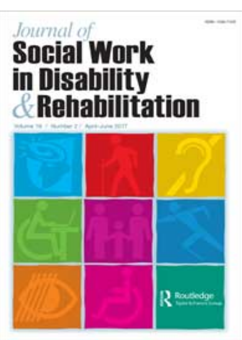

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Differences in Experiences of Discrimination in Accessing Social Services Among Transgender/Gender Nonconforming Individuals by (Dis)Ability

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ABSTRACT
Transgender and gender nonconforming (GNC) individuals frequently experience discrimination and potentially a lack of respect from service providers, suggesting they have decreased access to professionals with cultural competency. Similarly, people with disabilities experience higher levels of discrimination in social services than their nondisabled counterparts. From an intersectional perspective, this study examines rates of discrimination in accessing social services faced by transgender and GNC people, comparing across ability. Data indicate that although transgender and GNC individuals of all abilities experience gender-based discrimination when accessing social services, those with disabilities experience higher levels of antitransgender discrimination in mental health centers, rape crisis centers, and domestic violence shelters.

KEYWORDS
Ableism; discrimination; gender equity; gender nonconforming; human services; intersectional; social services; transgender issues

In the 2010 U.S. Census, the U.S. Census Bureau (2012) reported that of respondents aged 15 and older, 21.3% reported having a disability, with 14.8% of all respondents having a disability defined as being severe, suggesting that approximately one fifth of U.S. residents are currently living with a disability. The General Social Survey (GSS, n.d.) examines not only the overall prevalence of disability, but also rates of disabilities by type of disability. Because of more specificity in questions asked and because respondents might indicate more than one type of disability, the overall total of the different types of disabilities is higher than the percentage of all people with disabilities suggested by the U.S. Census. The GSS found that 19.2% of the respondents in 2006 experienced a disability, with 16.4% having a physical disability, 5.2% having a vision impairment, 5.6% having a hearing impairment, 4.6% having an emotional or mental disability, and 9.1% having difficulties in learning or concentrating (GSS, n.d.; Schur & Adya, 2013).

People with disabilities report higher rates of discrimination across multiple contexts than do their nondisabled counterparts. These contexts include employment, housing, educational settings, and accessing buildings and public transportation (Draper, Reid, & McMahon, 2010; Dymi, 2007; Hutcheon &

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Wolbring, 2012; Marks, 1996; McCluskey, 1988; O'Keeffe, 1993; Rumrill & Fitzgerald, 2010). Discrimination can be in the form of inaccessibility to needed environmental spaces, being treated differently than their nondisabled peers, or even being denied service.

An estimated 0.3% to 5.0% of adults identify with a gender identity that falls somewhere within the transgender or gender nonconforming (GNC) umbrella (Gates, 2011; Transgender Law and Policy Institute, n.d.; Trotter, 2010). This includes all individuals whose sex they were assigned at birth does not match the gender they identify as today. People who want to transition completely from male to female or female to male are included in this category, as are those whose gender is more fluid, such as those who identify with terms such as nonbinary, genderqueer, gender fluid, and agender. Given the expansive definition of transgender or GNC and the different operationalizations of the term, it is not surprising to find varying prevalence rates. Although the language surrounding this community is consistently changing, and terms like gender variant and gender expansive are currently emerging in the literature, we have opted to use the term GNC for consistency, as that is the language used in the survey that collected the data used in this study.

In the United States, as with people with disabilities, transgender and GNC individuals experience higher rates of discrimination across multiple contexts than cisgender (nontransgender) individuals. These contexts include employment, housing, and accessing traditionally gender-segregated facilities such as bathrooms (Bradford, Reisner, Honnold, & Xavier, 2013; Grant et al., 2011; Katz-Wise & Hyde, 2012; Lombardi, Wilchins, Priesing, & Malouf, 2002; Seelman, 2014).

Social service and treatment needs

In this section, we examine what is currently known about the social service needs of individuals with disabilities and transgender individuals by social service context. Although individuals could have multiple and overlapping social service needs, we have organized this section to be parallel to the analysis of the social service contexts examined in this study: mental health, sexual assault, intimate partner violence, and substance use. Across most of the areas, little research exists, and what does exist comes from contexts other than the United States. However, the general pattern that emerges for both groups regardless of social service context is greater need due to elevated risks combined with decreased access to treatment and services.

Mental health

Individuals with disabilities as well as transgender individuals report higher rates of mental health issues than their nondisabled or cisgender counterparts,

respectively. This includes elevated rates of depression (disabilities: Mitra et al., 2015 as cited by Disability and Health Data System; Slayter, 2009; transgender: Bockting, Miner, Swinburne Romine, Hamilton, & Coleman, 2013; Fredriksen-Goldsen et al., 2014), higher levels of suicidality (disabilities: Giannini et al., 2010; Pompili et al., 2012; Wetzel et al., 2011; transgender: Clements-Nolle, Marx, Guzman, & Katz, 2001; Grant et al., 2011; Kenagy, 2005; Kenagy & Bostwick, 2005; Xavier et al., 2004), as well as increased levels of generalized psychological distress (disabilities: Scott & Havercamp, 2014; Slayter, 2009; transgender: Fredriksen-Goldsen et al., 2014; Horvath, Iantaffi, Swinburne-Romine, & Bockting, 2014; Mizock & Lewis, 2008; Newfield, Hart, Dibble, & Kohler, 2006; Shipherd, Green, & Abramovitz, 2010).

Although mental health prevalence rates appear to be higher, access to needed services appears to be a significant issue. Other than transportation (Smith, 2008), which might be a barrier unique for individuals with disabilities, similar barriers exist for both groups and include costs of treatment and services, stigma, and prejudicial attitudes and discriminatory behavior (disabilities: Corrigan & Lam, 2007; Smith, 2008; West, 1991; transgender: Sanchez, Sanchez, & Danoff, 2009; Shipherd et al., 2010; Stotzer, Silverschanz, & Wilson, 2013; Willging, Salvador, & Kano, 2006). Although utilization of needed mental health services appears to vary by type of disability and type of mental health issue (Cradock-O'Leary, Young, Yano, Wang, & Lee, 2002; Roy-Byrne et al., 1999), evidence suggests that only about half of transgender individuals with psychological distress receive needed services (Shipherd et al., 2010).

Sexual assault

Sexual assault is another area that represents increased risk for individuals with disabilities (Mitra, Mouradian, & Diamond, 2011) and transgender individuals (Stotzer, 2009). Rates of sexual victimization for women with disabilities (26.6%) appear to be more than twice that for women without disabilities (12.4%), and the rate for men with disabilities (13.9%) appears to be more than three times that for men without disabilities (3.7%; Mitra et al., 2011; see also Grossman & Lundy, 2008). Although some studies have found lower rates of sexual violence among transgender individuals (10%–15%; Lombardi et al., 2001; Witten, 2003; Xavier, 2003), numerous other studies have found that 50% or more of transgender respondents report a history of forced sex or rape (Clements-Nolle, Marx, & Katz, 2006, 59%; Garofalo, Deleon, Osmer, Doll, & Harper, 2006, 52%; Kenagy, 2005, 54%). When combining direct or secondary victimization of sexual violence, that percentage has been found to be closer to 66% of the transgender population, with 23% reporting being victims or witnesses of sexual violence five or more times (For Ourselves: Reworking Gender Expression (FORGE), 2005).

Women with disabilities appear to be at greater risk for sexual assault not only by friends and family members, but also at the hands of service providers (Curry & Navarro, 2002), and sexualized violence appears to start an early age (i.e., 12–15 years old) for many transgender individuals (FORGE, 2005; Wyss, 2004; Xavier, Honnold, & Bradford, 2007). The heightened risk for both groups additionally accrues differently across other identities, including variation by age, gender, gender identity, and severity of disability (Casteel, Martin, Smith, Gurka, & Kupper, 2008; Kenagy, 2005; Kenagy & Bostwick, 2005; Nannini, 2006; Xavier et al., 2007), underscoring the importance of an intersectional analysis to understand nuanced differences within groups.

Although prevalence of sexual assault might be higher for individuals with disabilities and transgender individuals, their treatment-seeking behaviors might not be proportionate to their experiences. Grossman and Lundy (2008) found that individuals with disabilities were less likely to come to programs such as rape crisis centers through self-referral than individuals without disabilities, although they were more likely to come through social service referrals. In terms of seeking social services or reporting the sexual assault, it appears that few transgender individuals report sexual violence incidents to the police (FORGE, 2005; Xavier et al., 2007) or seek assistance from social service agencies, with one study finding that 29% of transgender women people of color who needed rape crisis services were unable to access them (Nemoto, Operario, & Keatley, 2005). As with the risk for sexual assault, Seelman (2015) found that the likelihood of discrimination at rape crisis centers for transgender individuals also varied based on other identities (e.g., socioeconomic status, citizenship, history of sex work involvement, mental health issues).

Intimate partner violence

Intimate partner violence (IPV) rates in the disability community are high (Lund, 2011) and IPV is thought to affect up to 54% of adult women with disabilities (Coker, Smith, & Fadden, 2005), with women with disabilities experiencing IPV at a much higher rate (as much as twice as often) than women without disabilities (Barrett, O'Day, Roche, & Carlson, 2009). Likewise, men with disabilities also appear to be at increased risk for vulnerability to various kinds of victimization and abuse compared to men without disabilities (Powers et al., 2008), including the risk for IPV (Mitra & Mouradian, 2014). The same pattern emerges for transgender individuals, with research suggesting that transgender individuals are both at an increased risk compared to cisgender individuals and they experience some of the most severe IPV (Landers & Gilsanz, 2009; NCAVP, 2013). Comparing rates of IPV between cisgender lesbian, gay, bisexual, and queer (LGBQ) and transgender individuals, transgender individuals are anywhere from 1.5 to 3.0 times as likely to experience IPV (Landers & Gilsanz, 2009; Langenderfer-Magruder,

Whitfield, Walls, Kattari, & Ramos, 2016; NCAVP, 2013), depending on what specific type of behavior is being examined and the geographic composition of the sample. Further, initial results from the Gender, Violence and Resource Access Survey show that approximately 50% of transgender individuals report being raped or sexually assaulted by their partners (Courvant & Cook-Daniels, n.d.).

Rates of reporting IPV in general are low (Tjaden & Thoennes, 2000), with reporting of and help seeking for IPV-related issues appearing to be similar for women with disabilities (21.3%) and women without disabilities (17.1%; Slayter, 2009). However, the rate of reporting appears to be lower among LGBTQ IPV survivors (Brown, 2008), and although rates of IPV among transgender individuals appear to be higher than rates among LGBQ cisgender individuals, rates of reporting IPV to the police among those who experienced IPV does not appear to differ significantly (18.4% vs. 26.1%, respectively; Langenderfer-Magruder et al., 2016). There is a paucity of research to assess service utilization or access for the disabled community as well as the transgender community, but what does exist on the LGBTQ community suggests that for LGBTQ survivors of IPV, experiences of discrimination—both institutional and individual—are not uncommon when they attempt to access services (GLBT Domestic Violence Coalition & Jane Doe, Inc., 2005).

Substance abuse

Prevalence rates of substance abuse appear to be higher for individuals with disabilities than those in the general population (Krahn, Farrell, Gabriel, & Deck, 2006), and among transgender populations than among their cisgender counterparts (Benotsch et al., 2013; Clements-Nolle et al., 2001; Coulter et al., 2015; Flentje, Heck, & Sorenson, 2014; Herbst et al., 2008; Kecojevic et al., 2012; Lyons et al., 2015; Reback & Fletcher, 2014; Santos et al., 2014). Substance use is associated with increased likelihood of a number of psychosocial risks, including physical victimization (disabilities: Wolf-Branigan, 2007; transgender: Reisner, Greytak, Parsons, & Ybarra, 2015), HIV infection (transgender: Clements-Nolle et al., 2001; Hoffman, 2014; Longshore, Annon, & Anglin, 1998; Operario, Nemoto, Iwamoto, & Moore, 2011; Ramirez-Valles, Garcia, Campbell, Diaz, & Heckathorn, 2008; Reback & Fletcher, 2014; Santos et al., 2014), and increased psychological issues (disabilities: Compton, Thomas, Stinson, & Grant, 2007; Keuroghlian, Reisner, White, & Weiss, 2015; Taggart, McLaughlin, Quinn, & Milligan, 2006; transgender: Benotsch et al., 2013; Rowe, Santos, McFarland, & Wilson, 2015).

Although prevalence rates of substance abuse are higher, research has shown that there are clear disparities in their access to treatment (disabilities: Krahn, Deck, Gabriel, & Farrell, 2007). A study of Medicaid enrollees' access to substance abuse services in Oregon found that adults with disabilities are

half as likely as other Medicaid enrollees to enter into treatment, even though substance abuse rates are higher (Krahn et al., 2007). Wolf-Branigan (2007) found that individuals with disabilities were less likely to receive addiction treatment for short-term and outpatient treatment episodes. Although specific factors contributing to this disparity are unclear, barriers such as provider attitudes and referrals might be contributing to the current inequities (Krahn et al., 2007). Among transgender clients who have accessed substance abuse treatment programs (including self-help programs), reports of verbal and physical abuse by other clients and by staff, being required to wear clothes perceived to be appropriate for the sex they were assigned at birth, and being assigned to sleep and shower with clients of the sex they were assigned at birth were common (Lombardi, 2007; Transgender Substance Abuse Treatment Policy Group of the San Francisco Lesbian, Gay, Bisexual, Transgender Substance Abuse Task Force, 1995). One study found that most transphobic events were on the part of staff rather than clients, that programs did not address trans issues, and that about one third dropped out of treatment because of the transphobic experiences (Lombardi, 2007).

Intersectionality

Derived from a critical feminist framework, intersectionality is an important lens that is used to better understand the lived experiences of individuals across identities, both those identities that hold power in society, as well as those that experience marginalization in society (Crenshaw, 1991; Warner & Shields, 2013). In using an intersectional approach, researchers must conduct an analysis of group differences within the group being studied to more deeply understand these intersections (Mahalingam, 2006). In this study, the intersection of ability (including different types of disability) within a community that experiences marginalization based on gender identity will be examined to explore the relationship this intersection of identities has on individual experiences of antitransgender discrimination.

Social model of disability

Disability advocates have suggested a move away from the more traditional medical model of disability toward a social model of disability that views disability as a social creation, and also recognizes disability as an identity. This social model of disability (Shakespeare, 2006; Union of the Physically Impaired Against Segregation, 1974) recognizes impairment as distinguished from disability; it defines impairment as individual and private (someone who is blind, or has limited mobility), whereas it defines disability as structural and public (society's reaction to impairment, which then "disables" individuals by how their impairments operate within an ableist society). Currently, the

medical model treats disability as a problem faced on the individual level, or an issue that should be "fixed." Conversely, the social model views disability to be a social creation, specifically the relationship between an impairment and a society that is disabling (Shakespeare, 2006). This study operates on the social model of disability, supporting participants in identifying themselves as disabled or not, rather than using a medical diagnosis of disability.

Research question

The current literature on access to social services and the impact of discrimination on transgender and GNC individuals is fairly limited, but what does exist paints a picture of lack of cultural competence and heightened experiences of discrimination. One concern that has been overlooked is whether there is a differential experience of discrimination within the transgender and GNC community based on whether someone has a disability or impairment, including physical, learning, socioemotional, or multiple disabilities. This study examines ability differences in experiencing social service discrimination among transgender and GNC persons. Specifically, do transgender and GNC individuals who have disabilities or impairments experience different levels of discrimination than their nondisabled transgender and GNC counterparts when attempting to access various social services? It extends the existing analysis of the 2010 National Transgender Discrimination Survey (NTDS) data set and examines the patterns of discrimination by ability across four different contexts: mental health centers, rape crisis centers, domestic violence shelters, and drug treatment programs.

Method

Secondary data analysis of data from the 2010 NTDS ($N = 6{,}456$), which were collected by the National Center for Transgender Equality (NCTE) and the National Lesbian, Gay, Bisexual, Transgender and Queer Task Force (The Task Force) is used. In recruiting participants, this survey used the language, "You are invited to participate in a research project regarding transgender and gender non-conforming people in the United States" (NTDS, 2010, p. 1) and defined transgender and GNC as "people whose gender identity or expression is different, at least part of the time, than the sex assigned to them at birth" (NTDS, 2010, p. 3). The data from the NTDS were collected using surveys disseminated via the Internet, available in both English and Spanish, advertised to potential participants via both NCTE and the Task Force's e-mail lists, partner organizations' member lists, and via social media including Twitter, blogs, and Facebook. The sample includes residents of all 50 U.S. states, Washington, DC, Guam, and Puerto Rico. All participants were aged 18 and up, with all participants self-identifying as transgender, GNC, or both,

to take the survey. Among other survey items, participants were asked if they had ever experienced discrimination based on their gender identity or gender expression across a number of situations, including when trying to access mental health centers, rape crisis centers, domestic violence shelters, and drug treatment programs. The authors' university institutional review board approved this study as secondary data analysis.

Before analysis began, all responses for variables of interest to this study were examined for missing data. For each social service area (mental health centers, rape crisis centers, domestic violence shelters, and drug treatment programs), the variables were recoded so that only respondents who tried to access that specific social service were included in the analysis of whether or not they experienced discrimination when doing so. Individuals who had not used or attempted to use each of the social services were excluded from that specific analysis to avoid conflation of nonuse with lack of experience of discrimination.

The question inquiring about disability asked, "Not including any gender-related mental health diagnosis, do you have a disability (physical, learning, mental health) that substantially affects a major life activity?" For the initial analyses, for those individuals who reported having one or more types of disabilities, they were recoded as has disability, and all others were recoded as no disability. Following this, individuals with disabilities were coded categorically by type of disability (physical, learning, socioemotional, and multiple disabilities). If a respondent answered "yes" to having multiple types of disabilities, he or she was coded in the multiple disabilities category.

All individuals who responded that they were more than one race or ethnicity were recoded as multiracial. All those who answered that they identified as White, and indicated no other racial or ethnic identity, were coded as White, and those who responded with only one racial or ethnic identity were coded as such (Black, American Indian, Latino, Asian/Pacific Islander and Middle Eastern). Because of the small number of Middle Eastern respondents ($n = 5$), they were combined with Asian/Pacific Islander respondents for this analysis. Primary gender lived today included responses of male/man, female/woman, part time (i.e., not living their authentic gender at all times) and not listed, and sexual orientation response options included heterosexual, gay/lesbian, bisexual, queer, asexual, and other. Age was collected as a continuous variable, and income was collected in ranges (e.g., \$10,000–\$19,999). For each income range, the midpoint was used to recode the variable, and this was divided by \$10,000 for ease of interpretation. Data analyses included descriptive statistics and chi-square tests of independence to determine independence in prevalence and frequency of discrimination by ability, first comparing people with no disabilities (nondisabled) with those who experience disability, then comparing each specific type of disability to each other. Following this, a binary logistic regression was run for each context of social services to better understand the nuances of different identities and experiences.

Results

Descriptive statistics

After completing data cleaning, the sample size was 6,456. All identified as transgender, GNC, or both, and among the respondents, 26.2% ($n = 1{,}687$) identified as male/man, 40.5% ($n = 2{,}608$) identified as female/woman, 19.8% ($n = 1{,}275$) identified as living part time in their authentic gender, and 13.4% ($n = 864$) identified with a term not listed and were given the opportunity to fill in their own preferred gender identity. Racially, 75.5% ($n = 4{,}872$) identified as White, with 24.5% ($n = 1{,}584$) identifying as people of color. See Table 1 for both the specific racial and ethnic identities and the sexual orientations of the respondents. A wide range of ages was represented in the sample, with the smallest group being those aged 65 and older. The mean age was 36.7 years; the median age was 33 years, with a range from 18 to 98 years ($n = 5{,}885$). The age variable was normally distributed, and there were multiple participants with ages in the 80s and 90s. Of the sample, 32.5% of the participants self-identified as having a disability.

Table 1. Sample description by disability.

			Disability				
Variable	*n*	Physical	Learning	Socioemotional	Multiple	No disability	
Sexual orientation	6,368						***
Gay/lesbian	1,326	9.90%	3.00%	10.40%	9.20%	67.50%	
Bisexual	1,473	10.10%	3.20%	11.30%	7.30%	68.00%	
Queer	1,270	6.70%	3.50%	15.00%	8.50%	66.30%	
Heterosexual	1,341	9.80%	2.70%	9.00%	5.80%	72.70%	
Asexual	260	14.20%	3.50%	15.40%	10.80%	56.20%	
Other	698	9.70%	4.70%	12.90%	11.60%	61.00%	
Race	6,456						***
White	4,872	9.10%	3.10%	11.60%	7.70%	68.50%	
Black	290	10.70%	3.40%	11.70%	6.20%	67.90%	
American Indian	83	18.10%	3.60%	7.20%	14.50%	56.60%	
Latino	217	6.00%	4.10%	8.30%	6.90%	74.70%	
Asian/Pacific Islander	137	5.80%	2.90%	8.80%	5.10%	77.60%	
Middle Eastern	5	40.00%	0.00%	0.00%	0.00%	60.00%	
Multiracial	852	11.20%	4.10%	13.30%	12.20%	59.30%	
Primary gender today	6,434						***
Male/man	1,687	7.90%	3.30%	11.60%	8.40%	68.90%	
Female/woman	2,608	10.80%	2.60%	11.80%	8.40%	66.40%	
Part time	1,275	8.90%	4.00%	8.40%	6.10%	72.60%	
Not listed	864	8.40%	4.60%	15.90%	10.50%	60.50%	
Education level	6,417						***
Did not finish high school	266	9.00%		13.90%	12.80%	56.80%	
High school diploma/GED	540	10.40%		13.70%	8.00%	62.60%	
Some college/tech	2,079	10.70%		13.10%	9.90%	62.70%	
Associate's/bachelor's	2,251	8.20%		10.60%	8.30%	70.10%	
Postgraduate degree	1,281	9.00%		9.60%	4.80%	74.60%	
Age (*M*)	5,885	40.39		33.91	36.46	36.99	***
Annual household income (*M*)	6,258	46,112		39,856	34,375	61,033	***

Note: GED = general education diploma.
*$p < .05$. **$p < .01$. ***$p < .001$.

Discrimination in access

A sizable portion of transgender and GNC individuals, regardless of disability, reported having experienced discrimination across all four types of social service settings examined in the survey, as shown in Tables 2 and 3.

Mental health centers

When attempting to access mental health centers, 6.2% of those with no disability and 17.3% with one or more disabilities experienced discrimination, $\chi^2(1, N = 3{,}770) = 118.421$, $p < .001$. Additionally, there were statistically significant differences between types of disabilities and experiences of discrimination: people with physical disabilities (13.8%), learning disabilities (15.8%), social-emotional disabilities (15.5%), and multiple disabilities (23.3%), $\chi^2(1, N = 3{,}191) = 14.991$, $p < .01$., with rates of discrimination ranging from approximately twice up to almost four times that of those without disabilities.

Rape crisis centers

Of those trying to use rape crisis centers, 3.3% of those with no disability and 7.8% of those with one or more disabilities experienced discrimination, $\chi^2(1, N = 2{,}424) = 23.717$, $p < .001$. Again, there were statistically significant differences between types of disabilities and experiences of discrimination for people with physical disabilities (5.9%), learning disabilities (16.9%), social-emotional disabilities (9.1%), and multiple disabilities (15.9%), $\chi^2(1, N = 3{,}191) = 18.576$, $p < .001$. Rates were up to four times the rates of discrimination for those without disabilities.

Domestic violence shelters

When trying to access domestic violence shelters, 3.5% of those with no disability and 9.9% of those with one or more disabilities experienced discrimination, $\chi^2(1, N = 2{,}438) = 40.860$, $p < .001$. There were statistically significant differences between types of disabilities and experiences of discrimination: people with physical disabilities (5.9%), learning disabilities (9.6%), social-emotional disabilities (9.1%) and multiple disabilities (15.9%),

Table 2. Lifetime experience of discrimination in social service settings by nondisabled versus disabled for those who attempted to use social services.

Variable	n	Has disability ($n = 2{,}100$)	No disability ($n = 4{,}356$)	*
Discrimination				
Mental health center	3,770	17.3%	6.2%	***
Rape crisis center	2,424	7.8%	3.3%	***
Domestic violence shelter	2,438	9.9%	3.5%	***
Drug treatment program	2,413	4.7%	2.0%	***

*$p < .05$. **$p < .01$. ***$p < .001$.

Table 3. Lifetime experience of discrimination in social service settings by disability for those who attempted to use social services.

Variable	n	Physical	Disability			*
			Learning	Socioemotional	Multiple	
Discrimination						
Mental health center	1,433	13.8%	15.8%	15.5%	23.3%	**
Rape crisis center	832	5.9%	16.9%	9.1%	15.9%	***
Domestic violence shelter	830	5.9%	9.6%	9.1%	15.9%	**
Drug treatment program	825	3.0%	5.2%	4.0%	7.7%	

*$p < .05$. **$p < .01$. ***$p < .001$.

$\chi^2(1, N = 3{,}191) = 13.529$, $p < .01$. Rates for those with certain types of disabilities were up to four times the rate for those without disabilities.

Drug treatment programs

When attempting to access drug treatment programs, 2.0% of those with no disability and 4.7% of those with one or more disabilities experienced discrimination, $\chi^2(1, N = 2{,}413) = 13.984$, $p < .001$. There were no significant differences between types of disabilities and experiences of discrimination in this particular context: people with physical disabilities (3.0%), learning disabilities (5.2%), social-emotional disabilities (4.0%), and multiple disabilities (7.7%).

Discrimination: Logistic regression

We examined the relationship between type of disability (including nondisabled individuals) and likelihood of experiencing discrimination across the four social service contexts, controlling for a number of correlates including income, age, race and ethnicity, gender identity, and sexual orientation (see Table 4). All of the correlates included in the model are variables that might also contribute to likelihood of experiencing discrimination, making the findings of the models about differences related to disability more robust.

Mental health centers

For each increase of $10,000 in annual income, the likelihood of experiencing discrimination decreased by 5.0% (OR = 0.95, 95% CI [0.92, 0.98]). For each year of increase in age of the respondent, the likelihood of experiencing discrimination decreased by 2.0% (OR = 0.98, 95% CI [0.97, 0.99]). Latino individuals experienced two times the likelihood (OR = 2.30, 95% CI [1.34, 3.96]) of experiencing discrimination, and multiracial individuals were almost twice as likely to report discrimination (OR = 1.86, 95% CI [1.40, 2.47]) than participants who were White. No significant differences emerged between Black, American Indian, or Asian/Pacific Islander/Middle Eastern respondents and White respondents. Individuals who lived part time as their authentic gender were 63% less likely to experience discrimination than their female/women

Table 4. Logistic regression models of how age, gender, race, sexual orientation, education level, income, and disability relate to increased likelihood of experiencing discrimination in social services settings.

Variable	Model 1: Mental health centers	Model 2: Rape crisis centers	Model 3: Domestic violence shelters	Model 4: Drug treatment programs
Education level (Associate's/Bachelor's)				
No HS Diploma	0.57 [0.29, 1.11]	1.20 [0.53, 2.73]	0.77 [0.35, 1.73]	0.77 [0.27, 2.23]
HS Diploma/GED	0.84 [0.54, 1.29]	0.75 [0.34, 1.69]	0.88 [0.46, 1.70]	0.54 [0.19, 1.53]
Some college/tech	0.91 [0.69, 1.20]	1.23 [0.73, 2.07]	0.96 [0.60, 1.53]	1.40 [0.76, 2.59]
Postgraduate	1.16 [0.83, 1.63]	2.07 [1.10, 3.88]*	1.30 [0.70, 2.41]	0.92 [0.35, 2.41]
Income	0.95 [0.92, 0.98]**	0.88 [0.82, 0.95]***	0.88 [0.82, 0.94]**	0.90 [0.83, 0.99]*
Age	0.98 [0.97, 0.99]***	0.97 [0.95, 0.99]**	0.97 [0.95, 0.99]**	0.97 [0.94, 0.99]**
Race (White)				
Black	0.64 [0.33, 1.26]	1.30 [0.60, 2.79]	1.48 [0.74, 2.96]	1.79 [0.74, 4.33]
American Indian	1.21 [0.52, 2.80]	1.91 [0.64, 5.75]	1.68 [0.56, 5.02]	2.41 [0.53, 10.93]
Latino	2.30 [1.34, 3.96]**	2.75 [1.37, 5.55]**	3.10 [1.60, 5.97]**	3.97 [1.70, 9.27]**
Asia/Pacific Islander/Middle Eastern	0.76 [0.30, 1.95]	0.00 [0.00, 0.00]	0.37 [0.05, 2.76]	0.71 [0.09, 5.42]
Multiracial	1.86 [1.40, 2.47]***	1.35 [0.79, 2.31]	1.77 [1.09, 2.86]*	2.36 [1.25, 4.43]**
Primary gender today (Female/woman)				
Male/man	0.91 [0.69, 1.21]	1.10 [0.66, 1.81]	1.29 [0.81, 2.04]	0.98 [0.51, 1.87]
Part time	0.37 [0.25, 0.56]***	0.63 [0.34, 1.81]	0.74 [0.42, 1.30]	0.48 [0.21, 1.08]
Not listed	0.86 [0.60, 1.23]	0.80 [0.42, 1.50]	0.73 [0.40, 1.36]	1.13 [0.54, 2.38]
Sexual orientation (Heterosexual)				
Gay/lesbian	1.32 [0.91, 1.90]	1.47 [0.79, 2.74]	1.62 [0.87, 2.97]	2.76 [0.96, 7.94]
Bisexual	1.27 [0.85, 1.82]	0.91 [0.46, 1.79]	1.33 [0.72, 2.45]	4.69 [1.72, 12.79]**
Queer	1.24 [0.85, 1.82]	1.45 [0.75, 2.80]	1.46 [0.77, 2.75]	3.45 [1.19, 10.01]*
Asexual	1.66 [0.89, 3.10]	0.82 [0.23, 2.96]	1.68 [0.63, 4.49]	3.23 [0.73, 14.36]
Other	1.67 [1.09, 2.55]*	1.88 [0.91, 3.87]	1.97 [0.96, 4.02]	3.07 [0.92, 10.32]
Type of disability (Nondisabled)				
Socioemotional	2.68 [1.96, 3.65]***	0.98 [0.48, 2.00]	2.13 [1.25, 3.65]**	1.62 [0.78, 3.38]
Physical	2.54 [1.77, 3.65]***	1.61 [0.87, 2.98]	1.84 [1.01, 3.36]*	1.44 [0.61, 3.43]
Learning	2.36 [1.36, 4.11]**	3.91 [1.91, 7.92]***	1.80 [0.77, 4.18]	1.87 [0.61, 5.70]
Multiple	4.08 [2.98, 5.58]***	3.00 [1.72, 5.16]***	3.41 [2.10, 5.54]***	3.63 [1.87, 7.05]***

Note: HS = high school; GED = general education diploma. Odds ratios are adjusted for the other predictors in the model.
*$p < .05$. **$p < .01$. ***$p < .001$.

identified counterparts (OR = 0.37, 95% CI [0.25, 0.56]), and no significant differences emerged between the male/man identified individuals or those who identified as a gender identity not listed when compared with female/women respondents. Participants who identified as a sexual orientation that was other had a one and a half higher likelihood of reporting discrimination (OR = 1.67, 95% CI [1.09, 2.55]) than heterosexual individuals, and no differences emerged in likelihood between heterosexual individuals and those who identify as gay/lesbian, bisexual, queer, or asexual. There were no significant differences in likelihood of discrimination at mental health centers across educational levels.

The likelihood of reporting discrimination varied by type of disability when controlling for the demographic correlates. When compared to the reference category of those who are nondisabled, those with socioemotional disability (OR = 2.68, 95% CI [1.96, 3.65]), physical disabilities (OR = 2.54, 95% CI [1.77, 3.65]), and learning disabilities (OR = 2.36, 95% CI [1.36, 4.11]) had increased likelihood of experiencing discrimination at rates that approached twice the likelihood. Those with multiple disabilities were more than four times as likely to report having experienced discrimination (OR = 4.08, 95% CI [2.98, 5.58]).

Rape crisis centers

Those with postgraduate degrees were more than two times as likely to have reported discrimination than their counterparts with associates or bachelor's degrees (OR = 2.07, 95% CI [1.10, 3.88]), and there were no significant differences between other levels of education and those who had an associate's or bachelor's degree. For each increase of $10,000 in annual income, the likelihood of experiencing discrimination decreased by 12.0% (OR = 0.88, 95% CI [0.82, 0.95]). Given each year of increase in age, the lower likelihood of experiencing discrimination decreased by 3.0% (OR = 0.97, 95% CI [0.95, 0.99]). Latino individuals (OR = 2.75, 95% CI [1.37, 5.55]) were more likely to report discrimination than participants who were White. No significant differences were found between Black, American Indian, Asian/Pacific Islander/Middle Eastern, or multiracial individuals and White individuals. There were no significant differences between women/female respondents and other gender identities, or between heterosexual identified individuals and those individuals with other sexual orientations.

With a reference category of nondisabled individuals, the likelihood of reporting discrimination varied by type of disability when controlling for demographic correlates. When compared to those who were nondisabled, those with learning disabilities (OR = 3.91, 95% CI [1.91, 7.92]) experienced almost a four times higher likelihood of experiencing discrimination and those with multiple disabilities (OR = 3.00, 95% CI [1.72, 5.16]) were three times more likely to have reported experiencing discrimination. There was

not a significant difference between nondisabled participants and either those with socioemotional disabilities or those with physical disabilities.

Domestic violence shelters

For each increase of $10,000 in annual income, the likelihood of experiencing discrimination decreased by 12.0% (OR = 0.88, 95% CI [0.82, 0.94]). With each year of increase in age, the likelihood of experiencing discrimination decreased by 3.0% (OR = 0.97, 95% CI [0.95, 0.99]). Latino individuals were over three times as likely (OR = 3.10, 95% CI [1.60, 5.97]) and multiracial individuals were almost two times as likely (OR = 1.77, 95% CI [1.09, 2.86]) to report discrimination than participants who were White. No significant differences emerged between White participants and Black, American Indian, or Asian/Pacific Islander/Middle Eastern individuals. There were no significant differences between having an associate's or bachelor's degree and other levels of education, between women/female identified individuals and those who had other gender identities, or between heterosexual participants and those with other sexual orientations.

With a reference category of nondisabled participants, the likelihood of reporting discrimination varied by type of disability when controlling for demographic correlates. As compared to those who were nondisabled, those with multiple types of disabilities (OR = 3.41, 95% CI [2.10, 5.54]) were more than three times more likely to have reported experiencing discrimination, and those with socioemotional disabilities (OR = 2.13, 95% CI [1.25, 3.65]) were over two times as likely to report experiencing discrimination. Those with physical disabilities were slightly more likely to report experiencing discrimination (OR = 1.84, 95% CI [1.01, 3.36]). There were no significant differences between nondisabled participants and those with learning disabilities.

Drug treatment programs

For each increase of $10,000 in annual income, the likelihood of experiencing discrimination decreased by 10.0% (OR = 0.90, 95% CI [0.83, 0.99]). For each year of increase in age, the likelihood of a respondent experiencing discrimination decreased by 3.0% (OR = 0.97, 95% CI [0.94, 0.99]). Latino individuals were almost four times as likely (OR = 3.97, 95% CI [1.70, 9.27]) and multiracial individuals were more than twice as likely (OR = 2.36, 95% CI [1.25, 4.43]) to report discrimination than participants who were White. There were no significant differences between White participants and Black, American Indian or Asian/Pacific Islander/Middle Eastern individuals. Participants who identified as bisexual had almost a five times higher likelihood of reporting discrimination (OR = 4.69, 95% CI [1.74, 12.92]) than heterosexual individuals, whereas those who identified as queer were three and a half times more likely to have reported experiencing discrimination (OR = 3.45, 95% CI [1.20, 10.08]). No differences emerged between those who identified as

heterosexual and those whose sexual orientation is gay or lesbian, asexual, or another identity not listed on the survey. There were no significant differences between having an associate's or bachelor's degree and those with other levels of education, or between women/female individuals and those who identified as other gender identities.

With a reference category of nondisabled participants, when controlling for demographic correlates, the likelihood of reporting discrimination varied by type of disability. Those with multiple disabilities (OR = 3.63, 95% CI [1.87, 7.05]) experienced discrimination more than three times more frequently than those who are nondisabled. There were no significant differences between those who are not disabled, and those with socioemotional, physical, or learning disabilities.

Discussion and implications

The results of this study demonstrate the presence of discrimination against transgender and GNC individuals when they are trying to access mental health centers, rape crisis centers, domestic violence shelters, and drug treatment programs, with significantly higher levels experienced by those individuals who are also disabled.

The only context in which educational level had significantly different differences in experience of discrimination was rape crisis centers, in which individuals with postgraduate degrees were more than two times as likely to report having experienced discrimination than those with associate's or bachelor's degrees. It is possible that this is a result of more expanded definitions of rape or sexual assault by those who had higher levels of education, in which being refused service might have been due to a narrower definition by rape crisis centers of sexual assault.

Income level was significant in all four contexts, with likelihood of experiencing discrimination decreasing by .05 to .12 for every $10,000 increase in annual income. This follows the research findings that low-income individuals, specifically lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals are more likely to experience discrimination in multiple contexts (Billies, Johnson, Murungi, & Pugh, 2009). Similarly, age was also significant in predicting differences in experiences of discrimination in all four contexts, with a .02 to .03 decrease in likelihood of experiencing discrimination for each additional year of age.

Across three of the four contexts examined (all except for at rape crisis centers), multiracial individuals reported significantly higher rates of discrimination than did White individuals, and Latino individuals reported higher likelihood of experiencing discrimination at all four types of services. The higher rates of discrimination for Latino and multiracial individuals reflect a similar racialized pattern identified in an examination of discrimination

when accessing social services such as mental health centers, doctors and hospitals, drug treatment programs, rape crisis centers, emergency rooms, ambulances and EMTs, and domestic violence shelters (Cabassa, Zayas, & Hansen, 2006; Kattari, Walls, Whitfield, & Langenderfer-Magruder, 2015, 2016; Lundgren & Delgado, 2008). These higher rates of discrimination experiences among transgender and GNC Latino and multiracial people pose a concern about the intersections of transphobia and racism, not only in health services, but in accessing multiple types of needed services around physical health, mental health, and other social services (Bith-Melander et al., 2010; Cabassa et al., 2006; Kattari et al., 2015, 2016).

Those individuals whose authentic gender was only lived part time were less likely to experience discrimination at mental health centers than female/women-identified individuals. There were no other significant differences in gender across any of the other contexts. Additionally, bisexual and queer identified people had a significantly higher change of experiencing discrimination at drug treatment programs than heterosexual individuals, and those who identified as other sexual orientations than those listed had a higher likelihood of experiencing discrimination at mental health centers than heterosexuals. There were no differences between other sexual orientations in mental health centers or drug treatment programs, and no significant differences at all between sexual orientations in rape crisis centers and domestic violence shelters.

In all four settings examined in this study, individuals with multiple disabilities faced a three or greater times higher likelihood of discrimination than those who are nondisabled. In mental health centers and rape crisis centers, those with learning disabilities faced significantly higher likelihood of discrimination than nondisabled participants. Those with socioemotional disabilities experienced two or more times higher likelihood of discrimination than those who were nondisabled in both mental health centers and domestic violence centers. In mental health centers and domestic violence centers, those with physical disabilities faced a higher likelihood of experiencing discrimination than nondisabled individuals. Given these results, there is an indication of needed change in how social services professionals interact with patients who are transgender or GNC identified, and those who are disabled, to reduce levels of discrimination experienced by these individuals.

Additional research is needed to examine the lived experiences of people who have multiple identities, especially multiple marginalized identities. From a quantitative perspective, this includes looking at other identity variables such as sexual orientation, income level, citizenship status, educational level, and so on. Doing so would allow for a more complex intersectional view of how people, particularly those who have multiple marginalized identities, experience discrimination. From a qualitative perspective, there is a need for multiple types of research that examines the various intersecting identities

of transgender and GNC individuals, and delving into how these intersections might affect their experiences of discrimination, including in health contexts. Both types of research are needed to better understand the multiple layers of discrimination that could be experienced by these individuals. By looking at their experiences of discrimination, as well as the effects that this might have on physical health, mental health, and overall well-being, researchers can better inform policy decisions around these communities, ensuring that policies are put into place providing additional education for service providers, and more inclusive access to various services. It is clear that further research regarding individuals who hold multiple and intersectional identities within the transgender and GNC communities is needed to explore these intersections and more nuanced experiences of discrimination. Research on these marginalized identities might identify ways that social workers and human service professionals can work to better support those holding multiple marginalized identities, lowering their already elevated risk for experiencing discrimination.

Limitations

Given that this study used secondary data analysis of a large national survey, there are some limitations that should be considered when examining the findings. These include the use of single-measure items to cross-sectional data, as well as issues related to the type of measurement accurately capturing the nuances of a multifaceted experience such as discrimination. The initial survey also chose to offer language that might be not accessible to or understood by certain individuals participating. With any identity research, much of the language around gender, disability, and other demographics might have had multiple definitions that varied depending on who was reading and taking the survey. Some examples are the term *transgender* as compared to *gender nonconforming,* which might be viewed as two unique identities. These words might have different meanings to different identities of people within the trans community, including around what a transition might look like (if there is one at all), goals of passing as cisgender or not, feelings of exclusion from the larger transgender community because of a GNC or nonbinary identity, and so on.

Another potentially confusing question might have been the option of being able to choose living “part-time” as one’s gender identity. For some participants, this might have meant living as one gender at work, and another at home, whereas other participants might have defined part time as being aware of being transgender but only partially transitioning (socially, but not medically, or with hormones, but not surgery), or even knowing oneself to be transgender, but not having the ability or safety to live authentically in the world. Due to this limitation, some participants might have opted to skip

some questions that they did not understand, or they might have interpreted the questions in a unique way as compared to how the survey administrators had intended, or how the researchers interpreted the data. Additionally, although discrimination and gender are more nuanced than the constructs of mental health centers, rape crisis centers, domestic violence shelters, and drug treatment programs, there could be some confusion around social services, including whether mental health centers are different from community centers with therapists and counselors, how domestic violence shelters and rape crisis centers are defined, and other examples of possible confusion by participants. Finally, in using secondary analysis, there were only two variables in this data set that related to disability; future research focusing more specifically on disability could better parse out experiences of temporary versus long-term disability, impairments from birth versus those that are acquired, and other more nuanced experiences of disability.

Another limitation is the fact that the Internet was the main source of data collection, and only 2,000 paper surveys were distributed. This might have resulted in excluding a section of members of the transgender and GNC community, specifically those with limited Internet access, such as older individuals, low-income individuals, chronically homeless individuals, and those transgender and GNC individuals who are living in more rural areas. Additionally, individuals self-selected participation in the survey, which might have skewed data based on who actually responded versus those who chose not to. One last limitation is that there were few respondents who racially or ethnically identified as Middle Eastern ($n = 5$) or American Indian ($n = 39$). Given the extremely small size of the sample of Middle Eastern participants, we combined these 5 participants with the Asian/Pacific Islander group for the analyses, but made the decision to keep American Indian respondents in the analysis as the subsample was somewhat larger. The smaller subsample size for American Indians, Asian/Pacific Islander, and Middle Eastern individuals could have led to Type II error, indicating there are not significant differences when there actually might be.

Conclusion

The findings from this study draw much needed attention to the discrimination happening against transgender and GNC individuals when accessing social services, particularly demonstrating the increased levels of discrimination experienced by those transgender and GNC people who hold multiple marginalized identities, including various disabilities and impairments. Given the general pattern that transgender and GNC people with disabilities report experiencing significantly higher rates of discrimination at mental health centers, rape crisis centers, domestic violence shelters, and drug treatment programs than their nondisabled counterparts, social service professionals

need to have increased awareness about intersectional identities, and have culturally responsive education integrated into training prior to working in the social services field. By providing better training for social service workers, society can provide more inclusive social services for those who are transgender and GNC, particularly those who are also people with disabilities, allowing all individuals access to respectful and inclusive care.

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