it can be seen that the most frequent codes are medical gender-affirming care, gendered violence, masking, and tactical technical communications. For this research, the codes that will be focused on are medical gender-affirming care, alternative gender-affirming care, and tactical technical communications due to their significant relationship to answering the research questions. Although medical gender-affirming care was mentioned approximately twice as much as

alternative gender-affirming care 48.4 percent of the medical frequencies were negative while only 18.8 percent of those alternatives were negative. Many of the negative responses of medical gender-affirming care circulated around cost barriers and insurance issues. Other negative experience circulates around mistreatment from physicians or other medical staff.

While many participants desire medical gender-affirming care, they have either faced or still face the inability to access it due to discrimination, medical gatekeeping, and socioeconomic status. Three of the four participants unable to access medical gender-affirming care problems are directly tied to issues with having insurance that covers this care. Even though the majority of participants were unaware of it they were participating in alternative gender-affirming care and tactical technical communications. The most commonly discussed useful alternative gender-affirming care practices included proper pronoun usage, gender-affirming clothing, and social transitioning. However, many participants discussed facing issues or dissatisfaction with binders. Expressing how there is still a lot of progress to be made in DIY technologies for a variety of TGNC bodies. As for tactical technical communications, there is increased use and importance of digital information and spaces by the contemporary TGNC community. Many of the participants, older or younger, mentioned how just existing or being around other TGNC individuals allowed them to learn a lot about trans identities, gender-affirming care, and ultimately about themselves whether that be coming out or feeling more comfortable in themselves. The findings express the continued issues of medical gender-affirming care while also emphasizing the importance of being part of a larger TGNC community.

5.1 Barriers to Medical Gender-Affirming Care

Primary barriers to medical gender-affirming care: While many participants desire medical gender-affirming care, they have faced, or still face, the inability to access it. Four

primary themes related to barriers to accessing medical gender-affirming care were described by participants who desired medical gender-affirming care or were currently utilizing it: financial barriers, insurance-related barriers, negative experiences, or dissatisfaction with current medical procedure outcomes. These four barriers circulate the American medical system's construction and how it functions; specifically, with how it defines, confines, and prescribes trans identities. Financial-related barriers circulate around a variety of different constructs including discrimination when trying to find employment, low socioeconomic status, or external costs associated with gender-affirming surgery (Clark et al., 2017; Leitsinger, 2020). In addition, if participants have insurance procedures may not be covered (marked as cosmetic) or the insurance may only be accepted by doctors who perform less superior surgical work (Heyes and Latham 2018). Participants' negative experiences with the medical system, which all nine participants discussed, were a large contributing factor in barriers to access (Table 9). This plethora of negative experiences also echoes the sentiment of trans archives and relates to the entangled dichotomy between alternative gender-affirming care and medical gender-affirming care. In addition, while a plethora of individuals desired gender-affirming surgery the current outcomes of such desired procedures outweigh their desire for them. Ultimately, although highly desired medical gender-affirming care is often gatekept by paywalls and medical staff.

Financial barriers: three participants mentioned losing their jobs or facing issues acquiring jobs due to their gender identity. These barriers contributed to individuals being unable to keep affording HRT (hormone replacement therapy). TGNC individuals often face a higher rate of discrimination and marginalization which contributes to lower employment rates (Bellis, 2017). Three older trans women mentioned how unemployment and limited employment opportunities were directly linked with their transgender identity. Participants also often felt as

though their current socioeconomic pressures surrounding housing, food, and family placed their transition desires to the side. Two participants discussed how supporting their children were directly linked to their delay in placing money into transition-related surgery. One participant who has had "facial surgery, extensive facial surgery, hair removal, etc" discussed how she waited due to wanting to provide the best care for her kids and the fact that many of these surgeries were highly expensive. Another participant is considering moving out of the country to be able to find more affordable medical gender-affirming care. They mentioned the expense of medical care on top of parenting, "I'm a single parent. So even on top of just like not having enough money to do it because it's so expensive. I also have a family to take care of." Other parts of childcare include a caretaker when you work which can also influence an individual's ability to afford other large expenses,

> "I don't have $30,000 to have this done out of pocket. You know, I mean, some of the procedures are like between 10 and $30,000. Oh, that plus I don't have the money to then also pay for a caretaker."

They've started to do extensive research and apply for jobs abroad for more affordable opportunities. Ultimately medical gender-affirming care is integrally tied to other intersections of being trans that many participants face. Financial burdens tied to the astronomical prices of medical gender-affirming care compound with other barriers TGNC individuals face such as job opportunities or unemployment due to discrimination (Leitsinger, 2020).

Insurance-related barriers: Although insurance-related barriers are not only tied to limited access to medical transition gender-affirming care but all medical care. Although many participants had some form of insurance, their insurance coverage varied throughout their lifetimes. One participant described how she "detransitioned" after losing her job, her insurance, and her home when she was younger. The catalyst for this chain of events circulated around

harassment she faced due to being trans at her job. After losing her job and insurance she was no longer able to afford HRT, even though she tried to see her long-term doctor who had prescribed them he refused to see her without insurance. Similarly, another participant waited in longing for the day they would acquire a job to receive HRT, "waiting for like hormones to live like a full-time gig." Other participants who had insurance were still unable to get medical gender-affirming care covered, "that's one of the challenges that I think my insurance probably covers HRT. But I can't find an office to go to." Barriers to care can persist even for participants who have insurance, and this has historically been the case (Hughto et al. 2017). Therefore, when addressing barriers to care, a comprehensive understanding of the intersections of oppression and discrimination at play both in interpersonal relationships and system-based regulations needs to be taken into consideration. These research findings align with prior data and reinforce theoretical perspectives that discuss sociocultural systems of power and discrimination (Stryker 2006).

Negative experiences: Four participants discussed one or more negative experiences they have had with physicians or other medical staff. Some of these experiences of "stigma in healthcare can include overt enacted discrimination at the interpersonal level, such as being refused care by a healthcare provider" were echoed by a trans woman (Hughto et al. 2017, 108). An example of such an experience was recalled by a trans-woman participant, going in for a routine prostate examination and being told "I'm not going to touch you" by a physician who refused to conduct the exam. Discrimination by health care providers is a barrier to care, physicians such as the one this participant interacted with are not trained in trans care and support prior work done stating this gap in medical education (Baker and Beagan 2014).

Passing also contributes to the visual stigma that TGNC individuals face when trying to seek out appropriate medical care or gender-affirming medical care. An older trans woman recounted an experience that continues to bother her to this day. As a youth, she was both scared and concerned about the feelings she was having so she made an appointment to see a therapist. The participant recalls her experience forty years ago, nervously entering the office and telling the counselor that she wants to talk to him about "the change." The term was used during those days for sex reassignment surgery and other gender-affirming medical procedures. Immediately the counselor responded, "You're too tall to ever successfully pass as a woman." Experiences like this portray the gatekeeping that goes on inside the medical system along the pathway of "care" TGNC individuals must comply with in order to even be "viable" for medical gender-affirming care.

The construction of the stereotypical trans individual that aligns with cis-hetero colonial constructs of the gender binary, which includes the pressure and drive towards "passing" limits access to care simply by their bodies (Aizura 2018). Whether this is their bodies' construction (as discussed earlier), how they view their body or their desires for their body. This represents the bases of TGNC individuals' bodily autonomy and says over their gender identity is confined to the authority of the biomedical system. For TGNC individuals to receive medical gender-affirming care such as HRT and surgery as discussed by many participants, they must be diagnosed with gender dysphoria. This necessity for labeling continues to subside in the *Diagnostic and Statistical Manual of Mental Disorders (DMS-5)* (Aizura, 2018; Chen et al., 2016). Gender dysphoria is defined as clinically significant stress that must last over six months related to an individual's desire to be treated as or express themselves as the other gender (Agbemenu, 2015). This diagnosis is the key to receiving gender-affirming medical care such as

hormones and surgery (this includes what may be identified as cosmetic surgery and sex reassignment surgery). These places care gatekept by levels and duration of suffering, states that in order to be trans enough to receive care you must be suffering immensely, and that in order to receive care you have to desire normative "passing" presentations of gender. In addition, there is a connection between passing and social acceptability "Because if you don't pass, that's when the label kicks in. And they're like, oh, okay, this is this person is mentally ill." Even though all individuals must be diagnosed as "mentally ill" to receive gender-affirming care if you pass to the rest of society you can live a "stealth" lifestyle. This goal or concept was mentioned by three participants. Once again, the participant who was told they would never pass mentioned how long-lasting of an impact that had on her mental and emotional health status, "now people have told me Well, you got to let that go. It's like no, it again, and I have to let it go. But I can't help it. It's in the back of my mind. Someone told me I will never be passable." Passing and gatekeeping are unavoidable topics when discussing trans experiences with older individuals, the research expresses that both older and younger participants are still facing the same barriers to care they were forty years ago.

One participant identified that passing is ingrained in the fabric of American society via the sociocultural construction of the gender binary,

> "the only reason why we have to pass is because there's so much already pre-imagined existence in our consciousness. Yeah, like, if you think about why we want to pass, it's because of the binary that's literally, like, ingrained in our psyche is like that is the goal is to pass."

This consciousness the participant identifies is the sociocultural construct of gender that is shaped by history and power structures (Hughto et al 2017; Lewis et al. 2019; Malatino, 2020). In addition, the definitions of transness confined to the medical system integrally ties "successful transitioning" to medical transitioning (as defined by Eurocentric cis-heteronormative standards)

but it also only allows trans realities to be viewed as legitimate if they are also legitimized by medical authorities (Malatino 209; Spade 2003). Similar to Dean Spade's experience of being questioned about the time extent of their desire to get a breast reduction, a participant critiqued a doctor who believed that participants should socially transition for a year before receiving medical affirming treatment.

> "I just have concerned that somebody who specializes in trans care has those biases, because I've been in several of her presentations, listening to her speak, and she's still very much like, I feel all transgender folks should be mandated to live the gender that you know, they believe that they are for at least a year, and I'm like, I get that you feel they need to be sure. But that's a whole year of unsafety. That's a whole year of potential violence as potential harm prevent like Why? Yeah, I mean, like, I don't I don't understand what where does that one-year mark come from? What, where's the research behind that? … I'm not really comfortable referring people to her, you know, when it comes to this. So, um, because I just feel like you're being a barrier"

This expresses how often the code gatekeeping is integrally tied with negative experiences with the code medical gender-affirming care. Representing that often times gatekeeping is occurring within medical spaces via medical systems or staff.

Dissatisfaction with current medical procedure outcomes: All participants who were dissatisfied with the current outcomes of certain gender-affirming medical surgical procedures were trans men or gender-nonconforming; all surgeries in which were associated with these discussions were breast removal or reduction surgeries and bottom surgery for trans men. One participant discussed how sensation is important to them,

> “like 99% of the time and surgeries where the nipple has to be grafted, you have almost no sensation. Because they actually sever the nerves that are connected. So if there was a way to not have it severed, I would love to do that, because I would prefer to have sensation, but I don't think that's going to be possible for me.”

Another participant shared a similar sentiment of desiring a flatter chest but enjoying their sensation more,

> “fear of like being cut open. And so like that is but like when I see chests, folks chests, I'm like, Oh, that's nice. Like, like, for folks like folks who had top surgery. I see their chests. I'm like, that's nice. You know, like, I would feel nice, but it's not something like I still enjoy the sensations.”

Bottom surgery also came up when discussing dissatisfaction with surgical progress for trans men. Individuals even compared the reality that trans women can "pass" as cis most times after their bottom surgeries but trans men often have a very different "penis" construction from that of cis men.

> "It's almost like an in my mind for my body. It would be almost like a Frankenstein result. I don't want something that's been constructed from a different part of my body and then like having the radio with ya. If I had a look at that every day, that would be more dysphoric not having a member. So it's like, having that bigger scar constantly and just being like, here's the scar where like, I didn't have what I was supposed to have, right in your face. I wouldn't be able to do that psychologically.”

The progress for transmen reflects the foundation for the DSM-5 and other medical-based gender-affirming care being centered on trans white women. Ultimately the medical-industrial complex continues to violence the TGNC community while continuing to benefit from their bodies. A participant recalled in disgust this reality "honestly a lot of like, even people who do these surgeries, they are making a killing off from trans people. And they know it… I don't know, it's like weird, like people profiting from this." While as discussed above many participants continue to suffer from their socioeconomic status and their inability to access good medical gender-affirming health care.

5.2 Gender Affirming Care Outside of Normal Medical Settings

Defining Alternative Gender-Affirming Care: While some participants directly associated with the term alternative gender-affirming care, others, even though they participated, were unaware of the terminology. Although all participants utilized some form of alternative gender-affirming care, many did not associate this label with things such as social transitioning, gender-

affirming clothing, pronouns, and names. Yet these same participants were able to provide clear definitions of medical gender-affirming care and identify negative experiences they had encountered with it. Specifically, one participant defined gender-affirming care by the following two quotes:

> "breaking down barriers. Having a gender lens first, like coming at it and taking an understanding, but also care that is not in collusion with like, the medical system in the mental health system. And it's like, you don't have to have a letter. Or you don't have to lie and say that you are suicidal to be able to get like, you know, gender-affirming care"

> "gender-affirming care, a lot of it, like, like, a lot. Like, there is gender-affirming care for your body, but you need gender-affirming care for your mind, like your trauma needs gender-affirming care, like, your emotions. And it's very, it can be very integrative that work, but it looks a lot of different ways in you know, when people say, like, you know, I, I really need to transition I haven't I can't afford to transition, and showing them that Oh, actually, like, your body might not have caught up to where you are, but you have transitioned in these ways and not as valid, you know, and like, your transition isn't based off of if you have a surgery or not"

This represents the dichotomy of the freedom that alternative gender-affirming care provides for the TGNC community that is not gatekept behind cis-gendered individuals and paywalls. Specifically, it functions in these two ways because alternative gender-affirming care is closely tied to the construction of trans care, which

> “is care that's specific to like, meet needs of trans folks. And that helps them have strategies to break down the barriers that come with their existence, because our society was not made for them and not its care that feeds either provisions for them in the system, or that creates spaces for them outside of systemic care. That makes sense and that's more what I do with secure connections as I create care that's outside of the mental health and medical system.”

Trans care is a praxis of care that is guided by a commitment of the community to trans for trans support based on shared experiences and difficulties they face (Malatino 2020). Alternative gender-affirming care being by and for trans people expressed this with its descriptive statistics of the code showing more positive cases compared to that of medical gender-affirming care.

Although there is not a large enough sample size to make generalized conclusions, gender-affirming care by and for TGNC individuals consistently provides more accurate and positive care due to its foundational aspects.

Primarily utilized alternative gender-affirming care: Both survey and interview data results contributed to discussions of DIY technologies use. As the survey results displayed, the top three are gender-affirming clothing, proper pronoun usage, and social transitioning. Interview data aligns similarly with the surveys as all participants mentioned gender-affirming clothing, proper pronoun usage, and social transitioning. Although these processes look different for each individual participant it supports studies that argue that social acceptance is one of the key impacts on health (Chen et al. 2016; Malatino 2020). Most participants had a variety of different experiences and time lengths they had been utilizing gender-affirming clothing but most discussed how it just felt wrong dressing any other way.

> "I shaved my head and started wearing a lot more masculine-presenting clothing. And it just feels a lot more doable to me, I don't really feel is I don't, you know, I don't wear a lot of dresses. I don't wear a lot of feminine clothing anymore. I'm very neutral, actually now. And now that it seems like makeup and nail polish, and things are like, totally, you know, for any gender, I feel more comfortable embracing that."

Other participants utilized items such as nail polish, jewelry, makeup, and haircuts in addition to gender-affirming clothing. Proper pronoun usage and social transitioning were also used by participants, but instances of these discussions were more integrally tied to their coming out experiences rather than the current issues they were facing. However, many mentioned how social transitioning changed and saved their lives. A participant stated that although all the negative social realities that came along with her coming out that she's "never been happier in my life since I only came out of transition." Although it can seem less important than medical aspects these contributions to trans health and trans joy are important to analyze. Pronouns

contribute to gender affirmation in social settings and within interpersonal relationships. These three DIY technologies were also the most mentioned in association with individuals' gender euphoria.

Difficulties and Limitations: Although there are many positive aspects of DIY technologies there are also some difficulties that come along with their use. All participants that discussed using binders discussed difficulties or negative situations with them. Participants discussed facing issues or dissatisfaction with binders, "instead of doing what it's supposed to do with your chest, which flattens it, it wants to push it up toward my neck" or "I have a binder but it's I suspect it's too small… It's hard to determine the size though." Expressing how there is still a lot of progress to be made in DIY technologies for a variety of TGNC bodies. Based on these shared experiences a comic was developed (Appendix E), to express the often times confusing and challenging nature of binding for TGNC individuals. This comic received positive feedback from the participants in the study, one participant stated that it captured the complex feelings of binding while also being validating.

While alternative gender-affirming care is critically important to health it does have its limitations to altering of one's biophysical appearance. So, while six of the participants want or use medical gender-affirming care it is still highly inaccessible to these individuals. The transman interviewed discussed how his children saw the difference in his attitude and action after socially and stating medical transitioning, the anger lessened, and more happiness filled its place. For trans masculine people, a main contributor to psychological well-being is the use of testosterone (Bosom and Medico 2020; McGuire et al. 2016; Pelusi et al 2014). HRT such as testosterone improves "energy, self-confidence, self-esteem, body satisfaction, sexuality, emotional stability and quality of life" (Bosom and Medico 2020, 2). Yet soon he will be unable

to access this due to insurance and socioeconomic-related barriers. Ultimately, alternative gender-affirming care has its issues and its limitations but is still highly positive and critically useful to the TGNC community.

5.3 Community Based Knowledge Creation, Education, and Care

Discovering transness and gender-affirming care: Survey and interview data were utilized for this analysis section. The survey and interview data showed similar spits between technologies and communities with approximately a forty-sixty split. All interview informants mentioned cases of the community as part of their process of discovering transness or learning about alternative gender-affirming care. As mentioned in the results these "difficult conversations" occur because individuals decide to engage with them being tied together by shared experiences of discomfort and oppression. A participant discussed how they came to find themselves along with their friends by fostering "mutual care." A concept supported and discussed by Hil Malatino (2021) when discussing trans4trans care and the idea of praxis. Similarly, as displayed in the results other participants discussed how conversations with other trans individuals made them realize their own transness.

> "I started meeting people within the LGBTQ community. Really, were embracing their identity, and, you know, being vocal about their identities, and it was mostly trans folks. I really didn't meet a lot of people who identified as non-binary until recently. but there is a lot more folks who are trans are like, yep, that's, that's who I am. And it just spoke to me."

Being around other TGNC individuals not only functions as a support system but also as an avenue for education and self-awareness to arise.

> "I was like, you know, what, I am nonbinary. Like, it was really like, it was a combination of like, being in community with other queer people."

Although, these are just a couple of the quotes from participants many discussed how they came to understand their own gender identity by being around more TGNC individuals.

While some individuals found these intimate settings of discussions helpful other individuals recalled this community journey being based in TGNC clubs and drag bars/clubs as previously discussed in the results. Many of the old trans women shared sentiments of how drag bars were safe spaces where they could wear "female" clothing and make-up. These contexts were often associated with individuals first coming out and getting information on transness. Many of these individuals discussed relying on these community spaces and this education because there were no reliable resources in the library or online. One participant recalled being concerned that they were mentally deranged after going to their local library to investigate "transvestites" because they felt like a girl since they were very young. Others discussed how they were looking for community and they weren't really sure where to start so figured these spaces would have individuals like them.

Other community-based education had to do with the dismantling of toxic gender constructions engrained into people by society interpersonally and at large. This included reinforcing other trans individuals that they were trans enough without medical gender-affirming care,

> "when people say, like, you know, I, I really need to transition I haven't I can't afford to transition, and showing them that Oh, actually, like, your body might not have caught up to where you are, but you have transitioned in these ways and not as valid, you know, and like, your transition isn't based off of if you have a surgery or not"

The same participant discussed a particular instance where this occurred,

> "we've been in group in folks. So one person sharing, like, I just don't feel trans enough, I haven't had surgery or whatever. And someone else being like, you don't have to have surgery to be trans."

While society is constantly telling TGNC that they are not valid or legitimate until they access medical gender-affirming care while simultaneously functioning to make this care inaccessible clearly shows the bind TGNC individuals face. Through community care within the TGNC

community work is done to slowly dismantle these unrealistic gendered expectations tying transitioning to the biomedical system that has historically medicalized and harmed trans bodies (Malatino 2020). While trans knowledge and education is shared via a variety of different platforms, in-person and consistent community support and interactions are large contributors to tactical technical communications. A comic based some of these shared used technologies and experiences in which tactical technical communications were utilized are presented in Appendix F. Trans-provided knowledge and education functions as gender-affirming while simultaneously functioning on the basis of helping the trans community instead of harming or leeching off of it.

Inter-Community issues: As reflected by the interview coding results there are still inter-community issues within the LGBTQ+ community at large and more specifically the TGNC community. Multiple instances of individuals facing issues with TERF lesbians arose as examples of these issues. A trans woman discussed how she felt she didn't fit in anywhere because all she wanted was female friends, but lesbian communities and other similar all-female situations often left her feeling unwelcome. Another participant discussed a similar situation where a lesbian group they were in labeled a trans woman as a "man" and that they didn't want "any men" to be allowed into the group. Other more direct and extreme cases include when a participant was asked about their genitals by a lesbian woman. She asked if they had "a penis or a vagina" and then went on to tell this individual that their gender identity was disrespectful to women. These cases of inter-community issues express how not all LGBTQ+ spaces are safe for TGNC individuals and how community care that is labeled trans4trans care is done so based on similar realities of lack of support and marginalization that other LGBTQ+ members do not face.

5.4 Sociocultural Influences on Gender Construction- Personal and Interpersonal Relationships

Why cant kids be kids?: This thesis was founded off the ultimate understanding that gender is a socio-cultural post-colonial construct aimed at control through creating hierarchy (Aizura 2018). This gender reality affects everyone due to gendered norms via the cis-hetero gender binary construct America is founded. As stated in the results many individuals faced gender policing as children from parents and peers. Gender policing from parents usually followed along the lines of "boys don't do that," "you're acting too much like a boy," "you're not a girl, don't do that," or "act like a boy." This gender policing is based on sociocultural constructs of gender identity including what gender presentation and which gendered actions are acceptable. Instead of letting kids be kids and explore their gender creativity kids are taught that this makes them deviant and that they should limit themselves to society's boxes. Gender policing is based on gendered performativity and what is prescribed as acceptable for a specific gender-based on sociocultural constructs of that gender (Butler, 1988). Why can't we just let kids be kids? Often participants stated that they believe that their parents, especially their mothers, were worried about how they would be treated as adults a feared for their well-being. This displays how in US society gender is an active dimension of understanding of societal norms and how gendered bodies are supposed to act and present (Gailey, 2015). Gender doesn't exist in a void and parents, peers, and other relations play a role in shaping gender identity and gender norms, including how these are recreated. Instead of altering the way that gender-diverse children behave, we should be raising a society where gender diversity is supported, and gendered boxes are deconstructed instead of reinforced.

Denial and delaying transition: Some individuals continued to live in denial for months or even years after coming to the realization that they are TGNC. One participant called this her

"decade in denial" where she delayed coming out to the point where she had to end it because she couldn't take the misery anymore. Many other participants discuss how their inconsolable misery and anger were tied to their denial about their gender identity, however, this denial was not always conscious. While two participants, including the one mentioned above, consciously repressed their gender identity, prior to even knowing their authentic gender many remember feeling confused or not necessarily feeling like they were "performing gender" correctly. Some of these feelings could be contributed to gender policing by peers and family. One participant reflected on their subconscious actions that would irritate past male partners, "every single relationship I've had with a man, I was always accused of wanting to be the man, I have very masculine energy." Other times general family comments follow along similar lines "I get a lot of, oh, you know, like, they'll say, something along the lines of, I'm being too much like, a guy, or, you know, just weird comments." While some may argue that these comments are subtle, they function to keep individuals in gendered boxes. Some individuals delayed their transitioning for other reasons such as being told they would not pass or being kept from medical gender-affirming care. Masking was used as a way for these individuals to survive in a society that constantly labeled them as deviant and expressed that life would become enormously difficult if they were TGNC. One participant who's known since they were young that they were trans denied it into her later years because she did not want to face the discrimination and oppression, she saw other trans individuals facing. Analyzing how denial functions and what roles different people are playing allows for a comprehensive look at gender constructions functioning through kinship structures to reinforce and maintain societal norms.

Masking as a protection tool: Many individuals even after socially or medically transitioning continue to utilize masking as a protection mechanism during their everyday life.

Multiple participants discussed using masking to protect themselves from having to "come out every day" to swaths of people they would never meet again, such as at their jobs. Others discussed the concept of "gauging" situations as discussed in the results. This "gauge" would be utilized by the participant to measure levels of possible violence and acceptability before discussing their gender identity, correcting someone, or sharing their preferred pronouns. This "gauge" technique had been developed to survive in a transphobic society.

Ultimately all participants found denial and masking extremely tiresome. Masking makes participants feel numb, angry, or disassociated by either toning down their personalities or covering them completely. Yet participants also discussed the usefulness of being able to mask contemporarily because of the continued violence, discrimination, and situations that continue to affect the everyday lives of the participants. Whether this is unsupportive family members to transphobic work clients masking allows trans individuals to decide who to be themselves with, yet is the direct effect of the harmful societal gendered construct we all function in. Future research should take a more critical look at the theme of masking in trans experiences and the harm that it creates. This includes looking at how individuals alter or morph themselves into false constructions of realities for survival.

Chapter 6: Conclusion

6.1 Conclusion

In conclusion, the Tampa Bay TGNC community continues to face issues with accessing medical gender-affirming care, where systematic problems and gendered-based violence are directly tied to inaccessibility and negative experiences. As for alternative gender-affirming care, all informants participate in some form of alternative gender-affirming care and tend to have positive experiences. Most tactical technical communications utilized were internet-based platforms, internet TGNC communities, or in-person TGNC communities, as expected based on prior research. There is still more work to be done provided this data however, this contemporary analysis provides insight into DIY technologies, tactical technical communications, and trans experiences at large.

6.2 Limitations

There were many limitations with the data collection including the limited amount of time in which data was collected. This micro-ethnographic research was in the process of data collection for about three and a half months (Garcez, 2017). Due to the short time period, there were some difficulties with gaining the trust of the Tampa bay transgender and gender non-conforming community. In addition, there were very few events that offered opportunities to network and connect with people to assist with data collection due to COVID-19 (COVID-19 citation). Although the Internal Review Board (IRB) does not recognize the TGNC community or greater LGBTQ+ community as a group that requires special protection, the community faces great amounts of violence and oppression (Lykens et al., 2018; Safer, 2021). The baseline

distrusts of the TGNC community is not uncommon, all nine of the participants discussed being faced with gendered violence. In addition, while the specificity on Transgender/GNC individuals is a benefit of the study, it may have contributed to the low number of participants.

Throughout the research data collection period, the COVID-19 pandemic also continued to be quite impactful in the Tampa Bay area (Porter, 2022**).** In Florida, and throughout much of the US, COVID-19 emphasized pre-existing vulnerabilities (Radcliff and Cote 2020). Meaning that the vulnerable population's intersectional reality was much more affected by the negative outcomes of the pandemic. Many individuals faced isolation and an inability to connect with others. This directly affects the TGNC community. Many participants stated the isolation they went through doing COVID and the limited access they had to in-person communities they had previously relied on. The COVID-19 pandemic also had a greater negative impact on trans and GNC individuals.

Another limitation in the study is that because all of the research will be being conducted online there are many individuals who will not be able to participate. These individuals who are unable to participate will most likely not have access to a cellphone or computer and/or may not have access to Wi-Fi or service. Due to these constraints for access this population needs to be taken into account. The study will only be looking at the adult population in the greater Tampa Bay area and is leaving out one of the most in need groups, trans and GNC youth. Especially with the continuous anti-trans legislation that continued to pass as the research was being conducted, such as the “Don’t Say Gay Bill” that was passed.

6.3 Reflections of Graphical Anthropology

The largest struggle conducting graphical anthropology I faced is similar to the struggle faced when writing, how to get your point across in a clear concise way. Prior to research

collection and during data collection it was clear that the applied aspect of the project would utilize graphical comics to share TGNC experiences and perspectives. However, understanding the findings and then formatting them into understandable cohesive comics is another process. I learned through the development of these comics to utilize four to eight panels to get across a complex intersectional idea or problem through distilling information into two sections. First, the image that was constructed for the panel and second the words that coincide with that image. Similar when learning how to write analysis, the project facilitated learning how to illustrate analysis while integrating the real experiences of the participants. The use of graphical applied anthropology also allowed for participants to have an input into their own stories, even with the characters being based on composite narratives. By allowing the participants to view the comics and provide feedback engaged them in more than just the creative process but also the applied process. Participants stated that they felt not only validated by the comics but normalized. Many participants commented on how the comics pursue normalizing these experiences and conversations about them. As a queer illustrator and researcher, I am proud to be able to create comics that participants not only approve of but feel accurately represented.

While graphical applied anthropology has a history and is not new, it is often viewed as an emerging method of presenting findings and analysis. A perspective I gained from utilizing graphical applied anthropology is that many individuals desire to utilize it but feel limited or unable to do so due to their drawing capabilities. In addition, individuals who view graphical anthropology or utilize it in the institution create the same tensions of creative ownership overwriting in comic anthropology. Some of the first comments included "make sure to copyright it" or "put it in a book to sell" ultimately destroying my initial reason for wanting to

create and produce these comics. I stand by my perspective that I have no ownership over these comics besides my contribution of the artistic rendering of individuals' experiences.

In the future, I plan on continuing to develop educational and research-based comics in relation to the TGNC experience by utilizing the worker-owned artist collective Simeow Studios, which my partner and I founded. The future of this illustrative endeavor is not one of the institutions but of the people, the queer, the disabled, the marginalized those that many of the academics in the high rise face every day in the same situation they sat in 50 years ago. My future in graphical anthropology is a radical construction of knowledge production that cannot be owned or clearly defined. One where the issues of more conventional research methods, that tend to recreate hierarchy and power imbalances that fail to produce useful findings, will be lessened (Galman, 2021).

6.4 Future Directions

The research provides some foundation for other queer and trans researchers to take initiation in conducting queer-informed research methodology and analysis. Although the research does not include TGNC youth, it provides insight into the elderly trans population who are less often seen and discussed due to the contemporary media landscape portraying very limited examples of trans identity. Future research should expand to include trans and GNC youth, while also making sure to include the experiences and identities of the elderly trans and GNC community.

While there needs to be more research done by TGNC individuals on the community's health it should be noted that this research design constructed that future research is not confined to the parametric that the cis-heteronormative colonialist structure that is the academia is the sole owner of such knowledge production. Therefore, some future directions to where this research

topic and aims will be continued in my personal work. After this thesis is complete queer led research will go on where individuals will be asked about their experiences and educational illustrations will be constructed for the community. As one of the participants stated they were so glad that this would not be the end or that it would be intimately tied to the institution. Thus, in essence, the end of this study does not mean the end of the work that this study contributes to.

In my queer studio, there will be queer knowledge production and investigation by and for the TGNC community through a variety of art mediums. The comics will continue to be hosted by the studio and more works along similar lines will be created. The comics will remain open to access and free. Based on the discussions of the comics earlier the goal will be met where the comics will be utilized by the TGNC community via the tactical technical communication pathways that were identified as most used by the community. There is more research to be done but there is more work to be done by the anthropological community to work against its biases of what legitimacy and authority mean and what entities have them regarding the experiences and stories of others.

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Appendix A

Qualtrics Survey Questions

1. What age are you currently?
    a. Please enter your age in the text box below
        i. _____
    b. Prefer not to answer
2. Please provide the same answer you would on the U.S. Census Category for Race/Ethnicity
    a. White
    b. Hispanic, Latino, or Spanish
    c. Black or African American
    d. Asian
    e. American Indian or Alaska Native
    f. Middle Eastern or North African
    g. Native Hawaiian or other Pacific Islander
    h. Other
        i. _____
    i. Prefer not to answer
3. What is the highest level of education you have received?
    a. No formal education
    b. High School No Diploma
    c. High School GED or equivalent
    d. High School Graduate
    e. Some College No Degree
    f. Associates Degree
    g. Bachelor's degree
    h. Master's degree
    i. Professional Doctorate Degree
    j. Prefer not to answer
4. Current Occupation Status
    a. Employed Part-Time
    b. Employed Full-Time
    c. Self-Employed
    d. On Leave
    e. Unemployed by choice
    f. Unemployed and looking for work
    g. Student
    h. Retired
    i. Prefer not to answer
5. What is your current occupation?
    a. Please enter your current occupation below if applicable:
        i. _____
    b. Not applicable
    c. Prefer not to answer
6. Choose the section that best describes your Gross House-hold Income

    a. Less than $10,000
    b. $10,000-$29,999
    c. $30,000-$39,999
    d. $40,000-$85,999
    e. $86,000-163,999
    f. $164 or more
    g. Prefer not to Answer
7. Sex assigned at birth
    a. Female
    b. Male
    c. Intersex
    d. Prefer not to Answer
8. Gender identity
    a. Male
    b. Female
    c. Gender queer
    d. Gender fluid
    e. Nonbinary
    f. Bigender
    g. Two Spirit
    h. Other
        i. _____
    i. Prefer not to answer
9. Pronouns
    a. She/her
    b. He/him
    c. She/they
    d. He/they
    e. They/them
    f. Per/pers
    g. Fae/faer(s)
    h. Ve/ver/vis
    i. Xe/xem/xyr/xyrs
    j. Ze/Zie
    k. Hir/hirs
    l. Other
        i. _____
    m. Prefer not to answer
10. What is your current Zip code
    a. Enter zip code below
        i. _____
    b. Prefer not to answer
11. What age did you first talk to others about your gender or sexual identity?
    a. Please type the age below
        i. _____
    b. I have not talked to anyone about my gender or sexual identity yet
    c. Prefer not to answer
12. At what age did you first recognize your authentic gender?
    a. Please type the age below
        i. _____
    b. Prefer not to answer

13. What age did you first start social transitioning?
    a. Please type the age below
        i. _____
    b. I have come out but not social transitioned yet
    c. I have not come out but have social transitioned
    d. I have not come out and have not social transitioned
    e. Prefer not to answer
14. What age did you first start utilizing or using alternative gender-affirming care? (Some examples of alternative gender-affirming care include but are not limited to: chest binder, chest padding, packers, gaffs, hair cuts, wigs, make-up, self-performed surgery, unprescribed hormones, able to dress as desired, and use of chosen name)
    a. Please type the age below
        i. _____
    b. I do not have access to alternative gender-affirming care, but desire it
    c. I do not have access to alternative gender-affirming care, but do not desire it
    d. I have access to alternative gender-affirming care, but have not started utilizing it, and desire it
    e. I have access to alternative gender-affirming care, but have not started utilizing it, and do not desire it
    f. Prefer not to answer
15. What age did you first start having gender-affirming medical interventions (such as hormone replacement therapy, medical affirmation, or other medical forms of gender-affirming care)?
    a. Please type the age below
        i. _____
    b. I do not have access to gender-affirming medical care, but desire it
    c. I do not have access to gender-affirming medical care, but do not desire it
    d. I have access to gender-affirming medical care, but have not started medical interventions yet, and desire it
    e. I have access to gender-affirming medical care, but have not started medical interventions yet, and do not desire it
    f. Prefer not to answer
16. Please describe the forms of gender-affirming medical care you are currently provided (if any) in the text box below. If you prefer not to answer please leave this text box blank.
    a. _____
17. In the past 6 months how much have the following helped you with gender-affirmation? Rate the following from not helpful (0) to most helpful (10)
    a. Chest Binding 0—1—2—3—4—5—6—7—8—9—10
    b. Using a packer 0—1—2—3—4—5—6—7—8—9—10
    c. Using a Gaff 0—1—2—3—4—5—6—7—8—9—10
    d. Chest Padding 0—1—2—3—4—5—6—7—8—9—10
    e. Body Padding 0—1—2—3—4—5—6—7—8—9—10
    f. Use of Make-Up 0—1—2—3—4—5—6—7—8—9—10
    g. Hair cuts/Wigs 0—1—2—3—4—5—6—7—8—9—10
    h. Gender Affirming Clothing 0—1—2—3—4—5—6—7—8—9—10
    i. Social Transitioning 0—1—2—3—4—5—6—7—8—9—10
    j. Lack of Deadnaming/ Use of proper name of choice 0—1—2—3—4—5—6—7—8—9—10
    k. Legal Name Change 0—1—2—3—4—5—6—7—8—9—10
    l. Proper Pronoun Usage 0—1—2—3—4—5—6—7—8—9—10
    m. Non-prescribed Hormones 0—1—2—3—4—5—6—7—8—9—10
    n. Self-Performed Surgery 0—1—2—3—4—5—6—7—8—9—10

18. Prior to the past 6 months, how much have the following helped you with gender-affirmation? Rate the following from not helpful (0) to most helpful (10)
    a. Chest Binding 0—1—2—3—4—5—6—7—8—9—10
    b. Using a packer 0—1—2—3—4—5—6—7—8—9—10
    c. Using a Gaff 0—1—2—3—4—5—6—7—8—9—10
    d. Chest Padding 0—1—2—3—4—5—6—7—8—9—10
    e. Body Padding 0—1—2—3—4—5—6—7—8—9—10
    f. Use of Make-Up 0—1—2—3—4—5—6—7—8—9—10
    g. Hair cuts/Wigs 0—1—2—3—4—5—6—7—8—9—10
    h. Gender Affirming Clothing 0—1—2—3—4—5—6—7—8—9—10
    i. Social Transitioning 0—1—2—3—4—5—6—7—8—9—10
    j. Lack of Deadnaming/ Use of proper name of choice 0—1—2—3—4—5—6—7—8—9—10
    k. Legal Name Change 0—1—2—3—4—5—6—7—8—9—10
    l. Proper Pronoun Usage 0—1—2—3—4—5—6—7—8—9—10
    m. Non-prescribed Hormones 0—1—2—3—4—5—6—7—8—9—10
    n. Self-Performed Surgery 0—1—2—3—4—5—6—7—8—9—10
19. How useful have you found the following platforms, groups, or forms of support throughout your life? Rate the following from not useful (0) to most useful (10)
    a. Family Support and Recognition
    b. Trans/GNC specific support groups (in-person)
    c. Trans/GNC specific support groups (online)
    d. Community Groups Online
    e. Facebook Groups
    f. Online Forums
    g. Youtube
    h. Other Social Media Platforms
20. If you would like to please describe what is the most important part of gender-affirming care? If you prefer not to answer please leave this text box blank.
    a. _____
21. How would you describe gender-affirming care for yourself? If you prefer not to answer please leave this text box blank.
    a. _____
22. If you would like, please add any other information you would like the researchers to know about gender-affirming care (medical and non-medical). If you prefer not to answer, please leave this text box blank.
    a. _____
23. If you would like to participate in an more in-depth interview please contact the primary researcher Sara Berumen (they/them) via their email/phone (saraberumen@usf.edu/ (915)760-1061) or leave your email below:
    a. Type your email below if you want to participate in an more in-depth interview
        i. _____
    b. I prefer to not take part in the interview

Appendix B

Masking- participants not living authentically.

Definition: Individuals who are not living their authentic self or identity to protect themselves.

Includes: situations or actions where participants hide their identity or authentic self, desires, or needs because they were confused, in denial, fearful, or continued to "mask" for protection purposes throughout daily lives even when living authentically.

Not Include: Misgendering or instances where others are in denial of the individual's identity or where others pressure them to not be their authentic self for a variety of reasons.

Gender Policing- the act of policing others based on sociocultural gender constructs.

Definition: gender policing is when an individual harasses, controls, or comments upon another individual doing "gender" wrong based off their sociocultural conception of gender.

Includes: All instances where participants discuss being told that they need to act another way because "boys" or "girls" don't do those things, dress those ways, or act that way. This includes hetero society being enforced by others such as friends, family, teachers or other individuals.

Not Include: This does not include where individuals decided to not live their authentic life due to fear or other things. This is specifically tied to interactions with other individuals.

Gender Euphoria- feeling great about oneself, one's body, and one's gender.

Definition: when an individual felt great about themselves and felt happy about themselves, their bodies, their gender expression, or their gender identity.

Includes: This includes all instances where individuals discussed feeling great about themselves and their gender identity. This includes when individuals experienced this joy by themselves and with others or in a community.

Not Include: This does not include instances where individuals felt happy but also felt shame about their identity or experience.

Medical Gender Affirming Care (MGAC)- gender affirming care tied to the biomedical industrial complex.

Definition: Gender affirming care that is tied or rooted in the medical system.

Includes: All instances where individuals discuss HRT, surgery, medical treatment whether it be related to gender identity or general health, also includes where individuals define what gender affirming care means for them. Also includes instances where individuals tie transitioning or certain aspects of success to medical intervention.

Not Include: Instances of self-surgery, self-prescribed hormones, name change, social transitioning, or gender euphoria.

Alternative Gender Affirming Care (AGAC)- gender affirming care that occurs outside of typical medical settings.

Definition: gender affirming care that includes experiences, actions, items, and other things that area associated with gender affirming health care that exist and occur outside of typical biomedical settings.

Includes: Instances where individuals sought out information about themselves, what transgender means, about being trans, about gender non-conformity, or general practices of gender affirmation such as utilizing DIY Technologies, social transitioning, pronouns, gender affirming clothing, etc.

Not Include: This does not include any instances where gender affirming health care occurs or is tied to the biomedical system.

Knowledge Production- tactical technical communication

Definition: in which the participants utilize a variety of forms to access knowledge about being trans, options for trans people, and general education and shared experience sharing.

Includes: All instances of trans care, the technologies or items people utilized to gain information about transness or the trans community. This also includes instances in which individuals learned about gender-affirming care in any instance or about gender variation via other individuals or different groups whether that be online or in-person.

Not Include: Instances of trans advocacy in the sense of educating cis-gender individuals.

Gatekeeping- acts of controlling and limiting access to certain individuals.

Definition: The act of controlling or limiting access to things to certain individuals.

Includes: This includes when individuals discuss people telling them they were not allowed to be trans because they were not "trans enough." This also includes when participants faced issues of rejection or judgement within their own LGBTQ+ community and faced issues due to being trans. The code also applies to when individuals were unable to access gender-affirming care because their parents, insurance, or physicians controlled and limited it. This code includes gatekeeping by cis-hetero society such as doctors, friends, family, etc. as well as within the LGBTQ+ community.

Not Include: Gatekeeping does not include ideas surrounding gender policing or instances where trans people were not able to get a job or accepted by their families this is under other codes.

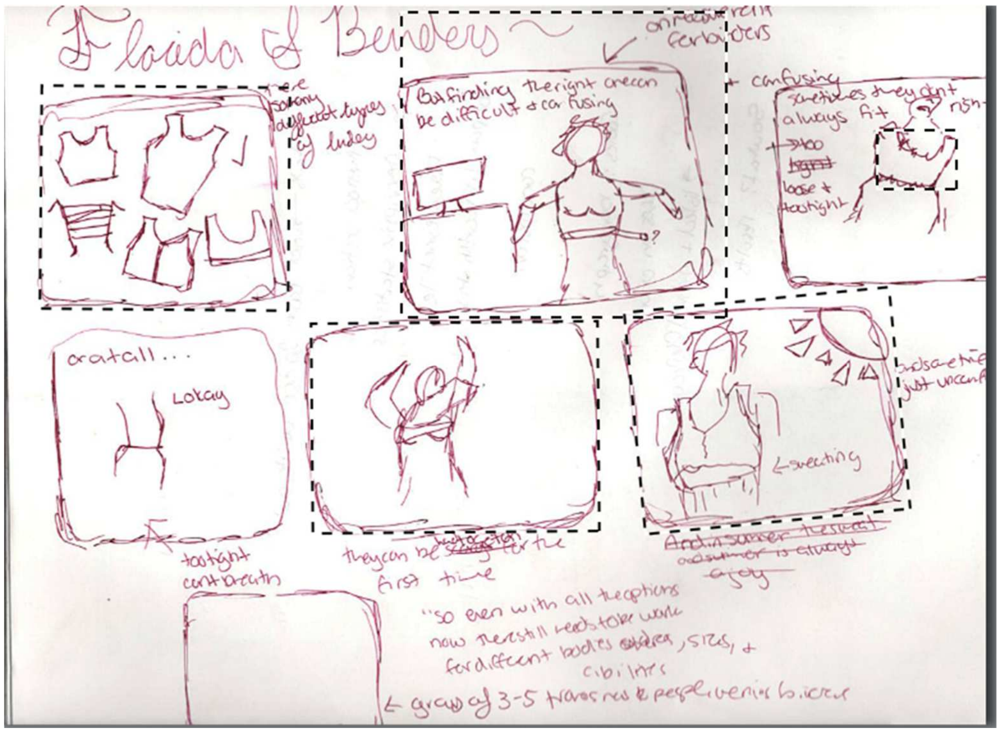
Gendered Violence- acts or experiences of violence, oppression, or discriminations based on gender identity alone.

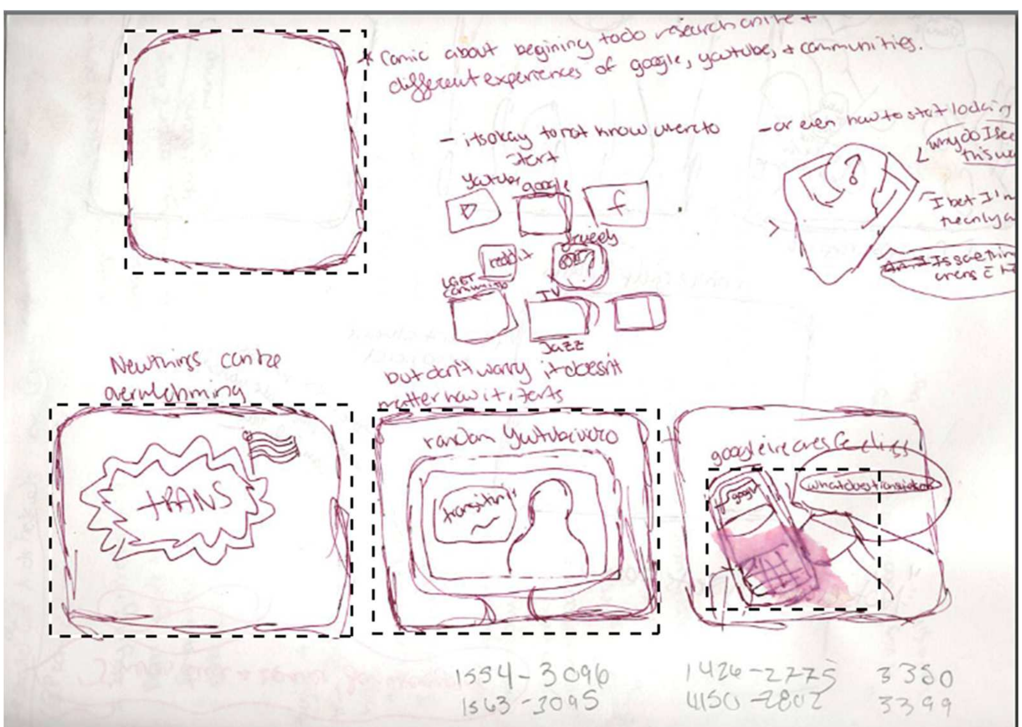
Definition: Acts of violence, discrimination, or oppression against TGNC individuals based in their gender identity alone.

Includes: Participants experiences of violence within interpersonal relationships such as family, bosses, interviewers, friends, or others based in their gender identity. This also includes realities of being unable to function normally in society due to being TGNC or difficulties individuals face in everyday life due to not being cis gender.

Not Include: This does not include violence against TGNC by limiting access to gender-affirming care. Also does not include gender policing or enforcement of gender norms.

Appendix C

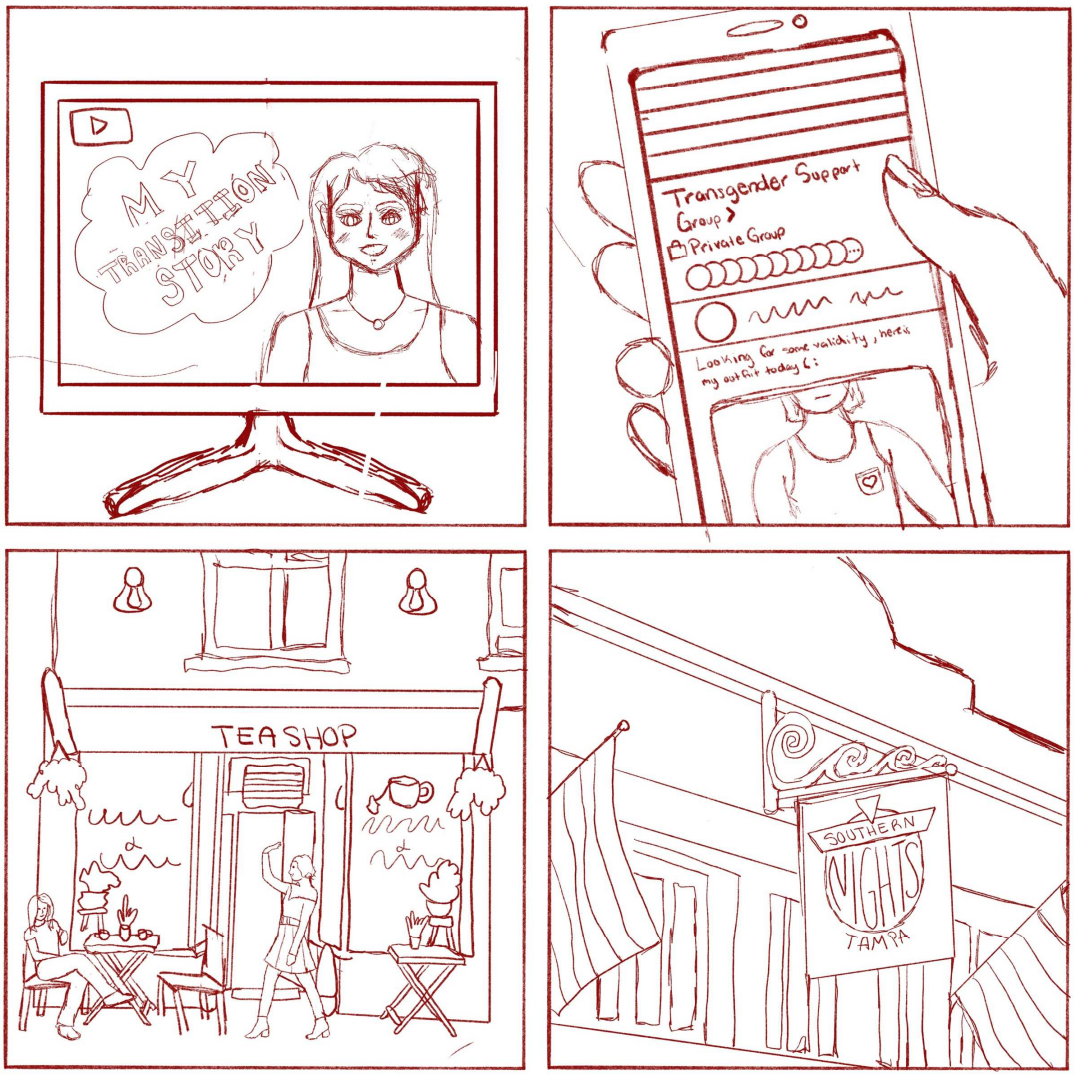

confusing
overall...
okay
sweating
first time
"so even with all the options


* Comic about begining todo research online &
different experiences of google, youtube, & communities.
- or even how to start looking
youtube
google
f
reddit
TV
Jazz
New things can be
overwhelming
but don't worry it doesn't
matter how it starts
TRANS
random Youtube video
1554-3096
1563-3095
1426-2775
4150-2802
3380
3399

Appendix D


There are a lot of different binding options
Cloth Binder
Binders with Zippers
Sports Bra
Full length Cloth Binder
Binding Tape
It can be difficult to find the right size and sizing can be confusing
CHEST MEASUREMENT
SHOULDER MEASUREMENT
I don't think this is right-
tight
They don't always fit right...
loose
...or at all.
CANT BREATH
Ohno?
It can be a little tricky getting one on for the first time.
And sometimes plain undesirable
Yeah... no, this is not going to happen
So although binders can be great, there is still a lot of work for them to be accessible and useful to ~all trans bodies~

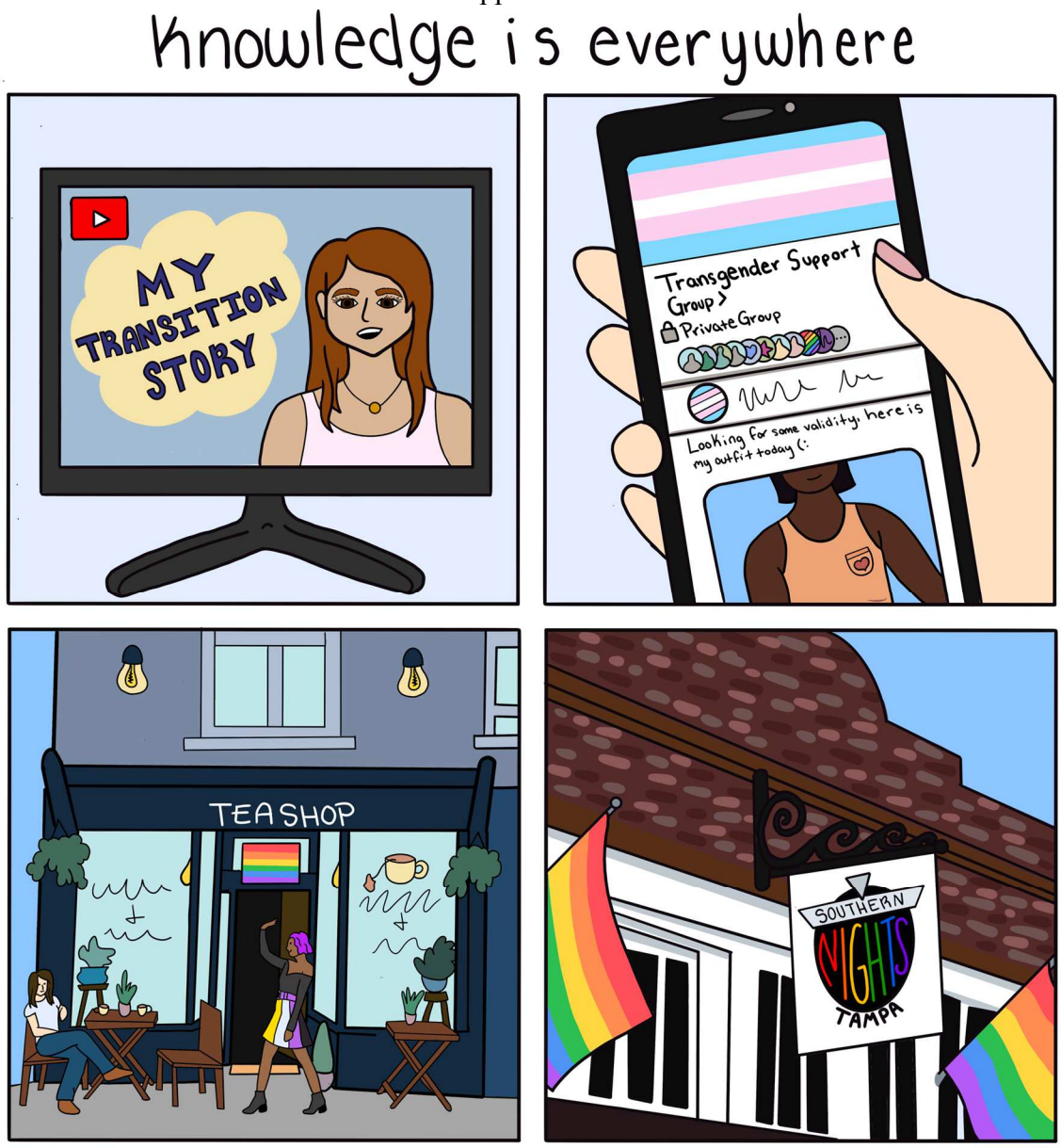
We all start some where



Appendix E


There are a lot of different binding options
G2C Binder
Binders with Zippers
Binding Tape
Full length Cloth Binder
Sports Wear
It can be difficult to find the right size since sizing can be confusing
???
CHEST MEASUREMENT
SHOULDER MEASUREMENT
I don't think this is right
TIGHT
They don't always fit right...
LOOSE
... or at all
CANT BREATH
I'm DEFINITELY stuck now
It can be tricky getting one on for the first time
and sometimes plain unbearable
Yeah... not happening
So although binders can be great, there still a lot of work for them to be accessible and useful for
~all trans bodies~

Appendix F


Knowledge is everywhere
MY TRANSITION STORY
Transgender Support Group
Private Group
Looking for some validity, here is my outfit today (:
TEA SHOP
SOUTHERN NIGHTS TAMPA