



870 MARKET STREET, SUITE 823
SAN FRANCISCO, CA 94102

(415) 865-0176
(877) 847-1278 (TOLL-FREE FAX)

WWW.TRANSGENDERLAWCENTER.ORG
INFO@TRANSGENDERLAWCENTER.ORG

BE COUNTED!

Complete the California Transgender Economic Health Survey today!

The Transgender Law Center is conducting a survey to better understand the needs and interests of transgender adults throughout California. Survey data will be analyzed and reported in a new publication – *Good Jobs Now California!* – to educate policymakers about the needs and realities of transgender people. By reporting good data about our own community, we plan to encourage agencies throughout California to launch and expand employment services for the transgender community. The risks from completion of this survey are minimal. If you have questions about services available for transgender people, please feel free to contact the Transgender Law Center.

Please share this survey with other transgender people you know. The survey is available in English and Spanish, and can be completed online at http://www.surveymonkey.com/s.aspx?sm=Y0uplviwbkoT9xl3MSFTew_3d_3d. You can also download a copy at www.transgenderlawcenter.org or receive more hard copies by calling Mila at (415) 865-0176. Completed surveys can be faxed to 877-847-1278, emailed to mila@transgenderlawcenter.org, or mailed to TLC; 870 Market Street, Suite 823; San Francisco, CA 94102.

The survey is confidential. Your name and contact information will not be associated with it. Only cumulative results will be published. However, to thank you for taking the time for completing the survey, participants can enter into a drawing to **win an iPod Nano**. If you are interested in entering the drawing, complete the form below and send it to TLC; 870 Market Street, Suite 823; San Francisco, CA 94102.

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Email: _____

Please note that this information will not be associated with your completed survey. Also, this survey – and the Nano – is limited to residents of California.

If you wish to voice a concern about the research, you may direct your question(s) to Research and Sponsored Projects at www.csun.edu/graduatestudies or 818-677-2901. If you have specific questions about the study you may contact Dr. Eli Bartle or me. Dr. Bartle is a faculty member with the Department of Social Work or www.csun.edu/msw or 818-677-3298.

Thanks for being counted!

Masen Davis, Executive Director
Transgender Law Center
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ADVOCATING FOR OUR COMMUNITIES

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Transgender Law Center Transgender Economic Health Survey

The Transgender Law Center is conducting this survey to better understand the needs and interests of transgender adults throughout California. Data from the survey will be analyzed to educate policymakers about the needs and realities of transgender and gender non-conforming people. Please complete and return the survey as soon as possible. You can email it to info@transgenderlawcenter.org or mail to: Transgender Law Center; 870 Market Street, Suite 823; San Francisco, CA 94102. Thank you!

Demographics

Please complete the following questions about your gender, orientation and ethnicity. This information will help us learn how various transgender communities are impacted by workplace issues and discrimination.

1. Do you consider yourself to be transgender in any way?
 - Yes
 - No
 - I don't know/Questioning
2. What sex were you assigned at birth — that is, what was the sex on your original birth certificate?
 - Male
 - Female
 - I don't know
3. Do you currently have a gender identity or presentation that is different from your assigned sex at birth?
 - Yes
 - No
 - I don't know
4. Which, if any, of the following terms do you currently use to describe your gender identity?
(Check all that apply)
 - Cross-dresser
 - Drag Queen/King
 - Feminine male
 - FTM / transgender man
 - Gender non-conforming or gender variant
 - Genderqueer
 - Masculine female or butch
 - MTF / transgender woman
 - Transgender
 - Transsexual
 - Two-spirit
 - Other: _____
 - None of these terms apply to me

5. How do you think others perceive your gender most of the time?

- Man all the time
- Woman all the time
- Man most of the time
- Woman most of the time
- Man sometimes, a woman at other times
- Blending of genders (Genderqueer/androgyny)
- Other: _____

6. When people meet you for the first time, how often do they guess you are transgender or gender non-conforming?

- Always
- More often than not
- Sometimes
- Infrequently
- Never

7. How do you currently describe your sexual orientation?

- | | |
|--|--|
| <input type="checkbox"/> Gay or Homosexual | <input type="checkbox"/> Queer |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Questioning |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Heterosexual/Straight | <input type="checkbox"/> I don't use a label |

8. Which of the following categories best describes your ethnic or racial background? Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Alaskan Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Hispanic or Latino(a) | <input type="checkbox"/> Other: _____ |

9. What is your current age in years? _____

10. What is your zip code? _____

11. What is the highest degree or level of school you have completed? Mark one.

- | | |
|---|---|
| <input type="checkbox"/> No Formal Schooling Completed | <input type="checkbox"/> Bachelor Degree (for example BA, BS) |
| <input type="checkbox"/> Elementary or Junior High School | <input type="checkbox"/> Bachelor Degree and Some Graduate School |
| <input type="checkbox"/> Some High School | <input type="checkbox"/> Master Degree |
| <input type="checkbox"/> High School Graduate or GED Equivalent | <input type="checkbox"/> Professional Degree |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Doctoral Degree |
| <input type="checkbox"/> Associate Degree | |

Employment & Income

Please answer these questions so that we can learn about employment patterns impacting transgender people.

12. What is your current employment status?

- | | |
|---|---|
| <input type="checkbox"/> Employed full time | <input type="checkbox"/> Student |
| <input type="checkbox"/> Employed part time | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Multiple part-time jobs | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Unemployed and looking | <input type="checkbox"/> Unable to work |
| <input type="checkbox"/> Unemployed and stopped looking | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> On disability | |

If employed, please continue to question #13. If unemployed, please skip to question #21.

13. If working, what type of occupation do you have?

- Executive, administrative, and managerial
- Professional specialty
- Technicians and related support
- Marketing and sales
- Administrative support, including clerical
- Service or retail
- Agriculture, forestry, fishing, and related
- Precision production, craft, and repair
- Operators, fabricators, and laborers
- Other: _____
- Not applicable (I'm not currently working)

14. If employed, which of the following best describes you?

- Employee of a private-for-profit company or business
- Employee of a not-for-profit or charitable organization
- Government employee
- Self-employed in own business
- Working without pay in family business
- Other: _____
- Not applicable (I'm not currently working)

15. How long have you worked for your current employer?

- | | |
|---|---|
| <input type="checkbox"/> Less than 6 months | <input type="checkbox"/> 6-10 years |
| <input type="checkbox"/> 6 mos – 1 year | <input type="checkbox"/> 11-20 years |
| <input type="checkbox"/> 1 -2 years | <input type="checkbox"/> More than 20 years |
| <input type="checkbox"/> 2 – 5 years | <input type="checkbox"/> Not applicable (I'm not currently working) |

16. About how many of your coworkers know that you are transgender?

- | | |
|---|--|
| <input type="checkbox"/> All | <input type="checkbox"/> None of them |
| <input type="checkbox"/> Almost half | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Less than half | <input type="checkbox"/> Not applicable
(I'm not currently working) |

17. Does your boss or supervisor know you are transgender?

- Yes
- No
- I don't know
- Not applicable (I'm not currently working)

18. How do you present your gender in the workplace?

- Woman all the time
- Man all the time
- Woman most of the time
- Man most of the time
- Woman sometimes, a man at other times
- Blending of genders (androgyny)
- Other please specify _____

19. Are you employed in the same field or type of job you had before you came out as transgender or gender non-conforming?

- Yes (If yes, skip to question #21)
- No (If no, continue to question #20)

20. Are you in a new field or type of job because of your coming out as transgender or gender non-conforming?

- Yes
- No

21. What was your individual personal income from all sources (before taxes) in 2007?

- | | |
|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$60,000 to \$69,999 |
| <input type="checkbox"/> \$10,000 to \$19,999 | <input type="checkbox"/> \$70,000 to \$79,999 |
| <input type="checkbox"/> \$20,000 to \$29,999 | <input type="checkbox"/> \$80,000 to \$89,999 |
| <input type="checkbox"/> \$30,000 to \$39,999 | <input type="checkbox"/> \$90,000 to \$99,999 |
| <input type="checkbox"/> \$40,000 to \$49,999 | <input type="checkbox"/> More than \$100,000 |
| <input type="checkbox"/> \$50,000 to \$59,999 | |

22. What were your sources of personal income in 2007? (Check all that apply)

- Paycheck(s) or money from one or more jobs
- Money from a business, fees, dividends, or rental income
- Aid such as Temporary Assistance for Needy Families, or TANF; welfare; WIC; public assistance; general assistance; food stamps; or Supplemental Security Income, or SSI
- Unemployment benefits
- Child support or alimony
- Social security, workers' compensation, disability, veteran benefits or pensions
- Other _____

23. What type(s) of bank account do you have?

- Checking Savings
- None Other investment accounts
(e.g. money market, CD, retirement accounts, etc)

24. Do you currently work for pay in the street economy (sex work, narcotics sales, etc)?

- Yes
- No

25. Have you ever worked for pay in the street economy (sex work, narcotics sales, etc)?

- Yes
- No

Employment Discrimination

Please answer these questions so that we can learn about employment discrimination impacting transgender people.

26. Have you ever been unemployed as a result of being transgender or gender non-conforming?

- Yes
- No
- Don't know

27. Which, if any, of the following have you experienced at work because of being transgender or gender non-conforming? Mark all that apply.

- I was fired
- I was denied a promotion
- I was reorganized out of a job
- I was laid off
- I experienced verbal harassment
- I experienced sexual harassment
- I was harassed by coworkers
- I was harassed by my supervisor(s)
- I was the victim of physical violence
- I faced unfair scrutiny and/or discipline
- I was denied access to appropriate restrooms
- I was denied access to restrooms that matched my gender identity
- I was denied access to all restrooms
- My access to customers or clients has been restricted or eliminated
- Co-workers repeatedly used my old name/pronoun even after being corrected.
- Managers or Supervisors repeatedly used my old name/pronoun even after being corrected.
- Co-workers shared private information about me that they should not have
- Managers or Supervisors shared information about me that they should not have
- None of the above

28. If you answered yes to any of the previous employment discrimination questions, did you file any kind of complaint about the discrimination?

- Yes
- No (If no, skip to question #30)
- Not Applicable – I did not experience discrimination or harassment (Skip to question #30)

➤ If yes, what local or state agency (DFEH, EEOC, etc) _____

➤ If you did file a complaint, what was the outcome?

- Issue resolved favorable to me
- Issue resolved unfavorably to me
- Case still pending/unresolved
- I don't know

29. If you answered yes to any of the previous employment discrimination questions but did NOT file any kind of complaint about the discrimination, why? Mark all that apply.

- Did not know how or where to file a complaint
- Did not think I would get the assistance I need
- Afraid to come out as transgender
- Afraid to lose my job
- I do not know what, if any, protections I may have as a transgender person
- Other (please describe): _____
- Not applicable

Employment Interests

Please answer these questions so that we can help create employment programs that meet the needs and interests of transgender people.

30. Are you interested in assistance with your career in any of the following categories? Mark all that apply.

- Changing documents to match gender identity
- Career training
- Career counseling
- Accessing job banks or finding job opportunities
- Continuing education or finishing school
- Resume preparation
- Networking
- Negotiation skills
- Management training
- Help starting own business
- Coming out at work/transitioning on the job
- I'm not interested in assistance
- Other: _____

31. Ideally, what type of occupation would you like?

- Executive, administrative, and managerial
- Professional specialty
- Technicians and related support
- Marketing and sales
- Administrative support, including clerical
- Service or retail
- Agriculture, forestry, fishing, and related
- Precision production, craft, and repair
- Operators, fabricators, and laborers
- Other: _____

32. In what industry would you like to build a career? _____

33. What kind of work environment would you like (customer service, office work, behind the scenes, etc)? _____

34. Ideally, would you prefer to be self-employed or employed by others?

- Self-employed
- Employed by others
- Don't know

35. Ideally, where would you like to be employed?

- A private-for-profit company or business
- A private not-for-profit or charitable organization
- City or County government
- State or Federal government
- Self-employed
- Don't Know

Health Care Benefits

Please answer these questions so that we can help improve access to healthcare benefits for transgender people.

36. Are you covered by health insurance?

- Yes
- No
- Don't Know

37. If yes, what type of insurance do you have?

- Uninsured/I have NO coverage
- Insurance plan through my employer
- Insurance through a former employer (COBRA)
- Insurance plan through a partner, spouse, parents or other family member
- Insurance purchased as individual
- Medicare
- MediCal
- Veterans benefits
- Student health program
- Other: _____

38. What kind of place do you go to most often when you are sick or need advice about your health?

- Doctor's office
- Community or free clinic
- Emergency room
- Private health clinic or center
- V.A. (veterans) clinic or hospital
- Urgent care at hospital
- Alternative medicine provider (acupuncture, herbalist)
- Other: _____
- None of the above.

39. Which, if any, of the following experiences have you had? Check all that apply.

- I have postponed care for illness or preventive care because I could not afford it.
- I have postponed care for illness or preventive care due to disrespect or discrimination from doctors or other healthcare providers.
- I have health conditions that have gotten worse because I have postponed care.
- A doctor or other provider refused to treat me because I am transgender.
- A doctor or other provider disrespected me because I am transgender.
- I had to teach my doctor or other provider about transgender people in order to get appropriate care.
- I have been denied a health insurance policy because I am transgender or gender non-conforming.
- None of the above.

40. Have you ever been denied health care coverage for any of the following?

- Primary Health care..... Yes No
(such as preventative exams or treatment for a respiratory infection, diabetes, etc)
- Gender-specific care Yes No
(such as pap smears for transmen or prostate exams for transwomen)
- Hormones Yes No
- Surgery Yes No
- Counseling/Mental Health Services Yes No

Housing

Please answer these questions so that we can understand housing issues impacting the transgender community.

41. What is your housing situation?

- Market rate rent, alone or with family
- Market rate rent with roommates
- Living with friends, but don't pay rent
- Living with family in their housing
- Single Room Occupancy Hotel
- Rent through Section 8/other subsidy
- Own home or condo
- College or university housing
- Homeless (on the street)
- Living in a shelter
- Living in a nursing/adult care facility
- Living in a treatment facility
- Other: _____

42. Have you ever faced housing discrimination because of your gender presentation or gender identity?

- Yes
- No
- I don't know

43. Have you ever experienced homelessness since identifying as transgender or gender non-conforming?

- Yes
- No (If no, skip to Question #46)

44. During this time, did you ever stay at or try to stay at a shelter?

- Yes
- No (If no, skip to Question #46)

45. Which of the following have you experienced at a shelter because of being transgender or gender non-conforming? Mark all that apply.

- I was treated fairly at the shelter
- I was denied access to a shelter
- I was thrown out after they learned I was transgender
- I was harassed by other residents because I was transgender
- I was harassed by shelter staff
- I was physically assaulted by other residents
- I was physically assaulted by staff
- On at least one occasion I felt afraid of being attacked
- I was forced to stay in a shelter for the wrong gender or against my gender identity
- I was forced to live as the wrong gender in order to be allowed to stay in a shelter
- I was forced to live as the wrong gender in order to be safe in a shelter
- I decided to leave a shelter even though I had no place to go because of poor treatment/unsafe conditions
- Other: _____

In Your Own Words

46. What do you see as the main barriers to employment for transgender adults?

47. What can employers do to make their workplaces more accessible to transgender people?

48. Is there anything else you would like to tell us about your experience in the workplace as a transgender person?

49. Is there anything else you would like to share with us?

Thank you very much for your time!