

AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS: TRANSGENDER SEXUAL  
ASSAULT SURVIVORS' POSITIVE COUNSELING EXPERIENCES

by

Adrienne Rhianna Graham

(Under the Direction of C. Missy Moore)

ABSTRACT

An Interpretative Phenomenological Analysis (IPA) was utilized in this study to explore transgender sexual assault (SA) survivors positive counseling experiences. Feminist theory served as the theoretical framework, with an emphasis on intersectionality, aiding in the multidimensional aspects of transgender SA survivors' identities and experiences of marginalization. Through in-depth interviews, eight participants recounted their experiences with counseling they perceived as positive and reflected on the aspects they found positive within their healing processes. Additionally, they reflected on meaning made within their positive counseling experiences and beyond. The findings revealed five primary themes and three subthemes which illustrates how transgender SA survivors perceive and make sense of their positive counseling experiences. The findings of this study can serve as a springboard for counselors and counselor educators to offer trauma-informed and intersectional approaches to support transgender SA survivors. Additionally, these implications could lead interdisciplinary

work to focus on effective practices, policies, and trainings that support the mental health of transgender SA survivors.

INDEX WORDS: Sexual Assault, Transgender Sexual Assault, Sexual Assault Survivors, Trauma Counseling, Transgender Sexual Assault Survivors, Counseling, Counselor Education, Intersectionality, Transgender Affirming, Gender Affirming Care, Trauma-Informed, Feminist, Intersectionality

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## DEDICATION

*“I can be changed by what happens to me, but I refuse to be reduced by it.” -Maya Angelou*

To anyone how has been affected by sexual violence, whether personally or through someone else, this dissertation is for you. I believe you, and there are many others who do as well. You are never alone, and your story is valid. *It is not and never will be your fault.* To all LGBTQIA2S+ individuals who are in a seemingly never-ending fight for rights and equality, let no one dim your light-because you matter, and you are loved. To all fellow survivors, may there be a day when all survivors are believed, validated, and rape culture is eradicated; until then, wherever there is a survivor, know that I am with you.

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*“Leave this world a better place than how you found it.”-SJM, ACOWAR*

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## TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS .....	v
LIST OF TABLES .....	xii
CHAPTER	
1 INTRODUCTION .....	1
Purpose Statement and Research Question .....	6
Theoretical Framework and Study Design .....	7
Delimitations .....	8
Assumptions .....	9
Significance of Study .....	10
Definition of Terms .....	11
Organization of Study .....	12
Chapter Summary .....	13
2 REVIEW OF THE LITERATURE .....	14
Systemic Barriers .....	16
Intersectionality of Gender Identity and Survivor Status .....	18
Affirming Counseling Approaches for Transgender Survivors .....	27
Application of Feminist Theory .....	36
Values of Feminist Research .....	36
Need for Current Study .....	40
Chapter Summary .....	41
3 METHODOLOGY .....	43

Qualitative Research .....	43
Theoretical Framework .....	49
Feminist Theory with Interpretative Phenomenological Analysis.....	50
Procedures.....	51
Participants.....	52
Data Collection .....	58
Six Step Data Analysis.....	63
Credibility and Trustworthiness.....	71
Chapter Summary .....	78
4 FINDINGS .....	80
Participant Contextual Information.....	81
Presentation of Group Experiential Themes .....	86
Chapter Summary .....	107
5 DISCUSSION .....	109
Discussion of Major Themes .....	109
Implications.....	120
Limitations .....	135
Recommendations for Future Research .....	136
Chapter Summary .....	138
REFERENCES .....	142
APPENDICES	
A Informed Consent.....	177
B Sample Recruitment Message.....	179

C	Screening Protocol.....	180
D	Interview Protocol.....	184
E	Recruitment Flyer and Social Media Graphic .....	185

## LIST OF TABLES

	Page
Table 3.1: Participant Demographics .....	56
Table 3.2: Experiences in Counseling .....	57
Table 3.3: Example Data Analysis Process for Finn .....	69
Table 4.1: Group Experiential Themes .....	86

## CHAPTER 1

### INTRODUCTION

Transgender and nonbinary individuals have a 47% lifetime prevalence rate of sexual assault victimization, therefore putting them at an increased risk of experiencing sexual assault at much higher rates than their cisgendered counterparts (James et al., 2016). Transgender survivors are at an increased risk of long-term physical and psychological distress after SA victimization including physical scarring, chronic medical conditions, disability, significant emotional distress, and lifetime suicide attempts (James et al., 2016; Munson & Cook-Daniels, 2016). Additionally, the intersectionality of gender identity and experiencing SA compounds the difficulties transgender survivors encounter as they navigate not only the aftermath of assault but also societal prejudices and stigmas surrounding their transgender identity (Puckett et al., 2018). The need for targeted counseling services and understanding is evident when considering these identities and stigma SA survivors and transgender individuals face.

Survivors who do not fit the mold of “true” victims are less likely to be believed and supported with higher likelihood of experiencing revictimization among friends, family, and systems (Ullman, 2010). Transgender individuals may experience difficulties such as gender dysphoria (discomfort with one’s physical gender characteristics that do not align with identity; Bailey et al., 2014) and gender-identity not being affirmed by others (Puckett et al., 2018). With the focus on the typical script of male as a perpetrator and a female victim, transgender identifying survivors have often been ignored when developing sexual assault programming and

prevention efforts (Reling et al., 2018). Ongoing exposure to non-affirming care and community is associated with higher internalized homophobia (Barnes & Meyer, 2012; Heiden-Rootes et al. 2020), depression (Coburn et al., 2019; DiPlacido, 1998), suicidal ideation, as well as substance and alcohol abuse (Meyer & Dean, 1998; Russell et al., 2011). Therefore, more research is needed to understand culturally appropriate and trauma-informed services for transgender SA survivors. Furthermore, the transgender population is often examined within the larger LGBTQIA+ population as a monolith without much focus on diversity within the transgender population (Worthen, 2017). Recognizing and addressing non-affirming and negative counseling experiences for transgender SA survivors is crucial for fostering an inclusive and supportive environment that acknowledges the diverse experiences and intersectional needs within the transgender community, ultimately enabling survivors to transition to focusing on their healing journey with appropriate support and resources.

### **Discrimination and Negative Experiences of Transgender Individuals in Counseling**

Transgender SA survivors may encounter various forms of discrimination in counseling, which can impact their therapeutic experience and cause further harm (Chang et al., 2018). In a sample from the 2008-2009 U.S. National Transgender Discrimination Survey, almost one third (30.8%) of trans respondents delayed seeking care or did not seek care services at all due to experiences of discrimination (Jaffee et al., 2016). Transgender individuals experience stigma and harassment and specifically targeting their trans identity, often from healthcare providers refusing to provide care (Munson & Cook-Daniels, 2016). Many survivors experience victim-blaming and harassment from providers due to their transgender identity (Bauer et al. 2009; Davies & Hudson, 2011; Grant et al., 2011). Indeed, transgender individuals who seek health care following sexual assault victimization are often affected by transgender discrimination



(James et al., 2016). Some common forms of discrimination include lack of competence, misgendering, stigmatization and stereotyping, microaggressions, gatekeeping, and lack of access (Morris et al., 2020). Transgender survivors have specific healthcare needs after experiences SA victimization including heightened risk for revictimization in the future that need to be addressed via affirming healthcare and counseling services (Bauer & Scheim, 2015).

Within the counseling context, research has highlighted instances where counselors lacking adequate training in transgender issues inadvertently contribute to discriminatory experiences (Conley & Griffeth, 2016). Misunderstandings regarding gender identity and the specific needs of transgender individuals can manifest as microaggressions perpetuating harmful stereotypes and societal biases (Grant et al., 2011; Nadal et al., 2011). The failure to recognize and address the intersectionality of gender identity and SA can result in an invalidating counseling environment where survivors do not feel safe and supported to disclose and process their experiences (Conley & Griffeth, 2016).

In addition to discrimination, transgender individuals frequently report negative and non-affirming experiences in counseling (Goldberg et al, 2019). These experiences may include pathologizing of gender identity, insisting clients conform to binary gender norms, lack of competence, and invalidation of transgender identities (Ansara, 2012; Carroll & Gilroy, 2002; Meier & Labuski, 2013). Negative experiences in counseling contribute to mistrust of mental health providers and reluctance to seek help within transgender populations (Shipherd et al., 2010). Additionally, transgender clients feeling they must educate their counselors about trans issues, assuming gender is the central issue to clients' mental health issues, avoiding gender issues in counseling, assuming singular transgender experiences, and stigmatizing trans identity

as the root cause of all issues are all instances of non-affirming practices (Mizock & Lundquist, 2016).

When counselors dismiss or minimize the experiences of transgender clients, it communicates a lack of validation and affirmation for their identities in the therapeutic space (Goldberg et al., 2019; James et al., 2016). Invalidation of identities can create an unsafe and hostile environment where clients will not feel supported. As a result, transgender individuals may disengage or drop out of counseling, hindering their progress towards healing. Negative and non-affirming experiences in counseling not only impact at the individual client level but also contribute to broader systemic issues within mental healthcare (Goldberg et al., 2019). Mistrust of mental health professionals and lack of competence in providing affirming care can lead to transgender survivors avoiding seeking care altogether or delay seeking support until they reach crisis levels (Goldberg et al., 2019).

Additionally, within research on transgender issues, much of the research adopts a deficit perspective (Smith, 2018; Johnson et al., 2020). Studies often focus on the challenges and barriers faced by transgender individuals in counseling, overlooking coping and strengths-based perspectives (Marshall et al., 2019). This deficit-oriented approach reinforces stereotypes and stigmatization, obscuring strengths and assets within transgender communities (Dalton et al., 2020). Interventions based on deficit perspectives may fail to effectively address the unique needs and experiences of transgender clients and lacking input from those within the community (Hope et al., 2016). To bridge this gap and provide effective support, it is imperative to embrace an intersectional lens that acknowledges the multifaceted identities and experiences of transgender SA survivors. This involves actively seeking input from transgender communities to understand what a strengths-based and trauma-informed approach entails from their perspectives.

## **Intersectionality Among Transgender Individuals**

The unique intersectionality of gender identity and SA requires a specialized understanding of the needs of SA survivors and transgender individuals. Intersectionality refers to the interconnected nature of social categorizations such as race, gender, sexual orientation, and socioeconomic status, which create overlapping and interdependent systems of discrimination or disadvantage (Crenshaw, 1991). For transgender individuals, intersectionality is an important factor shaping experiences and needs in counseling. Transgender individuals navigate complex intersecting identities that influence and shape their experiences of discrimination, access to resources, and opportunities for social support (Goldberg et al., 2019; Moschella et al., 2020).

One significant aspect of intersectionality for transgender survivors is their survivor status. Many survivors report facing barriers when seeking competent counselors who specialize working with survivors of SA (DuMont et al., 2022). Additionally, counselors may lack the necessary knowledge and training to address the specific needs and concerns of transgender SA survivors resulting in inadequate support (DuMont et al, 2022). Counselors working with survivors of sexual assault must have knowledge of sexual assault trauma and trauma informed practices. The intersectionality of gender identity and sexual assault creates a unique set of needs that must be understood and addressed in a sensitive and informed manner. Transgender individuals navigate not only the complexities of their gender identity but also the impact of societal stigma, discrimination, and the specific trauma of sexual assault (Burley et al., 2022)..

While existing guidelines such as those from the Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC) competencies, the Multicultural and Social Justice Counseling Competencies (MSJCCs), and gay affirmative therapy provide valuable frameworks for inclusive and affirming counseling practices, they may not fully encompass the

intersectional identities of LGBTQIA2S individuals, particularly transgender survivors of SA. Additionally, these guidelines, although well-intentioned, are often developed by counselors without much insight from the transgender communities they are meant for and may not fully honor the diverse experiences and needs within the LGBTQIA2S+ community. Specifically, there is a notable absence of guidance on how to tailor counseling services to meet the unique intersectional identities of transgender SA survivors. Thus, there is a critical need to gather insights directly from transgender individuals and communities to understand what works for them in counseling and to collaboratively construct a more comprehensive, strengths-based, trauma-informed approach. With this understanding in mind, the purpose of this study is to amplify the voices of transgender SA survivors within the counseling context. By centering their narratives and experiences, I aim to identify the strengths-based and trauma-informed practices that have been beneficial for these individuals. Through this exploration, I seek to inform counseling professionals about the specific needs and preferences of transgender SA survivors, ultimately contributing to the development of more effective and inclusive counseling approaches tailored to this intersectional population.

### **Purpose Statement & Research Question**

Much of the existing research on transgender individuals' experiences in counseling focuses on negative and non-affirming experiences (Schulze & Koon-Magnin, 2019; Wanzer et al., 2021). There is a critical need for more strengths-based research that focuses on transgender individuals' positive experiences in counseling. Additionally, the unique intersection between gender identity and survivor status has received little attention in the literature, despite the prevalence of sexual assault rates among transgender identifying individuals (DuMont et al., 2022). Counselors working with transgender SA survivors must use a specialized counseling

approach that blends affirming, evidence-based, and trauma-informed care. More research is needed to identify the counseling needs of transgender SA survivors, aspects of counseling that impact them in beneficial ways, and opportunities to improve counseling services for the transgender SA population.

By exploring the intersections of gender identity, survivorhood, and counseling experiences from the client's perspective, researchers can gain a deeper understanding of the factors that contribute to positive outcomes and inform the development of culturally competence and affirming interventions. What has not been examined from a qualitative perspective is how the transgender SA survivor population experiences counseling, specifically aspects of counseling services they perceived as positive and beneficial. Therefore, the purpose of this study is to determine what are the positive experiences of counseling from transgender SA survivors' perspectives. The research question proposed is: "How do transgender survivors of sexual assault derive meaning from positive experiences in counseling?" The proposed question will be answered by applying a Feminist Theory to Interpretative Phenomenological Approach (IPA).

### **Theoretical Framework and Study Design**

This study will apply constructs of feminist theory to provide a theoretical framework for understanding how transgender SA survivors' positive counseling experiences influenced meaning making about themselves and victimization. Individuals who view issues from the feminist perspective consider equality, consent, and egalitarian relationships (Reinharz, 1992). Feminist research is action- and change-oriented where the construction of knowledge is a political process. Furthermore, feminist research strives to represent human diversity and the researcher is included as a person (Reinharz, 1992, p. 240). Meaning is derived from

participants' experiences, perceptions of experiences, and life stories (Rothe, 1993). By adopting a feminist perspective, this research seeks to empower survivors, recognizing their diverse narratives and placing the researcher as an active participant in the political process of knowledge construction. With qualitative inquiry, this study further aims to illuminate the meanings derived from the participants experiences, contributing to a broader understanding of how counseling can serve as a transformative and empowering intervention within the context of supporting transgender SA survivors.

Next, this study uses an IPA framework which strives to make meaning of the participants experiences as the researcher derives meaning at the same time as the participant (Smith et al., 2021). The use of IPA in this study is fitting for exploring the subjective experiences of transgender SA survivors of affirming counseling with the emphasis on shared experiences within a smaller sample (Smith et al., 2021). IPA's emphasis on simultaneous meaning-making aligns with the goals of understanding how participants shape their sense of self through affirming counseling. To fully understand the participants' experiences, it is essential to allow space for them to tell their stories and examine how they made meaning of themselves through counseling experiences. Participant accounts are assumed to be honest reflections of their lives and lived experiences while engaging in counseling while holding these two identities as a transgender individual and survivor of SA.

### **Delimitations**

Building from a previous study on mental health service use among female survivors (Coffman, 2021), participation in the interview protocol will be delimited to individuals who:

1. Identify as transgender,
2. Identify as a sexual assault survivor,

3. Identify as having a positive experience in counseling
4. Are 18+ years old,
5. Have access to the internet, and
6. Speak English.

### **Assumptions**

This study is grounded in several assumptions that underpin the research methodology and interpretation of findings. Firstly, it is assumed that participants in this study will provide honest and reflective accounts of their counseling experiences as transgender SA survivors. The assumption is that participants will feel comfortable sharing their stories during interviews, and that they will be forthcoming with the nuanced details of their experiences. It is also assumed that the researcher's rapport-building efforts and the use of ethical research protocols working with survivors of SA will create a safe space for participants to share their authentic experiences. It is assumed that IPA will allow for an in-depth exploration of participants' subjective experiences, capturing the essence of their narratives and meaning making while acknowledging the researcher's own interpretative lens.

Additionally, the study assumes that having a positive experience in counseling plays a significant role in the experiences of transgender survivors of SA. The assumption is that positive experiences in counseling is linked to affirming counseling practices positively influence the participants' coping mechanisms, resilience, and overall wellness. This assumption is based on the existing literature supporting the effectiveness of affirming approaches and effects of non-affirming care among transgender SA survivors (Bach et al., 2021; Schofield et al, 2023). Finally, the study assumes that the researcher's background, training, and reflexivity will be assets in navigating the complexities of the research process. It is acknowledged that the

researcher's own perspectives and biases may influence the interpretation of data, and efforts will be made to maintain transparency and reflexivity throughout the study. It is also assumed the research team and dissertation chair serving as auditor will maintain transparency and reflexive practice and add to diverse perspectives as researchers.

### **Significance of the Study**

This research benefits all members of the community, colleges, universities, and counselors by highlighting needs of transgender SA survivors and examining their counseling experiences (O'Hara et al., 2013). By shedding light on the unique needs of transgender SA, this study aims to enhance efforts within the counseling profession to support this population effectively (Cowan et al., 2020). Counselors who work with the transgender population will further benefit from the affirming care practices discovered that consider both gender identity and identity as a SA survivor from the survivors. More specifically, the nuances of affirming care that encompasses gender identity and identity as a sexual assault survivor will aim to improve efforts within counseling settings when serving transgender communities (Du Mont et al., 2021). The findings of this study can continue to increase awareness of counselors, healthcare providers, and other mental health professionals of the attitudes that normalize sexual violence (Reling et al, 2018). This increased awareness and insight into affirming transgender and survivor counseling experiences can hopefully lead to more informed and inclusive training and counseling practices (Dalton et al., 2020). Understanding the nuances and differences between transgender SA counseling needs and heterosexual SA survivors' counseling needs may serve as a springboard for trainings and protocols when working with this population to avoid re-traumatization within the counseling setting.



A deeper understanding of the positive counseling experiences of transgender SA survivors is crucial for informing inclusive training protocols (Du Mont et al., 2022). Recognizing the differences between the counseling needs of transgender SA survivors and their heterosexual counterparts may serve as a foundation for tailored training programs. This knowledge is instrumental in preventing re-traumatization within counseling settings and fostering a more supportive and inclusive environment for transgender SA survivors seeking counseling services (Cowan et al., 2020). Ultimately, this study contributes to the broader goal of creating safer and more empathetic spaces for all survivors of SA.

### **Definition of Terms**

For the purpose of this study, several terms are operationally defined as follows:

**Affirming Counseling:** a strengths-based and non-pathological treatment approach rooted in the MCSJCC, ALGBTIC Transgender Counseling Competencies, and trauma-informed practices that allow counselors to help LGBTQIA2S+ survivors meet important milestones in their development to achieve a positive self-image and healing from sexual assault trauma (McKinney et al., 2020)

**Perpetrator:** someone who carries out an act of sexual violence

**Rape:** the penetration, no matter how slight, of the vagina or anus, with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim (United States Department of Justice, 2012).

**Rape culture:** culture where social attitudes normalize sexual assault/sexual violence

**Rape myth:** prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists and serve as a justification for one's decision to rape (Burt, 1980).

**Sexual assault:** unwelcomed sexual behavior in which an individual exerts his/her will on a person in a less powerful position and is the most common form of violence on campuses (Conley, et al., 2017).

**Survivor:** survivor will be used to describe victims of sexual violence

**Transgender or Trans:** an umbrella term used to describe those who challenge social gender norms, including genderqueer people, gender-nonconforming people, transsexuals, crossdressers and so on. People must self-identify as transgender for the term to be appropriately used to describe them (Burnes et al., 2009).

### **Organization of the Study**

This dissertation is presented in five chapters. Chapter I is an introduction for the study. This includes discussing counseling experiences of transgender individuals, framing the study on positive counseling experiences among transgender sexual assault survivors, unique needs and challenges faced by transgender survivors including stigma, victim-blaming, and discrimination, statement of the problem, need for the study, purpose of the study, the research question, significance of the study, and definitions. Chapter II includes a literature review. The literature review consists of the theoretical orientation for the study, sexual violence, examining existing research and theoretical frameworks relevant to understanding the experiences of transgender sexual assault survivors in counseling settings, and defining affirming counseling services for transgender SA survivors. Chapter III consists of the methodology of the study. This chapter presents the proposed research approach, research question, demographic questionnaire information, participants, procedures, and data analysis. Chapter IV presents the results of the study and analyzing positive counseling experiences reported by transgender sexual assault

survivors. Chapter V offers the discussion, analyzing implications of findings for counselors, addressing limitations, and recommendations for future research.

### **Summary**

The purpose of the present study is to explore transgender SA survivors' positive counseling experiences and provide a space of empowerment, voice, and choice for survivors to tell their stories. This study expands on current existing literature discussing barriers and mental health outcomes of transgender SA survivors. Therefore, the goal of this study is to examine transgender SA survivors' positive counseling experiences utilizing IPA to gain an understanding of beneficial counseling practices. There is not one definition of affirming counseling, therefore, the stories of transgender survivors could inform future research, training, and mental health services across communities.

## CHAPTER 2

### LITERATURE REVIEW

Studies consistently reveal alarmingly high rates of sexual violence experienced by transgender individuals with nearly one in two transgender individuals experience sexual assault (Flanders & Anderson, 2021). Additionally, transgender individuals are at significantly greater risk of sexual assault compared to their cisgender counterparts (Lefevor et al., 2019). These disparities in sexual assault prevalence are rooted in intersecting systems of oppression including transphobia, sexism, and heterosexism, which increase the vulnerability of transgender individuals to sexual violence (Morris et al., 2020). Lack of research focusing on the intersection of transgender identity and survivor status reflects a gap in understanding the unique needs and lived experiences of transgender survivors of sexual assault (Bettergarcia & Israel, 2018). Existing studies often fail to disaggregate data by gender identity, obscuring the disproportionate impact of sexual violence on transgender individuals (Bettergarcia & Israel, 2018). This lack of visibility perpetuates marginalization and underrepresentation within research on sexual assault, hindering efforts to address the root causes of sexual violence and provide support to transgender communities (Edwards et al., 2022; Griner et al., 2020).

It is important to note the prevalence of sexual assault among transgender individuals is likely underestimated due to numerous barriers to reporting and accessing support services (DuMont et al., 2022). Transgender survivors may face heightened levels of stigma, discrimination, and victim-blaming, which deter them from disclosing their experiences or seeking help (Puckett et al., 2018). Additionally, systemic barriers, such as a lack of culturally

competent and affirming transgender care providers, limited access to gender-affirming services, and risk of re-victimization and re-traumatization within institutional settings further impede access to support and justice for transgender survivors (DuMont et al., 2022). These unique forms of oppression can further exacerbate trauma experienced as a result of SA and create additional barriers to seeking help and accessing counseling services.

Building on affirming counseling and trauma-informed counseling practices are essential for amplifying the voices of transgender SA survivors. Affirming counseling practices involve creating a safe, supportive, and validating environment that respects and affirms individuals' gender identities and experiences as well as navigating survivorhood. Transgender individuals already navigate complex intersections of gender identity, sexual orientation, race, ethnicity, socioeconomic status, and other identities (Morris et al., 2020). When considering survivor status, the intersectionality becomes even more pronounced, as transgender SA survivors face unique challenges stemming from gender identity and survivor status (Moschella et al., 2020). Understanding intersecting identities within the context of traumatic experiences is the basis for providing effective, culturally competent, and trauma-informed care to address specific needs of transgender SA survivors (DuMont et al., 2022).

Centering the voices and experiences of transgender survivors in research and advocacy efforts further challenges societal norms, dismantles systems of oppression, and promotes healing and justice for all survivors of sexual violence (Moschella et al., 2020). This study extends the focus of violence against the transgender population by honing in on transgender SA survivors' positive counseling experiences to add to the literature of affirming practices for this specific population (Edwards et al., 2022; Griner et al., 2020). This chapter presents a review of the relevant literature related to SA, mental health, and affirming counseling practices grounded

in tenets of the multicultural, social justice, advocacy, and transgender counseling competencies from a trauma-informed and feminist perspective (ACA, 2014). The organization of this chapter presents (a) systemic barriers, (b) history of maltreatment and systemic oppression, (c) intersectionality of gender identity and survivor status, (d) instances of stigma, discrimination, and victim-blaming among transgender SA survivors, (g) affirming counseling approaches for transgender SA survivors, (h) trauma-informed care for counseling transgender SA survivors, (i) application of feminist theory, (j) values of feminist theory, (k) need for the study, and (l) a chapter summary. Additionally, the known literature surrounding counseling experiences and definitions of affirming care and counseling services are explored that informs this study.

### **Systemic Barriers**

#### **History of Maltreatment and Systemic Oppression**

Members of the LGBTQIA+ community have a history of maltreatment by law enforcement, healthcare providers, and mental health practitioners with being labeled as “disordered” and “abnormal” (Ades, 2020). Attempts to “correct” LGBTQIA+ identifying individuals via conversion therapy and other harmful practices are still legal and prevalent in many states within the United States. Along with compounding traumas that may be present and intersecting identities, LGBTQIA+ individuals may be hesitant to reach out to receive any primary care services and be less forthcoming with providers (Ades, 2020). Systemic challenges, such as lack of inclusive policies, insufficient training for healthcare providers, and limited availability of gender-affirming resources contribute to the reluctance of survivors to seek formal care (Brown, 2018; Seelman et al., 2017). Interpersonal barriers, including fear of judgment, transphobia, and concerns about confidentiality further hinder access to care (Seelman et al, 2017).

Additionally, the 2023 state legislative session was the worst year on record for LGBTQ+ rights, with more than 80 anti-LGBTQ+ signed into law across more than 20 states (HRC, 2023). Examples of bills include bans on transgender youth using restrooms that affirm their chosen gender identity to banning teachers from affirming names and pronouns, to banning or severely restricting gender affirming care for youth and adults in some states (HRC, 2023). The comprehensive tracking of fatal violence against transgender and gender-non-conforming individuals by the HRC reveals a disconcerting pattern in terms of age distribution. Age data is available for 97.3% of victims since 2013 ( $n=326$ ), spanning an age range from 16 to 66 years at the time of their deaths, with an average age of approximately 30 years old (HRC, 2023). Notably, a significant majority of victims (76.4%;  $n = 249$ ) were under the age of 35, with nearly one in ten (9.5%;  $n = 31$ ) falling under 21 years old, including eleven minors under the age of 18 (HRC, 2023). Against this backdrop, the year 2023 has witnessed the introduction of legislation that exacerbates the oppression faced by transgender individuals, encompassing bans on gender-affirming care and threats to marriage equality (HRC, 2023). In many states, laws do not provide protection from discrimination, which can further threaten transgender survivors' sense of safety (Elze, 2019). Additionally, there are several states which do not ban conversion therapy, despite it not being supported as a treatment rooted in positive outcomes. The prevailing atmosphere of violent rhetoric against the transgender community further compounds the challenges faced by transgender individuals (Wirtz et al. 2018). In this context, the awareness of legislation impacting the transgender community is paramount, as it contributes to systemic oppressions that may discourage individuals from seeking assistance after SA victimization (Ayoub & Stoeckl, 2024). Increased representation of transgender people allows them to share their stories authentically and to wider audiences, thus increasing tolerance in society and recognizing

transgender people as important community members who deserve respect and care (Flanders & Anderson, 2021). Identifying and dismantling barriers to care is imperative in ensuring equitable access to support for transgender SA survivors.

### **Intersectionality of Gender Identity and Survivor Status**

#### **Stigma, Discrimination, and Victim-Blaming among Transgender SA Survivors**

Sexual assault is one of the most traumatic crimes an individual can experience due to the mental health effects and societal implications, including stigma and victim-blaming (Schulze & Koon-Magnin, 2019). Much existing research discusses negative outcomes after sexual violence victimization, including mental and physical health issues (Moschella et al., 2020). Depression, substance use, academic stress, and post-traumatic stress disorder are a few examples of negative outcomes (Coker et al., 2011; Gidycz et al., 2008; Martin et al., 2011; Mengo & Black, 2015).

For transgender individuals, intersectionality is an important factor shaping experiences and needs in counseling. Transgender individuals navigate complex intersecting identities that influence and shape their experiences of discrimination, access to resources, and opportunities for social support (Goldberg et al., 2019; Moschella et al., 2020). One significant aspect of intersectionality for transgender survivors is their survivor status. Known adverse effects experienced by transgender SA survivors include heightened levels of depression, anxiety, and post-traumatic stress disorder in comparison to cisgender survivors (Shultz, 2020). Research has demonstrated that transgender SA survivors face unique challenges while seeking counseling and support (Kussin-Shoptaw et al., 2017). In addition to the psychological impact, transgender SA survivors also often face social and systemic challenges, which may include barriers to accessing affirming healthcare, discrimination in employment or housing, and increased risk for future violence and harassment (Kussin-Shoptaw et al., 2017).



Many survivors report facing barriers when seeking competent counselors who specialize working with survivors of SA (DuMont et al., 2022). Additionally, counselors may lack the necessary knowledge and training to address the specific needs and concerns of transgender SA survivors resulting in inadequate support (DuMont et al, 2022). Counselors working with survivors of sexual assault must have knowledge of sexual assault trauma and trauma informed practices. Gender identity and SA pose unique challenges that need to be understood from an intersectional lens. Transgender SA survivors face various difficulties related to the gender identity including societal prejudice, discrimination, and the specific impact of SA with these intersecting identities. Counseling for transgender SA survivors should be provided by professional counselors who are knowledgeable about these needs, including addressing issues related to gender identity and SA victimization. These counselors must be well-versed in sexual assault trauma and utilize trauma-informed practices to create a safe and supportive environment for their clients.

Moreover, counselors need to understand the intersectionality of gender identity and sexual assault to provide holistic and effective care (Staples & Fuller, 2021). This understanding involves recognizing the interconnected nature of gender identity, sexual orientation, and other social categorizations, as well as the impact of societal stigma and discrimination on transgender survivors with multiple marginalized intersecting identities (Staples & Fuller, 2021). By acknowledging and addressing these intersections, counselors can better support their clients and help them navigate the complexities of their experiences.

In addition to the challenges of finding competent and knowledgeable counselors who specialize in working with survivors of sexual assault, transgender individuals face the additional burden of social stigma, discrimination, and the specific trauma of sexual assault. The impact of

societal stigma on transgender individuals with multiple marginalized intersecting identities shapes their experiences of discrimination, access to resources, and opportunities for social support. Therefore, counselors must be equipped to address these specific challenges, acknowledging and addressing these intersections to better support their clients and help them navigate the complexities of their experiences. Acknowledging the interconnected nature of gender identity, sexual orientation, and other social categorizations is imperative for providing holistic and effective care for transgender sexual assault survivors. Furthermore, trauma-informed intervention and policies are highlighted as crucial components in community practice and policy, as emphasized by a study conducted with female, trans, and nonbinary survivors of sexual violence who work in related professions.

Counselors working with sexual assault survivors, particularly transgender individuals, must be knowledgeable, sensitive, and equipped to address the unique challenges and needs that arise from the intersectionality of gender identity and sexual assault. It is imperative for counselors to provide a safe and inclusive space for transgender survivors to heal and receive the support they require. According to a study conducted with female, trans, and nonbinary survivors of sexual violence who work in related professions, participants highlighted the importance of trauma-informed intervention in community practice and policy (Saad et al., 2020). Transgender individuals who have experienced sexual assault often face a multitude of challenges when seeking counseling, navigating the complex intersectionality of gender identity and sexual assault. It's essential for counselors to not only understand the unique needs of transgender sexual assault survivors but also to create a safe and inclusive space for them to heal and receive the support they require.

The SA experiences of transgender survivors are often exacerbated by societal biases, compounding the trauma they endure. Minority stress has been hypothesized as an influence that increases LGB individuals to be more vulnerable to sexual assault victimization (Balsam, 2001; Balsam et al., 2005; Balsam & Szymanski, 2005; Carvalho et al., 2011). Transgender individuals face heightened levels of discrimination, stigma, and societal prejudice, which is often exacerbated with the identity as a survivor of SA (Grant et al., 2011; Moschella et al., 2020). For transgender individuals, navigating the heightened levels of discrimination, stigma, and societal prejudice is an everyday reality, further intensified by the identity as a SA survivor (Wirtz et al., 2018). These experiences of stigma, discrimination, and victim-blaming exacerbate SA trauma, creating a complex web of marginalization that necessitates targeted support and understandings of intersecting identities.

### **Stigma**

Stigma for sexual assault survivors include a lack of understanding and compassion from others, victim-blaming attitudes and comments, social isolation and exclusion, internalized feelings of shame and self-blame, and the fear of judgment and further victimization if they disclose their assault (Ahrens, 2006). Transgender sexual assault survivors may also face additional barriers in accessing appropriate support services and resources, such as LGBTQ-inclusive counseling and reporting systems (Anderson & Overby, 2020). Transgender sexual assault survivors often face stigma due to societal prejudices and misunderstandings about gender identity. Stigma among transgender sexual assault survivors include being ostracized or rejected by their community or support networks, facing discrimination or harassment in healthcare settings when seeking assistance, encountering negative attitudes and stereotypes about transgender individuals and their experiences, and feeling a sense of shame or self-blame

for the assault due to internalized societal stigma (Kachen & Pharr, 2020) and misconceptions about transgender individuals. Ways stigmas affect transgender sexual assault survivors in counseling include feeling hesitant or afraid to disclose their gender identity or the details of the assault, fearing judgment or lack of understanding from counselors who may not have experience working with transgender individuals, and facing invalidation or dismissal of their experiences and identity (Kosenko et al., 2013). Transgender sexual assault survivors may struggle with stigma related to their gender identity, which can manifest in victim-blaming attitudes and invalidation of their experiences (Blondeel et al., 2018). Transgender sexual assault survivors may experience victim blaming due to societal norms, such as being questioned about their gender identity or transition process as a contributing factor to the assault. Transgender sexual assault survivors may also face stigmatization within the LGBTQ community itself, where trans individuals may be marginalized or invalidated by cisgender gay and lesbian individuals (McCauley et al., 2018).

### **Discrimination**

Experiencing microaggressions, including but not limited to trans-/homo-/bi- phobias, around sexual and gender orientation are risk factors to negative mental health outcomes (Morris et al., 2020). Microaggressions targeting sexual and gender orientation create an additional layer of stress that compounds the impact of trauma, contributing to heightened vulnerability among transgender survivors (McCullough et al., 2017). These subtle, yet harmful, acts of discrimination contribute to a hostile environment where transgender SA survivors do not feel supported and validated to seek help (McCullough et al., 2017). The intersectionality of facing both gender-based violence and societal biases places transgender individuals at an elevated risk for adverse mental health consequences. With SA victimization, transgender survivors grapple

not only with the immediate mental health effects (e.g., heightened experiences of gender dysphoria, anxiety related to disclosure, and the reactivation of past traumas linked to gender identity) but also with societal implications including stigma and victim-blaming (Schulze & Koon-Magnin, 2019). The intersectionality of gender identity and victimization exacerbates feelings of isolation and contributes to a sense of alienation, further impacting mental health outcomes (Langenderfer-Magruder et al., 2016) and help-seeking behaviors (Balsam, 2001; Balsam et al., 2005; Balsam & Szymanski, 2005; Carvalho et al., 2011).

A prevalent form of discrimination by transgender individuals is being misgendered. Misgendering occurs when counselors use incorrect gender pronouns or fail to acknowledge an individual's affirmed gender identity (Nadal et al., 2011). Misgendering can have a profound psychological effect as it invalidates a survivor's identity and contributes to feelings of marginalization and alienation within the therapeutic relationship (Grant et al., 2011; James et al., 2016). The impact of misgendering or intentionally misgendering creates an unsafe environment that is non-affirming. Transgender individuals report experiencing discrimination by medical and mental health practitioners who refused to acknowledge their pronouns and gender identity (Morris et al., 2020). Transgender individuals experience microaggressions from mental health providers, such as a lack of respect for client identity, lack of competency, saliency of identity, and gatekeeping (Morris et al., 2020).

The discrimination and societal bias against transgender identities may foster a reluctance to seek formal support (Edwards et al., 2022). Fear of encountering transphobia, misunderstanding, or judgment can lead survivors to internalize the stigma associated with their identities as a SA survivor and with their gender identity (Edwards et al., 2022; Holland et al., 2021), creating a barrier to accessing care. The intersectional stressors related to SA

victimization, gender identity, race, and sexual orientation may intensify the psychological toll, affecting survivors' perceptions of self-worth and their belief in accessing empathic and affirming care (Edwards et al., 2022). Exploring how survivors turn to formal counseling services, peer support networks, or other informal channels helps uncover the diverse strategies utilized to cope with trauma (Holland et al., 2021). Culturally competent counseling practices, trauma-informed care, and awareness that address unique stressors faced by transgender SA survivors specifically within the lens of minority stress can contribute to a more inclusive and supportive system for all survivors (Schofield et al, 2023).

### **Victim Blaming**

Transgender individuals who have experienced sexual assault often face victim blaming, which can further compound their trauma. Victim blaming can include statements such as questioning their gender identity or expression, suggesting that their assault was a result of their transgender status, or minimizing or dismissing their experience altogether (Nieto et al., 2021). Transgender sexual assault survivors may have a difficult time finding counseling providers who understand and address their unique needs (Nieto et al., 2021). Additionally, minimizing and ignoring the experiences of transgender sexual assault survivors can perpetuate harmful stereotypes and contribute to a lack of support and resources for this population. Questioning gender identity and victim blaming of transgender survivors can have detrimental effects on their mental health and well-being (Diamond-Welch et al., 2018). These effects include increased feelings of shame, self-blame, and isolation, heightened risk of developing mental health issues such as depression and PTSD, reluctance to seek help and support, and challenges in forming trusting therapeutic relationships (Moschella et al., 2020). Corrective rape among transgender sexual assault survivors is a disturbing phenomenon that highlights the intersectionality of

gender identity, sexuality, and violence (Diamond-Welch et al., 2018). Corrective rape is a unique experience transgender and gender nonconforming survivors experience where their assailants attempt to "correct" their perceived deviation from societal gender norms through sexual violence (Diamond-Welch et al., 2018).

Rape myths that transgender survivors deserve sexual assault due to gender identity and victim blaming can contribute to a lack of support and resources for transgender sexual assault survivors (Reling et al., 2018; Schulze & Koon-Magnin, 2019). Minimization of sexual assault among transgender survivors and a lack of understanding of their unique needs by counseling providers can further perpetuate the marginalization and mistreatment of this population. Other ways transgender survivors may experience victim blaming include: being questioned about their appearance or presentation at the time of the assault, being accused of "asking for it" by being transgender, facing skepticism or disbelief of their experiences due to societal prejudices and stereotypes about transgender individuals, and being discouraged from seeking justice or reporting the assault because of fears that their gender identity will be used against them or that they will not be taken seriously (Diamond-Welch et al., 2018). Transgender sexual assault survivors may also experience victim blaming through the invalidation of their gender identity and being told their assault was a consequence of not conforming to societal norms (Diamond-Welch et al., 2018). Other ways transgender survivors may experience victim blaming include being questioned about their gender identity or transition process as a contributing factor to the assault, facing derogatory comments or slurs about their transgender identity, and being accused of attention-seeking or fabricating the assault because of their gender identity (Seelman et al., 2017).

## **Non-affirming Counseling Experiences**

McGeorge et al (2020) discussed four primary barriers to transgender affirming counseling, including: (1) cisnormative assumptions, (2) transnormative assumptions, (3) institutional cissexism, and (4) cisgender privilege. Cisnormative assumptions include unconscious beliefs that reinforce cisgender identities as the norm. Transnormative assumptions are based on the notion that transgender people who choose to medically transition is validating while marginalizing those who choose not to medically transition. Institutional cissexism are societal policies that seek to promote cisgender identities above all other as “normal” whether intentional or unintentional (Bauer et al., 2009). Cisgender privileges are the privileges of having a gender identity that matches with sex assigned at birth and therefore “normal” in society. All these barriers need to be examined by counselors who work with transgender clients and addressed with personal bias to close the gap to barriers transgender survivors face (McGeorge, 2020).

Negative and non-affirming experiences in counseling can include the pathologizing of gender identity where counselors may frame transgender identities as disorders or abnormalities rather than expressions of gender diversity (James et al., 2016). The over pathologizing perspective not only undermines the client’s self-concept but reinforces societal stigma surrounding transgender identities. Insistence on conformity to binary gender norms within counseling sessions can alienate transgender clients who do not identify within the traditional gender binary (Carroll & Gilroy, 2002; Meier & Labuski, 2013). This pressure to conform ignores the diversity of gender identity and expression, further exacerbating feelings of marginalization and invalidation (Goldberg et al., 2019).



### **Consequences of Non-Affirming Counseling on Transgender SA Survivors**

Non-affirming therapist responses significantly negatively impact transgender individuals' perceptions of the therapist and the therapeutic relationship (Bettergarcia & Israel, 2018). Transgender clients have identified other factors that are unhelpful in therapy, such as having to teach mental health professionals about transgender issues and the difference between sexual orientation and gender identity (Benson, 2013). When the therapist is not affirming of the client's gender identity, they are viewed as less trustworthy, less of an expert, and less likeable (Bettergarcia & Israel, 2018). Non-affirming approaches may include statements about helping a person to reidentify with their birth assigned gender, strengthening the characteristics associated with the birth assigned gender (i.e., become more stereotypically masculine or feminine), a lack of awareness around using identified pronouns and name, and stopping any self-expression "not traditionally aligned" with birth sex (i.e., make-up, body hair, etc.) (p. 428). Additionally, non-affirming practices include working under the assumption that all transgender individuals want to transition, are questioning their gender, is experiencing gender dysphoria, or wants to "pass" as the opposite gender in the gender binary thus treating all clients as homogenous (Bettergarcia & Israel, 2018). Shofield and colleagues (2023) found that counselors' lack of congruence (authenticity, conditional positive regard), insufficient knowledge and awareness of challenges faced by transgender individuals, and a lack of acceptance were identified as non-affirming care received by transgender clients resulting in significant negative impacts. Putting clients' needs first and rapport are essential for the therapeutic alliance (Schofield et al., 2023).

### **Affirming Counseling Approaches for Transgender Survivors**

Affirming counseling is recognized as a critical component in the healing process for transgender survivors of sexual assault. Positive perceptions of providers who fostered agency

and mutual respect have been associated with better outcomes for LGBTQ individuals in mental health counseling (Antebi-Gruszka et al., 2021). LGBTQIA+ identifying individuals have reported preferring mental health practitioners who were knowledgeable and experienced (McCullough et al., 2017). DuMont et al. (2022) emphasize the importance of creating a counseling environment that validates gender identity and empowers survivors.

### **Affirming Counseling for Transgender Clients**

In 1982, Alan Maylon coined the phrase “gay affirmative” therapy which stated that gay-affirmative therapy is a special range of knowledge that challenges the view that homosexual desire and orientations are pathological (Maylon, 1993). McKinney et al. (2020) defined affirmative therapy as a strengths-based and non-pathological treatment approach that allows counselors to help Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and Two-Spirit (LGBTQIA2S+) individuals meet important milestones in their development to achieve a positive self-image. This model rooted in the wellness model combined with the Multicultural and Social Justice Counseling Competencies (MSJCC) and the Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC) Competencies for Counseling Transgender Clients, which state that all counselors have a duty to protect clients from harm and act as advocates with and on behalf of the transgender community for equality inside and outside of the office.

McKinney and colleagues’ model recognizes the systemic challenges faced by the LGBTQIA2S+ community, acknowledging the importance of cultural competence among counselors. Counselors are encouraged to cultivate an understanding of the impact of societal attitudes on mental health embracing a commitment to social justice principles. Gay affirmative therapy aligns with the ALGBTIC transgender counseling competencies, emphasizing the

affirmation and validation of diverse gender identities instead of pathologizing (Burnes et al., 2010). Counselors working from McKinney and colleagues affirming therapy model actively engage in fostering self-acceptance and positive identity development for individuals identifying outside of the gender binary (Burnes et al., 2010; Maylon, 1993). McKinney and colleagues' model combined with the MSJCC and ALGBTIC competencies recognizes the intersectionality of gender and sexual orientation appreciating diversity and intersectionality within the LGBTQIA2S+ community. This model of counseling seeks to create a space where clients are empowered while challenging heteronormative and cisnormative assumptions (Burnes et al., 2010).

Affirming care should involve a comprehensive understanding and validation of diverse gender identities, recognizing the intersectionality of trauma and gender (DuMont et al., 2022; Worthen, 2017). Counseling services play a pivotal role in providing a safe and inclusive space where survivors can disclose their experiences without fear of discrimination, judgement, and know counselors are competent working with diverse populations from a trauma-informed perspective (DuMont et al., 2022). Affirmative practices include the use of correct pronouns, fostering a non-judgmental atmosphere, and integrating multicultural competence training for counselors to enhance their understanding of transgender experiences (Burnes et al, 2010).

Four helpful ways for counselors to affirm transgender clients include: acceptance, respect for chosen gender identity, treatment flexibility, and practitioner's connection to the transgender community (Rachlin, 2002). Demonstrating genuine acceptance involves creating a safe and non-judgmental space for transgender clients to express themselves authentically. This includes acknowledging and validating their gender identity without imposing personal beliefs or biases. Acceptance fosters trust and allows clients to feel understood and respected (Rachlin,

2002). Affirming counselors actively honor and use the client's chosen name and identified pronouns. Respecting client's gender identity involves recognizing and affirming their self-identified gender, which validates the client's sense of self and contributes to a therapeutic environment that prioritizes their identity (ALGBTIC, 2009).

Affirming counselors understand that transgender clients may have unique needs and experiences where therapeutic approaches must be flexible to accommodate these needs as they arise (Rachlin, 2002). Flexible treatment plans demonstrate a commitment to addressing the individual needs of transgender clients rather than adhering to a one-size-fits-all approach (ALGBTIC, 2009). Counselors who are connected to the transgender community, either through professional networks or ongoing education, are better equipped to understand the diverse experiences within this community (Rachlin, 2002). The commitment to engaging in ongoing learning and advocacy contributes to a more affirming and supportive therapeutic relationship (Lewis et al., 2002). Additionally, findings in a study by Salpietro et al. (2019) noted that cisgender counselors discussed working with transgender clients where affirming practices included intentionality in cultivating a safe and affirming environment while exploring gender identity, promoting client self-compassion, modeling acceptance, empowering clients, promoting autonomy, and instilling hope. Building on the affirming practices by Salpietro and colleagues (2019), which emphasize the intentionality in creating a supportive environment and empowerment for transgender clients, the application of the MSJCC becomes important in ensuring a comprehensive and culturally sensitive approach to addressing the diverse needs and challenges of transgender SA survivors.

### **Affirming Counseling for Transgender SA Survivors**

Additionally, SA survivors have specific considerations and needs from a trauma-informed approach in the aftermath of an act of sexual assault. Trauma-informed counseling is not necessarily about a specific intervention, but rather tailoring interventions in the context of survivor's trauma history and specific needs (U.S. Department of Health and Human Services, 2014). Few studies have investigated wellness factors within the LGBTQIA2S+ community likely due to the over pathologizing of these identities (McKinney et al., 2020). Trauma-informed care acknowledges that individuals may have experienced various forms of trauma and involves creating an environment that prioritizes safety, trust, and avoiding re-traumatization (SAMHSA, 2014). Counselors working from a trauma-informed approach understand the effects of trauma on academic performance, mental health, and interpersonal relationships (Conley & Griffeth, 2016). Agencies and counselors implementing trauma-informed approaches strive to foster a culture of support where students feel validated, empowered, and have appropriate resources to navigate their healing journeys (Conley & Griffeth, 2016). Through training competent counselors, implementing trauma-informed policies, and providing accessible counseling services, counselors can establish inclusive environments that promote healing and resilience among individuals who have experienced trauma including SA. Current research shows that we should embed a) trauma-informed care (b) gender-affirming care, and the (c) ALGBTIC competencies for an integrated approach towards affirming care for transgender SA survivors. This study will give voice to what this looks like in counseling practices from the voices of the transgender survivors.

### ***Trauma-Informed Care for Counseling Transgender Sexual Assault Survivors***

Trauma-informed care is an essential framework for providing support and services for transgender survivors of sexual assault. This approach recognizes the prevalence of trauma among transgender populations and seeks to create an environment that is sensitive, supportive, and empowering for survivors (SAMHSA, 2014). Trauma-informed care acknowledges the impact of trauma on individuals' lives and emphasizes safety, trustworthiness, choice, collaboration, and empowerment (SAMHSA, 2014). Since transgender survivors of sexual assault often experience intersecting traumas related to their gender identity and survivor status, there may be additional barriers to accessing support and resources (DuMont et al., 2022). Some of these include stigma, discrimination with providers, and lack of access to competent care (Seelman et al., 2017). Understanding these unique experiences and ongoing and historical oppression are important to consider when providing effective trauma-informed care.

In counseling settings, trauma-informed care for transgender sexual assault survivors involves integrating principles into practice. This includes creating a safe and affirming space where transgender survivors feel comfortable disclosing experiences, expressing emotions, and exploring their own identities to collaborate and explore interventions to address symptoms (SAMHSA, 2014). Trauma-informed counselors recognize the intersectionality of trauma and identity and strive to provide culturally competent and affirming care, which includes ongoing education on transgender issues, that respects and honors survivor experiences (Goldberg et al., 2019). Integrating trauma-informed principles of safety, trustworthiness, choice, collaboration, and empowerment into counseling, counselors can create a supportive space that promotes healing (SAMHSA, 2014).

Trauma-informed counseling is guided by the key principles of safety, trust, collaboration, empowerment, and culture of the trauma-informed care framework (SAMHSA, 2014). Creating a safe and supportive environment where survivors' autonomy and choice are respected sets the foundation for the therapeutic alliance (SAMHSA, 2014). Acknowledging the impact of trauma on clients' wellbeing and understanding trauma can be systemic and/or at the individual level to teach clients about these effects is part of the empowerment process in counseling. the trauma-informed counselor will acknowledge the unique and diverse ways individuals respond to SA.

Trauma-informed counseling is a specialized and essential approach when working with transgender survivors of SA, recognizing the unique challenges this population faces. Drawing from principles that emphasize safety, trust, collaboration, and empowerment (SAMHSA, 2014), trauma-informed counseling addresses the interplay of trauma, gender identity, and sexual violence. DuMont et al. (2022) emphasizes the need for counselors to create an environment that prioritizes safety and acknowledges the diverse coping mechanisms in response to sexual trauma. Understanding the impact of SA on transgender survivors is critical in providing effective trauma-informed care. The aftermath of sexual violence can manifest in a variety of ways including heightened experiences of gender dysphoria, anxiety related to disclosure, and the reactivation of past traumas linked to gender identity (Brown, 2018). Acknowledging and validating these responses is central to trauma-informed counseling and meeting clients where they are in their individual healing journeys.

Building a therapeutic alliance is foundational to trauma-informed counseling with transgender survivors. Given the historical and pervasive mistrust of healthcare systems among transgender individuals (Seelman et al., 2017), counselors must approach clients with cultural

competence, empathy, and an understanding of challenges transgender survivors face. This collaborative approach not only empowers survivors to actively engage in their healing process, but also fosters trust in the counselor-client relationship (SAMHSA, 2014). Promoting safety and empowerment takes on added significance in trauma-informed counseling with transgender SA survivors. Affirming gender identity of the survivor, respecting pronouns, and creating a non-judgmental space are essential components (Brown, 2018). Empowering transgender SA survivors to make decisions via a collaborative process promotes resilience and recovery (SAMHSA, 2014). Trauma-informed counseling prioritizes the creation of a physically and emotionally safe space by providing the survivor choices, respecting boundaries, and avoiding retraumatization (SAMHSA, 2014).

The role of the counselor outside of the trauma-informed space is also crucial to the healing journey of the survivor. Trauma-informed counselors must engage in ongoing education on best practices, legislation affecting clients, and research with this specific population. counselors should prioritize their own self-care to mitigate the impact of vicarious trauma and seek additional supports via consultation and/or supervision as necessary to provide competent care and avoid impairment (ACA, 2014-add specific section).

### ***Gender Affirming Care***

A fundamental aspect of supporting transgender communities is gender-affirming care. Gender-affirming care, which acknowledges and respects individuals' gender identities and expressions, supports transgender individuals in counseling settings (Puckett et al., 2018). Gender-affirming interventions can include hormone therapy, gender-affirming surgeries, and social transition support. These supports and care can have positive effects on mental health outcomes and overall well-being for transgender individuals. Research consistently demonstrates



the positive impact of gender-affirming interventions on mental health outcomes and overall well-being for transgender clients. Hormone therapy has been shown to alleviate gender dysphoria and improve psychological well-being among transgender clients (Hughes et al., 2021; Puckett et al., 2018). Gender-affirming surgeries can have effects on individuals' body image, self-esteem, and quality of life (Hughes et al., 2021). Social transition support, including chosen name, pronouns, and presentation, facilitates alignment of transgender individuals' gender identity and external presentation which promotes authenticity and self-acceptance (Puckett et al., 2018).

### ***ALGBTIC Competencies***

The Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC, now known as SAIGE) developed competencies for working with transgender clients. These include outlining knowledge, skills, and ongoing self-reflection for counselors to provide competent and affirming care. Counselors should be equipped with knowledge and skills to create a safe and affirming space for transgender survivors to explore their experiences, process trauma, and work towards healing (DuMont et al., 2022). This may involve counselors and providers seeking out specialized training on trauma-informed care, understanding the intersection of gender identity and survivorhood, and navigating issues related to consent, disclosure, and boundaries within the therapeutic alliance. Counselors should approach counseling interventions from the client's perspective, honoring their autonomy, agency, and lived experiences (Ginicola et al., 2017). This client-centered approach ensures that counseling interventions are tailored to their unique needs and strengths to empower them to reclaim agency over their lives and promote well-being (DuMont et al., 2022). Through an integrated approach, counselors can provide affirming and supportive care to transgender survivors.

### **Application of Feminist Theory**

Feminist theory falls under the critical theory umbrella, which in general serves to dismantle systems of power and oppression (McHugh, 2014). Using a feminist lens enables discovery and exploration of how individuals navigate and experience these systems and structures within society. As hooks (2000) states, “simply put, feminism is a movement to end sexism, sexist exploitation, and oppression” (p. viii). Feminist theories, from second wave to intersectionality, have significantly enhanced our understanding of sexual and intimate partner violence by focusing on women’s experiences and addressing racism, homophobia, and transphobia (Cannon et al., 2020). Feminist theory emerged as a framework for examining and critiquing social structures, power dynamics, and knowledge production processes (McHugh & Cosgrove, 1998). At its core, feminist research embraces a commitment to equality, justice, and inclusivity, while acknowledging and valuing diverse experiences and perspectives (Letherby, 2003). The key tenets of feminist theory include intersectionality and the importance of reflexivity. Gender equality is an ongoing issue and feminist theory states that this consideration can be extended to any group within an educational setting, not only women (Earles, 2017). Feminist theory supports change and understanding for all to acknowledge and disrupt power and oppression for advocacy and change to occur (McHugh, 2014). Feminist research is research that is actively nonsexist and actively works for the benefit and advancement for marginalized individuals (McHugh et al., 1986).

### **Values of Feminist Research**

Feminist research is grounded in a set of values that goes beyond traditional research methodologies. These values not only shape the way research is conducted but also contribute to the broader goals of promoting gender equality and challenging oppressive structures with

research serving as a catalyst for change (McHugh et al, 1986). The core values of feminist research include reflexivity, power, collaboration, advocacy, and empowerment (McHugh, 2014). When applied to the experiences of transgender SA survivors, feminist research embodies a set of values that extend beyond conventional research methodologies (Rosser, 2008).

### **Reflexivity**

Reflexivity is a cornerstone of feminist research, emphasizing self-awareness and critical examination of the researcher's' positionality (McHugh, 2014). Researchers acknowledge their own biases, experiences, and perspectives, recognizing that these factors influence the research process and outcomes. By embracing reflexivity, feminist researchers strive for transparency and aim to minimize power imbalances between researcher and participants (Reinharz, 1992). With transgender SA survivors, reflexivity becomes paramount as I as the primary researcher must acknowledge my own biases, experiences, perspectives, and privilege. Additionally, my own experiences within collegiate and counseling settings have shaped how I navigate these spaces and how I work with marginalized SA survivors in my own private practice. To create a research environment that is sensitive to my participants' experiences, I aim to learn from them and their diverse experiences on their own healing journey (Brooks & Hesse-Biber, 2007).

### **Power**

Power focuses on analyzing power structures and hierarchies that perpetuate gender inequality (McHugh, 2014). Feminist researchers critically examine how power operates within societal institutions, relationships, and knowledge production (Jagger, 2008). By challenging power dynamics, feminist research seeks to amplify marginalized voices and create more inclusive and equitable spaces (Collins, 1989; Smith, 1987). This research places a strong emphasis on power analysis, scrutinizing the intricate power structures within society that

contribute to the vulnerability of transgender SA survivors. By critically examining how power operates in relationships, institutional policies, and societal attitudes, it is my hope my participants and I will unveil and challenge these structures that normalize and perpetuate sexual violence and how counseling can positively impact survivors.

### **Collaboration**

Through collaboration, feminist researchers emphasize the importance of working with participants, communities, and other researchers for advocacy and change (McHugh, 2014). Collaboration promotes shared decision-making, recognizes diverse perspectives, and challenges the traditional hierarchical model of research (McHugh, 2014). Through collaboration, feminist researchers aim to foster a sense of collective ownership and co-creation of knowledge (Worrell & Etaugh, 1994). The collaborative nature of feminist research is highlighted through the partnerships with transgender SA survivors as participants and the means of recruitment employed for diverse perspectives. This study recognizes the importance of involving survivors in the research process, fostering shared decision-making and creating a space for their voices to be heard. Collaboration extends beyond the research setting, emphasizing the importance of engaging with community organizations and support networks that advocate for transgender SA survivors.

### **Advocacy**

Advocacy is inherent in feminist research, as it seeks to address social injustices and contribute to positive change (McHugh, 2014). Beyond understanding and documenting inequalities, feminist researchers actively engage in advocacy efforts to challenge oppressive structures. Advocacy extends beyond academia, aiming to influence policies, societal attitudes, and systemic changes that advance gender equality (Lather, 1991). Advocacy takes the forefront

as this research aims to understand the experiences of transgender SA survivors and actively seeks to influence policies and practices that addresses the systemic issues contributing to their vulnerability. By engaging in advocacy efforts, the study strives to contribute to safer and more inclusive environments for transgender individuals.

### **Empowerment**

Empowerment is a fundamental goal of feminist research, seeking to empower individuals and communities through the generation of knowledge and the amplification of voices (McHugh, 2014). By providing platforms for marginalized groups to share their experiences, feminist research contributes to a more inclusive and diverse understanding of the world. Empowerment extends to both the participants and the researchers involved, fostering a sense of agency and resilience (Wilkinson & Kitzinger, 1995). Empowerment is a central goal of this research, seeking to empower transgender SA survivors by providing a platform for them to share their experiences. Through the dissemination of knowledge, the study aims to contribute to a more comprehensive understanding of the challenges faced by transgender SA survivors and empower them to advocate for change within their communities and within the field of counseling.

### ***Intersectionality***

Intersectionality is a critical framework that highlights the interconnections between various aspects of identity and social categories such as gender, race, and sexual orientation (Crenshaw, 1991). It emphasizes that individuals' experiences of discrimination and privilege are not solely defined by one aspect of their identity but are shaped by the intersections of multiple identity factors. In the context of this study on transgender SA survivors and their experiences with affirming counseling, intersectionality means acknowledging that transgender survivors

face unique challenges and forms of discrimination due to their gender identity and other intersecting identities such as race/ethnicity, socioeconomic status, and sexual orientation. It is crucial to consider how these various factors interact and influence experiences transgender SA survivors navigate during their counseling journeys. By applying intersectionality, this study can better capture the complexity of transgender SA survivors' experiences and recognize the dimensions of their identity that contribute to their unique experiences of positive counseling services.

### **Combining Affirming Counseling Practices, Trauma-Informed Care, and Feminist Theory**

By adopting a feminist lens, counselors can better understand the interconnectedness of gender identity and sexual trauma, recognizing the unique challenges faced by transgender survivors within the broader context of patriarchal norms and expectations (Burt, 1980). Incorporating feminist tenets into counseling practices for transgender survivors ensures a commitment to dismantling harmful power dynamics, emphasizing empowerment, and fostering an environment that respects and celebrates the diversity of gender experiences. Sevelius (2013) argues for the integration of affirming practices, highlighting the positive impact on mental health outcomes for transgender individuals. Affirming counseling, grounded in the principles of trauma-informed care and feminist therapy becomes a vital means of addressing the unique needs of transgender survivors, ensuring their experiences are acknowledged and validated throughout the therapeutic process (Nadal et al., 2015).

### **Need for Current Study**

A fundamental initial step in enhancing counseling services for transgender survivors involves delving into and examining counseling experiences from the client's perspective. Further research is necessary to investigate the favorable and validating encounters that

transgender individuals undergo when seeking therapy, providing insight into their specific needs and challenges (Dalton et al., 2020). While there is guidance on engaging in these practices, a comprehensive study from the client's viewpoint is lacking, which could provide valuable insights for improving service delivery (Dalton et al., 2020; McCann et al., 2021). Furthermore, Interpretative Phenomenological Analysis seeks to understand meaning-making within certain processes and addressing the unique perspectives of transgender SA survivors' positive counseling experiences (Smith et al., 2022). Understanding the significance of meaning making within the counseling process for transgender SA survivors will provide insight into effective and what is perceived as positive in the therapeutic process. This deeper understanding allows counselors to address the unique perspectives and needs of their clients, ultimately improving service delivery. By incorporating the concepts of trauma-informed care, cultural competence, and intersectionality into counseling practices, mental health professionals can create a safe and supportive environment (Voith et al., 2020).

### **Chapter Summary**

Transgender individuals experience SA at high rates. SA is associated with severe mental health issues including post-traumatic stress disorder, depression, anxiety, substance use, and suicide (James et al., 2016). In addition, transgender survivors are more likely to experience mental health issues due to lack of access to non-affirming care, societal norms that perpetuate cisheteronormativity, and legislation targeting transgender individuals specifically (O'Connor et al., 2023). The compounding issues transgender SA survivors face is a cause for concern among all counselors and those working with this population. Unfortunately, there is a dearth of research specifically addressing transgender affirmative counseling services to implement with counselors working with transgender SA survivors (Bettergarcia & Israel, 2018; Schofield et al.,

2023). Due to the mental health service use among this population being low, there is a need to explore positive counseling experiences to address this gap. Furthermore, no research has directly studied positive experiences of counseling among transgender SA survivors (Schofield et al., 2023). For this study specifically, affirming practices are those which are trauma-informed, transgender and survivor competent, as well as those that work from the ALGBTIC Competencies for Counseling Transgender Clients (ALGBTIC, 2009; Lewis et al, 2002; Ratts et al., 2016; SAMHSA, 2014). This study seeks to address this gap from a feminist and interpretative phenomenological analysis approach to highlight strengths within this population.



## CHAPTER 3

### METHODOLOGY

Despite the existing literature on experiences of counseling for sexual assault survivors, there remains a dearth of research focused on transgender sexual assault survivors. Much existing literature examines transgender survivors' experiences of reporting, disclosing, or help-seeking yet broadly focused on the experiences of LGBTQIA+ individuals. Little research focuses on positive experiences in counseling from the voices of transgender individuals. Specifically, there is a need for research that focuses on subgroups within the transgender umbrella and their positive experiences in counseling. This qualitative study proposed exploring positive experiences in counseling accessed to understand meaning making derived within the counseling process for transgender survivors of SA. In the following chapter, I discuss qualitative research, Interpretative Phenomenological Analysis (IPA), Feminist theory, methods, procedures, protection of participants, and data analysis. Also, I discuss my role as a researcher including reflexivity, credibility, trustworthiness, dependability, confirmability, transferability, then followed by a summary of the chapter.

#### **Qualitative Research**

Qualitative research is the most suitable approach for exploring transgender SA survivors' positive experiences in counseling (Given, 2008; Johnson & Parry, 2015). The choice to use qualitative data analysis is rooted in the deeply personal nature of these experiences and

meaning making. Transgender individuals face unique challenges and discrimination, and their positive experiences in counseling are nuanced and multifaceted. Qualitative research methods, such as in-depth semi-structured interviews proposed, enable researchers to delve into the complexities to capture the rich stories of survivors (Wertz et al., 2011). This approach allowed participants' the flexibility to tell their stories in their own words, express their feelings, thoughts, and provide a platform aligned with feminist theory that allowed their voices to be heard and their experiences to be validated (Johnson & Parry, 2015). Additionally, it allowed for the exploration of context and meaning making behind transgender survivors' interactions with positive experiences in counseling and enabled researchers to be a part of the meaning making process (Smith et al., 2021). The meaning making process derived within the positive experiences in counseling context was explored within participants worldview, meanings they make of themselves, and others that are not yet known. Moreover, a qualitative approach enabled researchers to identify facilitators to seeking support, understanding the effectiveness of services, and uncovering the meaning of positive experiences in counseling directly from transgender survivors. Phenomenology provides an ideal framework for exploring and honoring transgender SA survivors' positive experiences in counseling.

### **Phenomenology**

One of the central principles of phenomenology is the suspension of presuppositions, which was emphasized by Edmund Husserl, the founder of phenomenology (Given, 2008). According to Husserl, researchers should put aside their judgments and preconceived notions to approach phenomena with an unbiased perspective (Husserl, 1931). This suspension of presuppositions allows for a direct and unprejudiced exploration of the lived experiences of

individuals aiming to reveal the essence of these experiences in their purest form (Husserl, 1931).

Another key tenet of phenomenology is the emphasis on the phenomenologic reduction, often referred to as *epoche*, a concept introduced by Husserl (Husserl, 1931). The *epoche* involves bracketing or setting aside the external world and focusing solely on the subjective experiences and consciousness of the individual. This reduction helps phenomenologist researchers uncover the subjective meaning and essence of experiences, transcending the influence of external factors (Given, 2008). Phenomenology seeks to understand the inherent structures of human consciousness and how individuals make sense of their experiences (Husserl, 1913). These core tenets, such as the suspension of presuppositions and the phenomenologic reduction, form the foundation of phenomenological research enabling a deep exploration of human experiences. (Husserl, 1931).

Phenomenology was an ideal methodology for researching SA survivors' positive experiences in counseling as it seeks to uncover the essence of lived experiences, focusing on their unique perspectives and the way individuals perceive and make sense of their world (Johnson & Parry, 2015). For transgender SA survivors whose experiences are often marginalized and historically underrepresented, phenomenology provided a powerful lens through which researchers could explore unique and diverse ways transgender SA survivors experienced counseling support, shedding light on their emotions, coping mechanisms, and meaning making while also highlighting broader societal and cultural factors (Johnson & Parry, 2015).

More specifically, Interpretative Phenomenological Analysis (IPA), was an ideal approach for focusing on depth among fewer participants to capture meaning making and

experiences among transgender survivors (Smith et al., 2021). Survivors of SA often grapple with issues such as trauma, post-traumatic-stress disorder (PTSD), and the emotional aftermath of the assault. For transgender individuals, there are additional layers of complexity related to their gender identity. IPA was valuable for exploring positive experiences in counseling as a phenomenon that matters to a specific and purposively selected group of participants who offered insight into their own personal experiences (Smith et al., 2021). As discussed by Chan and Farmer (2017), IPA served as a useful framework for gaining insight within LGTQIA+ populations from a counseling perspective. Indeed, the transgender population has been viewed within LGTQIA+ literature, but there is a need to view this population as there is much diversity among transgender communities. The emphasis on meaning and subjectivity allowed researchers to dive more in depth into lived experiences and uncover issues to highlight future areas of research (Chan & Farmer, 2017).

### **Interpretative Phenomenological Analysis (IPA)**

IPA is a qualitative research approach that draws from key concepts and philosophical underpinnings that shape its methodology and framework (Smith et al., 2009). At its core, IPA is rooted in traditional phenomenology, which emphasizes the study of consciousness and the exploration of the lived experiences of individuals (Smith et al., 2021). Philosophers like Edmund Husserl and Martin Heidegger laid the groundwork for this approach, highlighting the importance of understanding how individuals interpret and make sense of their world (Smith et al., 2021). IPA places a strong emphasis on delving into the subjective perceptions and interpretations of participants to explore their unique experiences (Smith & Nizza, 2022).

A central concept within IPA is researcher subjectivity. This approach acknowledges that the researcher and participants both bring their subjective perspectives to the research process

(Smith et al., 2021). It respects the idea that the world is not objective or pre-determined but is perceived through the lens of one's own subjectivity. This concept aligns with the postmodern and constructivist philosophies, emphasizing the multiplicity of realities and the role of interpretation in shaping our understanding of the world (Wertz et al., 2011). Researchers utilizing IPA must be reflexive about their own subjectivity and acknowledge the potential influence their backgrounds and perspectives may have on their interpretation of participants' experiences (Smith et al., 2021).

The concept of interpretation is fundamental in IPA. It recognizes that the researcher is actively engaged in the interpretation of participants' accounts while emphasizing a balanced approach where the researchers' interpretation is informed by respect to participants' experiences and meaning making (Smith et al., 2021). This concept aligns with the hermeneutic tradition, asserting that understanding human experiences requires a process of interpretation that considers the context and language through which individuals convey their experiences. This approach is influenced by philosophers like Hans-Georg Gadamer, who argued for a fusion of horizons between the researcher and the participant to arrive at a shared understanding (Smith et al., 2009).

### ***Double Hermeneutic***

Double hermeneutics is a key concept in IPA, highlighting that participants interpret their own experiences and researchers interpret these interpretations (Smith et al., 2021). This acknowledges the iterative and dialogic nature of the research process, where the researcher continuously engages with the participants' accounts to arrive at a nuanced understanding. This concept is grounded in the philosophy of communication and understanding where meaning is not a fixed or objective entity but is co-constructed through dialogic exchanges (Smith & Nizza,

2022). IPA researchers recognize that understanding is a collaborative process, and the interpretative process unfolds via ongoing dialogue between the researcher and participant (Smith et al., 2021).

### ***Idiography***

In IPA, idiography refers to the emphasis on exploring the unique and individual aspects of each participant's experience (Smith et al., 2021). Instead of aiming for generalizability or seeking to identify broad patterns across a group of participants, IPA prioritizes an in-depth, detailed examination of each participant's lived experiences, this idiographic approach is closely aligned with the phenomenological tradition, which emphasizes that everyone's experience is unique and deserving of exploration on its own. By focusing on idiography, IPA seeks to capture the rich and diverse nuances of human experiences, recognizing that participants' experiences cannot be reduced to a single, universal account (Smith et al., 2021).

In the application of IPA, researchers conduct a deep analysis of each participant's narrative, striving to understand the specific meanings, emotions, and interpretations that are inherent to their experiences (Smith & Nizza, 2022). This process involves a detailed examination of the language and symbols used by participants to convey their experiences. Through this idiographic analysis, IPA strives to provide a holistic and empathetic portrayal of each participant's subjective world, allowing for a deeper appreciation of the diversity and complexity of human experiences. Ultimately, the idiographic approach in IPA contributes to a more profound understanding of the unique dimensions of individual experiences thus making is a valuable method for capturing the depth and richness of lived experiences.

### **Theoretical Framework**

This study is rooted in constructs of feminist theory to understand how transgender SA survivors describe and make meaning of their positive experiences in counseling. Feminist theory acknowledges that individuals experience various forms of discrimination based on gender, sexual orientation, and other power dynamics within society (Crenshaw, 1991). This theoretical framework guided the study's approach by emphasizing the importance of intersectionality and discrimination faced by transgender SA survivors. By integrating feminist theory, the research methodology aimed for a comprehensive exploration of the participants' experiences, recognizing the interconnected impact of gender identity and SA within the broader context of power structures (Reinharz, 1992). This approach aligns with the feminist principles of equality, consent, and inclusivity, facilitating a nuanced understanding of the experiences of transgender SA survivors (Reinharz, 1992). This feminist lens allows for a comprehensive understanding of the multifaceted experiences and identities of transgender SA survivors and a basis for advocating for inclusive and equitable practices to further define positive counseling for these individuals.

Additionally, feminist theory emphasizes the importance of centering the voices of marginalized groups in research and advocacy efforts (Webb, 1993). The framing of this study places a strong emphasis on participant empowerment, choice, and voice, ensuring that participants were active participants in the research process sharing their stories and contributing to meaningful change in society and counseling as a profession. By recognizing and challenging systemic power imbalances, this study was positioned to shed light on the intersectional dimensions of sexual assault, gender, power, and counseling services promoting a more inclusive, survivor-centered, and socially just approach to positive counseling practices.

### **Feminist Theory with IPA**

This study utilized a feminist lens to explore transgender SA survivors' positive experiences in counseling. Ethical considerations and participant well-being from a trauma-informed perspective were paramount to this study to give voice without re-traumatization. Collaborative engagement with organizations bolstered sensitivity, relevance, and fostered trust within the community (Marshall et al., 2022). Through in-depth interviews, analysis was guided by a feminist framework to delve into the underlying power dynamics inherent within society and that can emerge within the counseling relationship. Among the recommendations, this study adopted an approach that was a priority and focused on resilience to mitigate harm to the transgender community. Additionally, IPA emphasized transparency and utilizing language that respects the lived experiences of trans people (Marshall et al., 2022).

In the context of this study, double hermeneutics acknowledged the unique positionality of transgender SA survivors and the researcher, both of whom brought distinct perspectives shaped by their experiences and sociocultural contexts (Smith et al., 2021). Through this lens, the study aimed not only to understand the participants' lived experiences but also to critically engage with the ways the researcher's interpretations may influence the construction of meaning. Within the intersection of double hermeneutics and feminist theory, this IPA study sought to elevate the voices of transgender SA survivors and amplify their agency in shaping the narrative of their positive experiences in counseling. This approach aligned with feminist ideals of empowerment, recognizing the potential of research to act as a catalyst for social change.

Feminist idiography within the context of this study emphasized the significance of individual narratives, recognizing the unique intersections of gender identity, SA, and therapeutic process. By adopting an idiographic approach, this study honors the diverse and multifaceted stories of transgender SA survivors, acknowledging that their experiences cannot be fully



homogenized. This feminist orientation underscored the importance of contextualizing each participant's journey within the broader sociocultural and political landscape, critically examining how power structures, social norms, and gender dynamics shape their experiences of both trauma and healing.

In feminist theory, the process of meaning making emphasizes the exploration of power dynamics, societal structures, and the intersectionality of identities, providing a framework for comprehending how individuals interpret and make meaning of their experiences. For transgender SA survivors, meaning making involved navigating the complexities of gender identity, trauma, impact of societal norms and expectations, and meanings derived from counseling experiences on their healing journey. A feminist lens encouraged an examination of how survivors constructed their narratives within a patriarchal context of society that stigmatizes transgender individuals and survivors, shedding light on the intersections of gender, sexuality, and violence (Crenshaw, 1991). Through IPA, I aimed to understand the ways in which transgender SA survivors made meaning of their therapeutic interactions contributing to the broader feminist discourse on agency, resilience, and healing within positive experiences in counseling (Brownmiller, 1975; Burt, 1980).

### **Research Questions**

Research questions suited for IPA involve personal meaning making and sense making types of questions for a specific group of participants experiencing a particular phenomenon (Smith et al., 2009). While existing research has predominantly examined prevalence rates, help-seeking behaviors, and the barriers encountered by transgender SA survivors, this study took a strengths-based approach. The primary focus was on exploring how transgender survivors of SA derived meaning from positive experiences in counseling. To address this, the study was guided

by the following research question: “How do transgender survivors of sexual assault derive meaning from positive experiences in counseling?” This shift in emphasis aimed to shed light on the positive aspects of counseling experiences for transgender SA survivors, providing insight into the efficacy and impact of positive support services in their counseling journeys.

### **Participants**

This study sought to understand the positive counseling experiences of transgender SA survivors. Purposive sampling was used as IPA research is typically conducted with a smaller sample size between six and ten (Smith et al., 2021). Inclusion criteria for participation were the following:

7. Identify as transgender,
8. Identify as a sexual assault survivor,
9. Identify as having a positive experience in counseling
10. Are 18+ years old,
11. Have access to the internet, and
12. Speak English.

Exclusion criteria for participants encompassed individuals who reported experiencing sexual assault within sixth months prior to the study, a measure implemented to mitigate potential psychological distress (Coffman, 2021). Additionally, eligible participants must have actively participated in counseling for a minimum of six sessions and should not have concluded these services more than two years ago (Steward et al., 2020).

### ***Sampling***

Purposive sampling aligns with IPA to adequately understand the population with a homogenous sample (Smith et al., 2021). For this study, purposive and snowball sampling were

strategies that best fit the objective of this study. Purposive sampling indicates a specific population of interest and seeks out participants who meet criteria (Smith et al., 2021). Given that this study's aim was to explore transgender SA survivors' positive experiences in counseling, purposive sampling allowed a common experience to be explored in detail (Smith et al., 2021). As a form of purposive sampling, snowball sampling was used to recruit more participants for the study by asking transgender survivors to recommend this opportunity to others and those who work with this specific population of survivors. Convenience sampling was also utilized to provide flyers to local pride and LGBTQIA2S+ affirming groups. Permission was sought to recruit more participants through counselors and advocates working with transgender SA survivors and social media groups for transgender affirming therapy groups and sexual assault groups. The lead researcher's contact information was provided within recruitment materials.

### ***Participant Recruitment***

After IRB approval, I sent inquiries to local advocacy centers, transgender organizations, community pride centers, and counseling center contacts for recruitment purposes with digital flyers and a social media graphic. Online recruitment with personal contacts was utilized with a recruitment graphic shared to personal and professional networks (Appendix ). Interested individuals completed an online screening questionnaire maintained and administered through Qualtrics to screen for eligibility (see Appendix B).

The screening process embedded in the demographic and informed consent questionnaire was designed to achieve a homogenous and well-defined sample of transgender SA survivors within the guidelines of IPA (Smith et al., 2021). The rationale for the screening mechanism was the need to ensure that the study's findings are representative and can be transferable effectively

among transgender SA survivors who positively experienced counseling services. This homogeneity enhanced the internal validity of the study, allowing for more accurate and meaningful comparisons between participants and contributing to a clearer understanding of the unique challenges faced by transgender SA survivors (Smith et al., 2021).

The screening questionnaire included questions for participants to confirm eligibility. This intentional inclusion addressed the potential for ambiguity or misinterpretation in participant eligibility. Questions in the screening questionnaire included: (1) as of your last birthday, are you above 18 years old, (2) do you identify as transgender, (3) has it been at least six months since sexual assault victimization has occurred, (4) did you receive positive counseling services, and (5) did you attend positive counseling services for at least six sessions. These screening questions served as a guide for me as the researcher to choose participants and screen for eligibility for a homogenous sample and ensuring consistency in their self-reported experiences as much as possible prior to beginning the interview process (Baker, 2022). The emphasis on positive counseling was particularly crucial for this study, as it delineates the specific type of support sought by participants, focusing on services that were attuned to the unique needs and identities of transgender survivors. Overall, the screening process strengthened the interview protocol, clarified eligibility, and facilitated the co-creation of knowledge among participants and the researcher (Baker, 2022).

After the screening questionnaire, participants received a copy of informed consent, crisis resources, and the contact for the primary researcher. The demographics questionnaire asked participants questions about their age, sexual orientation, gender identity, identified pronouns, racial and ethnic identity, and when they began their counseling. There was a space provided to ask approximate dates when participants engaged in counseling and approximately how many

sessions to see if they met the criteria of engaging in counseling within the last two years. Additional data was frequency (weekly, bi-weekly, monthly) and if they engaged in face to face or virtual sessions. The final question asked participants to choose a pseudonym to protect identity and provide their preferred email address for communication between the participant and researcher. At the end, there was a list of national crisis resources should potential participants need them.

After completing the questionnaire, those interested and contacted for eligibility in the study received individual email invitations to participate in the interview protocol utilizing the pseudonym they provided on their screening questionnaire (Coffman, 2021). After confirming their continued interest in moving forward with the research, the primary researcher provided days and times for availability to schedule interviews utilizing a Calendly scheduling page. After scheduling the interview session, participants received a confirmation email and link to a private password protected Zoom meeting. Prior to beginning interviews, participants received a copy of the informed consent with resources, and I went over informed consent to address any questions participants had.

All participants self-identified as transgender. During January 2024-March 2024, eight of the interested transgender SA survivors who completed the screening survey completed the study. Table 3.1 presents demographic information from the eight transgender SA survivors who completed the study.

### **Participant Profiles**

Eight transgender SA survivors completed the interview protocol. Participants provided basic demographic information on the online screening survey and provided more context at the beginning of their individual interviews (see Table 3.1). Participants were between 22-36 years

of age and had completed at least six counseling sessions at the time. All the participants had engaged in counseling they perceived as positive recently and/or were still engaged in counseling. Five participants identified as White, one participant Black or African American, one White and Asian/Asian Indian, and one White/Hispanic/Latino//Middle Eastern or North African. One participant identified as queer, one bisexual, one gay, one lesbian/queer, one pansexual, one lesbian, one pansexual, one opalain, and one polyamorous, gay, aromantic, and asexual (see Table 3.2). Table 3.1 below lists participant pseudonyms and corresponding demographic information while Table 4.2 lists counseling experiences.

**Table 3.1**

*Participant Demographics*

Pseudonym	Gender Identity	Sexual Orientation	Racial/Ethnic Identity	Pronouns
Finn	Non-binary, transmasculine	Queer	White	They/he
Taylor	Trans masculine	Bisexual	White	They/he
Mac	Trans man	Gay	White	He/him
Juniper	Trans non-binary	Lesbian/queer	White	They/them
Garrett	Trans masculine/nonbinary/agender	Pansexual	White	He/they
Bambi	Non-binary transfemme	Lesbian	White, Asian or Asian Indian	They/them
Starfruit	Aporaflux man-adjacent	Polyamorous gay aromantic asexual	Black or African American	Zhe/zhir, he/him/his
Vril	Boyflux	Opalain	White, Hispanic/Latino, Middle	He/him, khe/khem

**Table 3.2***Experiences in Counseling*

Pseudonym	Counseling Format	Counseling Setting	Counseling Frequency	Began Counseling	Most Recent Time in Counseling
Finn	Hybrid	Private Practice	Weekly	February 2019	January 2024
Taylor	Hybrid	College	Biweekly	October 2019	January 2024
Mac	Hybrid	Private Practice	Weekly	February 2019	January 2024
Juniper	Hybrid	Private practice, college	Weekly/monthly	2006	January/February 2024
Garrett	Telehealth	Private Practice	Weekly	April 2022	January 2024
Bambi	Hybrid	Private Practice	Weekly	August 2005	February 2024
Starfruit	Telehealth	Private Practice, college, nonprofit	1-2 times per week	March/April 2015	February 2024
Vril	Hybrid	Private Practice	Biweekly, now monthly	January 2020	February 2024

**Data Collection**

Participants completed one interview protocol, which lasted between 45-90 minutes (Seidman, 2013). Interviews were conducted virtually using Zoom for each interview to be recorded and transcribed via Rev AI. Participants chose a pseudonym to protect confidentiality

and one participant was provided one prior to the beginning of their interview in collaboration with the researcher. This aimed to protect confidentiality and encourage transparency about the research process and how participants' stories are shared without identifying them in the process. After each interview, I engaged in reflexive journaling to debrief and comment on the experience to bracket my own biases arose considering my identities and experiences with each participant and my own counseling clients.

### ***Demographic and Screening Questionnaire***

A four-page demographic and screening questionnaire was developed for use in this study. The purpose of this study was to provide data to identify a pool of participants from which the final sample was recruited. On the first page of the questionnaire, participants received a brief description of the study. Next, they were presented with a complete copy of informed consent (see Appendix A). Additionally, all potential participants were provided with a list of crisis resources and support for additional protection of participants emotional safety.

### ***Semi-Structured Interview***

Semi-structured interviews were the primary data collection method in this IPA study (Smith et al., 2021). All interviews were conducted virtually via Zoom for ease of accessibility and transcription. The researcher was available to troubleshoot with participants if there were any issues accessing Zoom. The interviews were scheduled via email after participants were chosen from the demographic questionnaire screening. Each participant completed one interview session, which lasted between 45-90 minutes. The goal of the interview was to acclimate participants to the research process, troubleshoot technology, establish rapport, and discuss participant intersecting identities and positive counseling experiences. I broached the specifics of positive counseling relationships and explored their meanings of positive experiences from their



own lens. Participants discussed their thoughts, feelings, and positive experiences in counseling. This interview aimed to capture the survivors' lived positive experiences in counseling and meaning they made during after.

### ***Interview Protocol***

The first five to ten minutes of each interview were used to establish rapport and trust and troubleshoot any technology issues. During this interview, participants responded to general questions about themselves, salient identities, their experiences seeking counseling, and specifics of their individual positive counseling experiences. This interview was guided by the following discussion questions in the interview protocol:

1. Tell me about yourself.
  - a. How did your salient identities shape your needs in counseling?
2. What was important to consider when you were looking for counseling given your salient identities?
  - a. Tell me more about that.
3. Describe your process and decision to seek counseling services.
  - a. Tell me about that moment in time.
4. Describe the counselor's qualities that were important to you when choosing a counselor?
  - a. How did the counselor embody these qualities.
5. How would you describe the overall relationship between you and your counselor?
  - a. What specific qualities or behaviors of the counselor contributed to this?
6. What made counseling a positive experience?
  - a. What are some specific examples?
7. What strategies or techniques were particularly helpful in your counseling sessions?

- a. Tell me more about that.
- 8. What was not particularly helpful within your counseling experience?
- 9. What aspects of the counseling process contributed to a positive experience for you?
  - a. Tell me more about those aspects.
- 10. How did your experience in counseling compare to your expectations for counseling?
  - a. How did this compare to previous experiences in counseling (if applicable)?
- 11. How did the counseling experience contribute to your overall sense of well-being?
  - a. What are some examples?
- 12. Tell me about changes in your life since you experienced counseling?
  - a. How have you made sense of those changes?
- 13. If you could tell your counselor now about your counseling experience, what would you want them to know?
- 14. Is there anything else you would like to share about your experiences that we did not address?

At the conclusion of the interview, I confirmed participant email addresses and reminded participants to confirm receipt of their e-gift card. Additionally, I reminded participants of the crisis resources should they need anything and of my contact information should they have any other needs.

### **Survivor Responsive Approach**

Research with sexual assault survivors is a sensitive topic that can raise ethical concerns and require special attention from institutional review boards (IRBs). As discussed by Rossoff (2018), “Sexual assault is a violation of a person’s body and mind, therefore victims are vulnerable and already disinclined to report their experiences to formal sources” (p. 94). Some

considerations I was intentional with were: (1) my informed consent, (2) confidentiality, (3) safety, (4) respect and sensitivity, and (5) cultural considerations (Campbell et al., 2019; Rosoff, 2018). In the informed consent process, I acknowledged sexual assault survivors may be particularly vulnerable and may have difficulty providing informed consent. I took special care to ensure that participants fully understood the nature and purpose of the study, that they were aware of any potential risks and benefits of participating, and that they had the right to withdraw at any time (Rosoff, 2018; Wertz et al., 2011). All participants relayed understanding and no participants indicated they wished to withdraw.

Participants' privacy and confidentiality must be fully protected when discussing counseling experiences. I took steps so participants' personal information and data were secured on a password protected computer that only I had access to. Additionally, when I began the interviews, I collaborated with my participants and asked them to provide me with a pseudonym of their choice to be used in my dissertation and any other publications. I let them know that their words from the interview will be transcribed and shared as well as their demographic information in the write up of findings. I believe in full transparency to building trust with participants and for them to inform me if they needed to stop the interview at any point. I followed up with mental health and crisis resources at the end of each interview and checked in with participants in case they needed additional support.

To ensure safety and minimal risk of re-traumatization, I took steps to minimize potential risks to participants through ongoing check-ins about support and access (Campbell et al., 2019). Most participants were still engaged in therapy during the interviews for data collection or were in between providers. I provided national supports and the information to confidential supports. In all my work, I aim to be sensitive to the unique experiences and perspectives of sexual assault

survivors and treat them with respect and dignity. I acknowledged power dynamics with research with vulnerable populations and took steps to minimize any potential exploitation. For cultural considerations, I acknowledge there are many considerations and sensitivities with these discussions. I always aim to be sensitive to others cultural norms and potential barriers to participation and ensure my research is inclusive. As outlined by Rosoff (2018), I debriefed with all participants at the end of each interview once recording devices were off to ensure safety and the need for follow up care and referrals to services.

Specifically, I adhered to the American Counseling Association code of ethics (ACA, 2014) that guide research and counseling. Through these guidelines and the Belmont Report, I aimed to protect my participants and enhance the knowledge of the research on counseling transgender SA survivors. More specifically, I ensured participant safety and avoided retraumatization by ongoing check-ins throughout the interview and at the conclusion of the interview. Participants will be able to recognize themselves in the study since they identified or collaborated on a pseudonym that they preferred. Furthermore, when reading excerpts from the study and transcripts, participants may remember themselves relaying specific information in interviews. I discussed what will be shared in my dissertation, so they were able to make an informed decision on their participation.

### **Data Management**

Interviews were recorded and transcribed via Rev AI. Rev AI is a HIPAA compliant transcription service, which was an additional concern when discussing transgender SA survivors' positive experiences in counseling. All files were encrypted, password protected, and inaccessible to any other parties outside of the research team. Participant names were not used during the interview process. Each transcript was saved as "Pseudonym\_InterviewX" and stored

in a password-protected file on a password protected computer (Coffman, 2021). Each transcript was line numbered and printed for analysis that aligns with IPA (Smith et al., 2021).

### **Six-Step Data Analysis**

A successful IPA study is said to balance giving voice to an experience and making sense of an experience (Chan & Farmer, 2017; Larkin & Thompson, 2012). IPA data analysis is a cyclical process that will begin after completion of the first interview and continue throughout data collection (Smith et al., 2021). IPA research calls for the interpretation of the experiences of participants through five phases including: (1) reviewing transcripts for accuracy and comprehension, (2) composing comments of participants' narratives, linguistic comments, and conceptual comments, (3) discovering themes, (4) theme comparison for similarities and differences across interviews, and (5) cross-case synthesis (Smith et al., 2009). Analysis begins line-by-line, then identify themes and patterns, then developing a dialogue between data and themes with researchers' knowledge in the field (Emery & Anderman, 2020). As Smith (2011) states, convergence and divergence are the hallmark of good IPA work. For auditing purposes and trustworthiness, there were two fellow doctoral candidates and a counseling colleague familiar with qualitative research, IPA, counseling transgender clients, and counseling practices serving on the research team. Everyone on the research team followed the same protocol outlined.

### ***Research Team***

I utilized a peer research team with two of my fellow cohort members and a colleague from the same master's program with clinical counseling experience working with the population of interest. This research team increased the quality and trustworthiness of the research by offering different perspectives and critical feedback on the codes and themes of each case. These

research team members were chosen to ensure diversity and familiarity with qualitative data analysis procedures. One member is a White, cisgender female with experience in qualitative research methods whom I have collaborated with on previous qualitative research. We share the same racial and gender identities; however, she has a background in school counseling. The other member of my research team is a Black cisgender male with a background in school and trauma counseling. He also has experience in qualitative research methods and utilized IPA in his own dissertation. My third research team member identifies as a transgender survivor of SA who provides clinical counseling to transgender individuals and transgender SA survivors. This research team member has lived experiences as well as clinical training in a CACREP accredited masters clinical mental health counseling program. Additionally, they served as a graduate assistant and are familiar with qualitative research methodologies. Together, we comprise a team with diverse perspectives on trauma and SA, racial identity, and the role of counselors.

In the six-step process of analysis with IPA, cases are examined individually. Therefore, each research team member was responsible for confirming data analysis themes so I could engage in reflexive practice and auditing. Each team member was provided a copy of specific transcripts, two or three per research team member, to immerse themselves in the data case by case within a timeframe that was set to ensure that they are familiar with the data prior to checking emerging themes together. Since cases are examined as close as possible after each interview has occurred, each research team member was responsible for engaging in reflexive practices, bracketing, team dialogue, and auditing my results at the end of data collection and analysis. At the beginning of the analysis process, the research team communicated in advance to discuss our individual experiences and preconceived notions around the topic of SA and providing/receiving counseling services that we feel are positive.

For feedback and using IPA, I provided an article and instructions to the research team on how to code data utilizing IPA and terminology used. Each research team member was provided two or three transcripts to code individually. Each participant was emailed a copy of a transcript and instructed to adhere to IPA where they wrote their own notes, individual themes, and then emailed back to me when they were finished. I compared their emergent themes to my own and we had a final conversation via email at the end of all data analysis where all data and themes were compared and discussed to come to an agreement on group experiential themes (GETs). After this was complete, my dissertation chair received a copy of all the data with my notes for an audit. The audit included checking the accuracy and coherence of the coding process, ensuring that the themes aligned with the research question and objectives, and examining any discrepancies or inconsistencies in the data analysis process. The auditing process was important for ensuring the credibility and trustworthiness of the data analysis in the study and alignment with IPA methodology (Smith et al, 2021).

### ***Step 1: Reading and Re-Reading***

This step of data analysis required immersion in the data. This process included multiple readings that ensured that the participant remained the focus. During this process, I listened to the audio file while reading the transcript to write down any analytic thoughts, observations, or additional questions. I re-read and listened to each transcript in its entirety before each data analysis session to immerse myself prior to moving to any other interviews. I also engaged in this process in the order I interviewed participants.

In IPA, this process begins with an initial reading to become familiar with the content, identify preliminary themes, and note immediate analytic thoughts. Importantly, researchers incorporate a dual approach by simultaneously listening to the audio recordings of the interviews

which allows for deeper engagement and immersion into the data, capturing nuances in participants' voices and emotions that may not be apparent in the written transcript alone. The next phases included a series of re-readings of each transcript to uncover emergent themes and patterns that may have been overlooked.

Each researcher was given their designated transcripts to immerse themselves in the data. By deepening our understanding of the participants' experiences and engaging in a reflective process, we aimed to provide an accurate and empathetic representation of the participants' voices in all data analysis and interpretation. I engaged in reflexive journaling and noted any initial thoughts, questions, and notes on items that stand out to discuss in our research team meetings. My research team assisted with developing Personal Experiential Themes (PETs) for each of their transcripts for me to confirm my PETs after data collection and my own individual analysis.

### ***Step 2: Exploratory Noting***

An important step noted by Smith et al. (2021) includes to begin initial case-by-case analysis. The goal of this step is to create detailed comments on the data and notes for later use with each case. This process aim is to ensure better understanding of the participants and their individual experiences. I began case-by-case analysis to delve deeper into each case to gain a deeper understanding of the participants and their unique experiences. I analyzed each transcript and wrote detailed comments on the data. Notes included patterns, recurring themes, and anything that I felt were noteworthy. These initial comments and notes served as the foundation for the subsequent analyses of following cases, ensuring that I maintained a strong connection with the individual experiences of each participant. It was essential to focus on each case to avoid premature generalization of all cases. This approach and research team meeting auditing



helped identify biases and depth of experiences across the sample from different perspectives of each research team member.

### ***Step 3: Constructing Experiential Statements***

This is an important stage for consolidating and crystallizing thoughts (Smith et al., 2021). In constructing experiential statements in IPA, researchers begin by identifying key quotes or segments of participants' narrative that encapsulate the essence of their experiences. These statements are experiential because they should directly relate to each participants' lived experience or to the experience of making sense of the things that happened to them (Smith et al., 2021). The main task in turning notes into experiential statements involves an attempt to produce a concise summary of what was important in the various notes attached to the transcripts (Smith et al., 2021). The experiential statements reflect not only the participant's original words and thoughts but also the researchers' interpretations.

To construct experiential statements, I began by identifying key quotes and segments of participants' narratives to synthesize and condense. These quotes and researcher notes were then condensed into statements that maintained the participants' language and emotions while reflecting the interpretative depth of the analysis. My experiential statements were discussed as a team, compared to other team members' analyses, and agreed upon as a team. Through this process, the researchers navigated the balance of capturing each cases' meaning and compared to the group at the end of analyses.

### ***Step 4: Developing Emergent Themes and Searching for Connections***

During these steps, the comments developed during the initial noting phase were the primary analytic focus (Smith et al., 2021). The goal of these steps was to generate phrases that capture the participant's own words and my interpretation. The research team met at the end after

we had each examined each case and produced our own emergent themes and connections to discuss and compare.

***Step 5: Naming the Personal Experiential Themes (PETS) and Consolidating in a Table***

As noted by Smith et al., (2021), Personal Experiential Themes (PETs) are: (1) personal because they are at the level of the person that have been derived from a particular person's case (2) experiential because they relate directly to the participant's experiences, and (3) themes because they are no longer tied to specific instances but instead reflect analytic entities present within the transcript as a whole (p. 94). After constructing experiential statements, I identified PETs to discern the common threads and aspects of the participants' individual stories. PETs were divided into sub-themes where each sub-theme held the set of experiential statements that supports its development as a PET (Smith et al., 2021). Each experiential statement was highlighted within the transcripts and the page number where it can be found labeled in the transcript (Smith et al., 2021).

Each researcher reflected on the meanings and interconnections among the themes, and we refined my PETs as a team at the conclusion of all cases. The research team received my PETs after they shared their individual PETs with me, and we discussed via email at the end of all individual data analysis to discuss emergent themes and connections across cases as well as divergence within the data. This step together as a team contributed to a deeper understanding and agreement among researchers to enhance validity. Additionally, this step aided in the process in developing the final table to present research outcomes. This table offers a clear and structured visual representation of data for comparison at the end of analysis and to convey the analysis process (Smith et al., 2021).

**Table 3.3***Example Data Analysis Process for Finn*

Exploratory Note	Transcript Text	Experiential Statement
Counselor knowing about trauma on a deeper level and how it affects clients is important	... I think it would probably go pretty well and be encompassed a lot by like being trauma informed. Um, and like again, like meaningfully trauma informed, not just like, well I know what trauma is cool, like I'm trauma informed, but like really understanding like the ways in which trauma can manifest the ways in which trauma can impact you....	Trauma-informed counseling as a necessary knowledge and competency

***Step 6: Moving to the Next Case***

To maintain the idiographic approach and uphold the rigor of IPA, the research team's workflow was organized and systematic. Once the analysis of a particular transcript was completed, the team engaged in bracketing to intentionally set aside findings from the previous transcript via email (Johnson & Parry, 2015). I instructed the research team members to email me their initial findings, where I did not open the email until everyone on the research team had completed their individual analysis and were ready to discuss as a group. This ensured that the analysis of each case was conducted with fresh eyes and without preconceived notions influenced by prior analysis (Smith et al., 2021). After the completion of the analysis for one case, the digital file was closed and any printed transcripts with handwritten notes given to me and stored. This pause is critical as it ensures that the members of the research team have adequate time to reset and maintain a neutral perspective.

### *Step 7: Identifying Themes Across Cases*

After working through each transcript and case individually, the entire research team examined connections across all cases. This analysis involved feminist analysis as a theoretical lens to make sense of the relationships. Additionally, my dissertation chair served as the primary outside auditor to examine all data within the final research team meeting and discuss findings. Smith et al., (2009, p. 183; 2022, p. 152) outlines components of the audit trail for an IPA study. Initial notes on mapping the topic area and formulating the research question, the research proposal and ethics application, the interview schedule, recordings, and annotated transcripts are all components to keep record of for an IPA study (Smith et al., 2021). All items were provided to the dissertation chair to review.

This transition was critical for synthesizing the findings and uncovering overarching patterns and shared experiences, convergence within IPA. To implement this step effectively within the research team, a structured approach was implemented with regular correspondence and a final email at the end of all individual case analyses. Incorporating a feminist analysis to make sense of the relationships across cases assisted in identifying power dynamics, social inequalities, and other intersectional issues that may influence participants' experiences. The feminist lens allowed the team to explore how gender, intersectionality, and related factors intersect with the overarching patterns in the data. Furthermore, my dissertation chair serving as the primary outside auditor added an additional layer of rigor to the analysis process. The auditor provided an independent and objective review of the research, ensuring that the analysis aligned with the research objectives and that the themes and patterns identified were well-grounded in the data (Smith et al., 2021).

### **Credibility and Trustworthiness**

The researcher's role is to assume a position that is neutral and facilitative for participants to share their experiences (Chan & Farmer, 2017). Therefore, to increase trustworthiness, I set regular email correspondence with my research team to discuss coding procedures, biases, assumptions, and organization. My dissertation chair served as the outside auditor for this study (Smith et al., 2021). Emery and Anderman (2020) note goals for trustworthiness as (a) taking care to connect with participants in a respectful manner, (b) transparency in analytic process, and (c) demonstrate sensitivity to context. I took care to connect with participants and acknowledge their roles in the study through semi-structured interviews to build rapport, learn from participants, and make room to share lived experiences, which are goals throughout the IPA research process (Emery & Anderman, 2020).

#### ***Credibility***

Credibility is crucial in qualitative research as it ensures trustworthiness and validity of research findings. As Miles and Huberman (1994) emphasize credibility in qualitative research is rooted in the concept of truth value, where the aim is to provide an accurate representation of the data. Prolonged engagement is embedded within the methodology used in this study (Smith et al., 2021). A single semi-structured, in-depth interview with each participant in conjunction with an intentional demographics questionnaire and interview guide assisted in establishing rapport and creating opportunities for data collection with a focus on the deep understanding of participants' experiences (Coffman, 2021). The use of notes and a reflexive journal of my own thoughts to capture context of experiences enhance credibility and bracketing. Participants completing a screening questionnaire, in-depth interviews, and research team provided points for triangulation of data.

Another aspect of credibility involves transparency of the research process.

Transparency allows readers to assess the validity and trustworthiness of the research (Maxwell, 2013). Providing a clear and comprehensive description of research methods, data collection, and data analysis procedures are ways to enhance credibility and replication of the study. Creswell and Miller (2000) highlight the importance of triangulation, which involves using multiple data sources or multiple researchers to verify findings. By having a research team and a dissertation chair serve as an outside auditor, this adds multiple perspectives to strengthen the credibility of findings. The goal of these techniques was to contribute to the overall robustness of the conclusions and reduce the potential for bias (Creswell & Miller, 2000). Additionally, having a member of the transgender SA survivor community who also is a counselor provided another layer of lived experience and intersectional identities to include transgender voices and researchers. These strategies collectively supported the credibility of this study, ensuring that the study's findings are reliable and valid.

### ***Dependability***

Dependability refers to the consistency and stability of the research findings over time and in different conditions, emphasizing the need for the study to be replicable and the results to be dependable (Lincoln & Guba, 1985). One key strategy for enhancing dependability was the documentation of the research process. This included keeping detailed records of all research activities including data collection, coding, research team meetings, analysis, and maintaining an audit trail that can be reviewed and verified by others (Maxwell, 2013). By documenting the research process comprehensively, future researchers can replicate this study's procedures. All records were kept digitally and updated during active data collection and analysis to ensure records were up to date throughout the process.

Another element for ensuring dependability was the utilization of a systematic and well-defined data analysis process. This involved following the guidelines by Smith et al. (2021) that aligns with IPA. Aligning with IPA, it is suggested for all researchers to immerse themselves in the data, reading line by line, prior to moving on to the next case to select emergent themes, convergence, and divergence (Smith et al., 2021). After each research team member individually analyzed each case, we engaged in the peer debriefing process via email after all data were collected and analyzed individually. Employing a peer debriefing process assisted in identifying any inconsistencies and enhancing the study's dependability (Creswell & Miller, 2000). By adhering to the procedures consistent with IPA, the research established a level of dependability that was essential for the credibility and reliability of findings (Smith et al., 2021).

It was also essential to maintain a reflexive stance throughout the research process (Wertz et al, 2011). Researchers should regularly reflect on their own biases, assumptions, and potential sources of variability that might affect the study's dependability. This reflective practice criteria for trustworthiness enabled the researchers to acknowledge and address potential sources of error and variability, thereby strengthening the overall dependability of the research. By carefully documenting the research process, employing consistent data analysis methods, and maintaining a reflexive stance, this study established dependability and ensured that its findings can be trusted and replicated by future researchers contributing to the scholarly knowledge on transgender SA survivors and positive counseling practices.

### ***Confirmability***

Within qualitative research, confirmability ensures that findings are based on the data collected and not influenced by the researcher's biases or preconceptions (Lincoln & Guba,

1985). One way to enhance confirmability, especially given my identity as a counselor working with this specific population, was maintaining a reflexive journal throughout the research process (Lincoln & Guba, 1985). Researchers should regularly document their personal biases, values, assumptions, and decision-making processes, which can help in identifying any potential sources of researcher influence on the data. I engaged in reflexive practices at the end of each interview and ensured to not counsel any clients on days that I engaged in research interviews.

Establishing an audit trail that provides a clear and transparent record of the research process included documentation of data collection procedures, coding decisions, and analytical interpretations (Maxwell, 2013). By maintaining an audit trail, I ensured to create documentation that could be reviewed and verified by external parties, adding an extra layer of transparency and objectivity. An independent review of the research process by my dissertation chair aligned with tenets of quality IPA research to ensure that conclusions were grounded in the data and not influenced by my subjectivity as a researcher (Smith et al., 2021).

By having a clear and systematic data analysis technique and process and the establishment of an intercoder agreement further enhances confirmability (Miles & Huberman, 1994). By having multiple researchers code and analyze data independently and then compare findings to establish convergence and divergence, the research findings become more objective and less susceptible to researcher bias (Lincoln & Guba, 1998). These strategies collectively work to ensure that the study's findings are confirmable, can be trusted, and are accurate based on the collected data.



### ***Transferability***

Transferability refers to the extent to which the research findings and insights can be applied to other settings or similar populations (Lincoln & Guba, 1985). To enhance transferability, it was crucial to provide a detailed and rich description of the research context, methods, and participant characteristics, thus allowing future researchers and counselors to assess the applicability of the study's findings to their own contexts (Lincoln & Guba, 1985). The use of purposive and snowball sampling strategies, along with detailed participant profiles in the screening questionnaire, enhanced the transferability of the study's finding to different contexts and populations (Creswell & Miller, 2000).

### ***Researcher's Reflexivity***

As a counselor who works with survivors of sexual assault and was actively counseling survivors, it was critical for me to carefully plan when I engaged in research versus counseling clients. I engaged in my own counseling throughout the entire research process, and debriefed with my research team, chair, and clinical supervisor if anything came up. Additionally, while I was conducting interviews for this study, I took time off from my work counseling as needed to engage in the research process to not insert any additional biases while interviewing and analyzing data.

My research team was imperative throughout this process to include diverse voices. The collective action and insight from each team member minimized biases significantly and enhanced the depth and breadth of the research. This collaboration ensured ongoing dialogue regarding our backgrounds, clinical expertise, and experiences as a member of the trans and/or survivor communities.

As a survivor myself, I did not notice a significant emotional toll regarding experiences that were disclosed. My participants engaged in interviews that lasted between 45 minutes to 90 minutes, and this was time consuming and emotional. I acknowledge that participants sharing their experiences in counseling could risk re-traumatization and emotional distress as it brought up memories of sexual assault experienced. For this reason, I implemented support mechanisms before the interviews and after as well as frequent check-ins within the interview process to mitigate any risk. This highlights the need for a trauma and survivor responsive protocol in this line of inquiry as well as essential ethical considerations in conducting research with sexual violence survivors.

### **Subjectivity Statement**

The role of the researcher is one that comes with biases and influences on how they interpret data (Smith et al., 2009). I am a third-year doctoral candidate, graduate assistant, and clinical mental health counselor. My background and interest in this topic stemmed from working in a sexual assault advocacy center and a domestic violence shelter. From a feminist and social justice perspective, I am passionate about research to serve as a catalyst to better inform and advocate for affirming counseling competencies for all SA survivors. My clinical counseling focuses on working with survivors of sexual and domestic violence. I have heard various stories from many survivors as a counselor and advocate for approximately eight years. During my masters' program, I began a thesis examining rape myth acceptance among undergraduate students. This has given me prior exposure and some bias when examining experiences and counseling among various populations that should be broached (Merriam & Tisdell, 2016). When discussing with my research team, this was important to mention when examining my interview guide and other questions from a researcher perspective. Furthermore, I present on the

topic of sexual violence and teach about trauma-informed practices to masters' level clinicians in training, colleagues, and professionals at conferences. I maintain an active role in community organizations and advocacy centers including sexual assault response teams for around two years.

In addition to my professional experiences, I have a personal history of trauma, mental health disorders, and identify as a survivor. My experiences are my own and those which will remain my own as they have throughout my professional life. During the data analysis process, I made efforts to ensure I did not impose personal biases or interpretations of my own experiences onto my participants. I engaged in debriefing with my colleagues and discussed interpretations with the research team. I am currently in my own professional counseling and processed my experiences during data collection and analysis with this licensed professional counselor.

The ACA Code of Ethics have specific codes around research and impairment to consider when working with survivors of sexual assault. Section G of the ACA Code of Ethics specifically address Research and Publication (ACA, 2014). Section G.1 discusses conducting research in a manner that is consistent with ethical principles, protecting confidentiality, and ethical responsibilities to avoid harm (ACA, 2014). A few examples of some ethical issues that arise are: (a) risk of retraumatization, (b) cultural diversity, (c) researcher self-care. Researchers in counseling should familiarize themselves with the ethical guidelines of the American Counseling Association Code of Ethics (2014) and other relevant professional organizations. Adhering to these guidelines ensures that research practices align with the ethical standards of the counseling profession and a trauma-informed approach with survivors (Campbell et al., 2019). Furthermore, Schulz et al., (2022) stresses the importance of sexual assault researchers

engaging in self-care due to the emotional challenges that could lead to impairment (ACA, 2014).

Given my extensive experience in the realm of providing services to survivors, working with the transgender community, being a counselor, and identifying as a survivor, these identities could have unknowingly influenced the research process by my interpretations being biased by my own experiences and expectations. My own expectations of myself as a counselor working with marginalized and transgender survivors and my own experiences in counseling could prove as a point of bias when interpreting data. I engaged in my own ongoing counseling during the process of data interpretation and utilized my research team to bracket my own biases, assumptions, and beliefs as a survivor and counselor. Additionally, being a cisgender heterosexual White woman, I hold privileged identities that have provided me different experiences navigating systems as a survivor than my participants. Additionally, the use of my dissertation chair as an outside auditor assisted me further with bracketing my beliefs, assumptions, and validity of data.

### **Summary**

Participants who were eligible included transgender SA survivors who had positive experiences in counseling. Participants were recruited via purposive snowball sampling where IPA aims to have 6-10 participants for convergence and divergence of data, and this study had 8 participants total. There was a trigger warning and resources provided to all participants at the beginning when interested individuals completed the preliminary screen for the primary researcher. Furthermore, social media and printed flyers and known contacts at local advocacy centers, counseling centers, and pride centers were contacted to assist in recruiting eligible participants. There was an incentive of \$30 per participant for an e gift card with obtained

external grant funding. Data analysis was conducted at the end of each interview and at the conclusion of all interviews, where I met with a research team of three colleagues familiar with qualitative research methods and IPA to check PETs, GETs, and overall findings. The research team consisted of two doctoral candidates in their third year of their program and one transgender counselor who serves transgender SA survivors. Participants collaborated with the primary researcher to create a pseudonym or have one assigned to them for protection of confidentiality when reporting results. The dissertation chair further served as the final outside auditor of all data for the study to enhance the quality of the data.

## CHAPTER 4

### FINDINGS

The purpose of this research was to understand transgender SA survivors' positive counseling experiences and meaning they made of these experiences. The findings are associated with the guiding research question: "How do transgender survivors of sexual assault derive meaning from positive experiences in counseling?"

The research study involved rich narratives from eight transgender SA survivors who engaged in counseling they perceived as positive and beneficial. The single semi-structured interviews allowed for engagement with participants' experiences while mitigating participant fatigue (Smith et al., 2021). Aligned with IPA, the analysis and organization of the data presents accounts that are aligned with phenomenology, hermeneutics, and idiography (Smith et al., 2021). High quality IPA research examines convergence and divergence across cases and interpretations from participants (Pietkiewicz & Smith, 2014; Smith et al., 2021). IPA integrates data from each participant to make connections across multiple participants' narratives (convergence) while also discussing nuances and differences (divergence) with each case (Smith et al., 2021). Each theme in the analysis and response to the research question utilizes narrative examples from each participant.

Eight transgender SA survivors completed one semi-structured interview. Findings from the interpretative phenomenological analysis of these interviews are presented in this chapter. In

addition to basic demographic information, participant descriptions and a brief overview of their counseling experiences are presented for context. Major themes and relevant subthemes are presented that capture the participants' positive counseling experiences. After multiple rounds of coding and checking data amongst research team members, I developed five themes across the data: (a) appreciation of active allyship and affirming counseling spaces, (b) accessing affordable and consistent counseling services, (c) promoting importance of professional, (d) experiencing healing through trauma-informed practices, and (e) empowerment through self-discovery and advocacy.

### **Participant Contextual Information**

There were various identities among participants that shaped each individual's needs in counseling. Among the participants, they shared salient identities with me such as: race, community, disability/ability status, and being a mental health professional shaped their needs in counseling. Among these identities included being from a racial and ethnic minority, immigrant, and neurodivergent/autistic. In an effort to maintain anonymity, I did not include all salient participant identities.

#### **Finn**

Finn (they/he) presented themselves "in terms of identities, I'd say like the main ones are like trans, non-binary and queer", and "polyamorous". They expressed their needs were shaped in counseling as "the focus of counseling for me was like managing like ongoing like stressors and like traumatic things happening, which like very much were related to (various) identities." He also relayed experiencing "a lot of like dissociation and like memory loss from childhood because of the complex trauma" in conjunction with SA trauma. For Finn, they needed a counselor who was "queer affirming" and a "polytherapy affirming" counselor.

## **Taylor**

Taylor (they/he) is a “white trans masculine individual” who is “bisexual” and “in a long term, monogamous-ish relationship with a lovely individual who is a cis man”. They “use the phrase sometimes that I orbit masculinity as opposed to ever landing on the planet”. They describe their gender as “Bugs Bunny, where I’m a guy except for I’m a girl if it’s sufficiently funny”. Taylor’s first counseling experience was described as “being a trans teenager... in a very religious family”. Their first counseling experiences was when they were “actively suicidal” in a “bad family situation” where crisis counseling “was very lifesaving”. This counseling relationship ended due to the counselor not being receptive to Taylor’s trans identity. They relayed “as a trans person, I think we have a predisposition to sort of, uh, dissociate or like separate ourselves from our bodies” where they appreciate somatic work to understand these reactions to trauma.

## **Mac**

Mac (he/him) identifies as a White, gay, transgender man who “was straight for a very brief time” and then “came out as lesbian” when they were in their teens. Mac discussed medically transitioning in his early twenties, which has included gender affirming surgeries which have helped him to “feel pretty good inhabiting this space that he is in now”. He has had many therapists and unfortunately “his childhood therapist was not affirming towards his queerness”. Additionally, this previously mentioned counselor was “an older woman who was not on the same page as me and was very victim blamey in terms of like what I was going through at home and in the hospital”, where Mac expressed she had hospitalized him. He relayed to me the counselor also avoided conversations around Mac coming out. He expressed working with a trans therapist right out of college and is currently working with a counselor who is a cis



straight man, which is important to him. Mac relayed experiencing multiple assaults in the span of two years where he engaged in individual counseling and group support with other transgender SA survivors and co-facilitators that were also SA survivors.

### **Juniper**

Juniper (they/them) identifies as a White, autistic, lesbian, queer, non-binary, trans individual. They told me they were closeted for around 25 years, and it took them “about five years to actualize anything.” They are estranged from their family where “that is part of the reason for their longstanding history in therapy”. They “are a survivor of every type of abuse that you can grow up in” in addition to SA. They grew up in an atheist family then started to go to church, where this church was “very friendly to the LGBT community” then they “switched and went to a very oppressive church” where they were “also not allowed to be gay or trans”. Juniper expressed that back then their mindset was “well maybe if I just go to enough therapy, I’ll stop being gay” or “I’ll be a girl and I’ll like want to wear girly clothes,” which contributed to them feeling more closeted because “being gay and being trans was inherently something wrong with me that I needed to fix.” They experienced an unhealthy, abusive relationship to a cis man at the time that ended in divorce. They have worked with counselors in college settings that are masters level interns as well as private practice counselors over the years.

### **Garrett**

Garrett (he/they) is a transmasculine, nonbinary, genderqueer individual. He expressed “I am AFAB (assigned female at birth), I have been on T (testosterone) for three plus years, almost three and a half years and have plans for top surgery.” They came out as queer as a teenager to “mixed results” from a “mostly supportive family”.

## **Bambi**

Bambi (they/them) relayed to me they are AFAB (assigned female at birth) and identify as a member of the QTBIPOC (Queer, Trans, Black, Indigenous, People of Color) community. They express sapphic “is a label that’s very encompassing of anyone that’s not a cis dude.” They are a survivor of sexual violence, addiction, and engaged in sex work that was at times by force and also by choice.

## **Starfruit**

Starfruit (zhe/zhir/zhips, he/him/his) has been engaged in counseling since zhe was a teenager and has been in therapy for a while. Starfruit expressed being Baker Acted, meaning zhe was placed in a hospital because of having “severe mental health issues including suicidal ideation.” This began zhips counseling journey since zhe expressed zheir parents “were not receptive to zhir going to therapy.” Zhe relayed to me zhe engaged in free counseling services at zhips’ college and within the community through a local pride center’s free counseling services. Zhe is a gay, polyamorous, aromantic, asexual, non-binary man. More specifically, his “gender is aporflux” and his adjacent as he explained to me, his gender is “not quite a man or woman, but it’s not a gender, it’s still a gender” where “flux- it means like the intensity of it fluctuates”. Man-adjacent to Starfruit “means to an extent I identify manhood, but like not completely”. He explained his polyamorous identity as being “attracted to multiple people”. Additionally, zhe summarized his orientation as:

“Aromantic and asexual, it basically means I don’t experience romantic or sexual attraction with me being gay. I can experience other forms of attraction to men, nonbinary people and gender queer people. So like alter attraction, which is like, which is a deep emotional connection or aesthetic attraction” (Starfruit).

## **Vril**

Vril (He/him, khe/khem) identifies as boyflux, opalian living in an area of the United States that currently has ongoing strict and harmful legislation towards LGBTQIA2S+ folks, book bans, and gender affirming care bans. Vril has experienced multiple instances of SA, including corrective rape “because they were trying to correct me back into [being] a woman”. Violence towards queer individuals within Vril’s community, specifically trans survivors of SA and queer violence, include “gaslighting and discrediting when you try to report it.” Additionally, Vril shared that his “mom and aunt never believed me...they would just dismiss it”. Opalian in his words means “attraction to men and non-binary people, but not all classifications of non-binary” and “apora people, so anyone else who might be boyish but not binary.” Khe expressed that boyflux for khe:

“Is that most of the time, boy, but then sometimes, it wanes away. So, it’s like a sliding scale. It goes from like boy...it’s similar to gender fluid...think of a light dimmer. Sometimes, it’s very boy, and sometimes, it’s not at all, like just agender” (Vril).

### **Group Experiential Themes**

Participants disclosed information about their positive counseling experiences. Other intersectional identities of participants included being in higher education or helping professions/mental health providers, self-disclosure of being autistic and/or neurodivergent, and living with chronic illness and/or disabilities though it was not part of the interview protocol. In an effort to maintain anonymity, I did not include all salient participant identities. Group Experiential Themes (GETs) and subthemes are presented in the subsequent sections.

**Table 4.1***Group Experiential Themes (GETs)*

Major Themes	Subthemes
Appreciation of active allyship and affirming counseling spaces	Autonomy and respectful therapeutic dynamics
Accessing affordable and consistent counseling services	
Promoting importance of professional competence	Lessening client burden
Experiencing healing through trauma-informed practices	Self-awareness and healing through somatic approaches
Empowerment through self-discovery and advocacy	

**Presentation of Group Experiential Themes**

Five major GETs are presented in the subsequent section to address the research question: “How do transgender survivors of sexual assault derive meaning from positive experiences in counseling?” Additional subthemes within each theme are expanded on within the following section.

**Theme 1: Appreciation of Active Allyship and Affirming Counseling Spaces**

In exploring the experiences of transgender SA survivors, a significant theme emerged regarding counselors’ allyship and empathy towards transgender individuals, SA survivors, and communities. All participants mentioned the importance of community-minded approaches to counseling and addressing systemic issues rather than solely focusing on individual interventions. This underscores the need for counselors to recognize and challenge societal structures that contribute to marginalization and oppression. Participants consistently highlighted

the importance of finding counselors who possessed specific qualities conducive to their healing and growth. Among these traits, the presence of a counselor who actively engaged with or belonged to the transgender community was impactful. Taylor emphasized the positive impact of having a counselor with a gender identity like their own noting the counselor,

“actually, had a very similar gender to me, who was like a non-binary, like masculine individual. And that was really, really, really awesome because they were able to, we were able to have a lot of the conversations that I, I think were really positive for me, necessary for me to have about like, you know, how coming from a very religious, uh, environment and community, factor into like my self-perception of gender. Or what about, I mentioned being a long-term relationship, which often have gendered expectations” (Taylor).

Finn articulated the significance of having a counselor who shared their identities as

“I think like just in general like community and like support from a counselor is really helpful and like, especially like from a therapist who is also like trans and autistic, like my current therapist is like, that's really helpful” (Finn).

All participants noted counselors engaging in meaningful work within trans communities as important. Participants’ emphasis on finding a counselor who not only respects but genuinely connects with their identities further emphasized the value of counselor-client congruence. Additionally, Bambi and Taylor discussed the importance of counselors demonstrating “anti-oppressive and anti-racist stances and need[ing] to have like a justice and equity framework” (Bambi) where counselors are community minded acknowledging that anti-trans legislation, violence against trans folks, and microaggressions has an effect on clients outside of counseling spaces. “He was a gay man” (Juniper) was mentioned as an example of having a counselor who was within the larger LGBTQIA2S+ community and had shared lived experiences and a deeper understanding of marginalization and oppression that led to distress in everyday life with a realistic approach to counseling.

“ Like I am doing all of the things that you are quote unquote, like supposed to do. It doesn’t change the fact that I’m gonna have a really bad day, uh, when I get hate crime,

you know? And so, I think that perhaps realism and community perspective is important to me” (Taylor).

For those with multiple marginalized identities, it was especially important to have a counselor who had a similar race and/or ethnicity to deeper understand cultural nuances as a transgender SA survivor. Starfruit expressed the need to find a “black therapist and psychiatrist”(Starfruit) and Vril “a queer-friendly counselor with experience with Latino cultures”(Vril). The broader complexities and understanding of historical maltreatment, legislation, equal rights’ movements, and oppression were noted as important for understanding current stressors that affected counseling and therapeutic outcomes for ethnic and racial minority participants.

“I actually ended up with my current therapist, who's, she's a lesbian, so that worked out very well for me. She is old enough to have remembered the, not the Stonewall era, but immediately after that, the period after Stonewall, the period of the AIDS pandemic. So, I also have her insight on the progress of the country. So, it's very helpful to see her perspectives on how things have changed, because she's also living the struggle” (Vril).

Divergence within the theme include preferring counselors who hold opposite identities. Mac further mentioned “preferring a counselor of the opposite identity” (Mac) to be beneficial due to having to navigate relationships in the world with mostly cisheterosexual individuals who experience the world differently. His counselor’s traits and identities provided a unique perspective and fostered empathy and understanding within Mac’s counseling experiences. When working with a counselor without shared identities, Mac feels the relationship more closely models what the world is like outside of the counseling space.

“Because, you know, he’s noted several times, like, well, notice how you’re able to have a relationship with me where I, where he is cis and I am trans. We are not having sex. And I can still, still get validation from him, which is what I’m after, ultimately from cis men. So, I can be in a relationship with a cis man, get my validation and not be harmed” (Mac).

Other divergence included Bambi expressing choosing their counselor based on how they aligned with their own counseling practices.

“And so, when I was looking for her, their stuff mainly stuck out to me because it was just a lot of shared views and practice and just treatment modalities. And I also know the importance of making sure you're getting good care when you're providing care” (Bambi).

Taylor’s perspective on the importance of the physical space in counseling settings introduces another dimension of affirming spaces for transgender SA survivors. Taylor highlighted the significance of elements such as “wall art, books, queer memes, queer art” (Taylor) and having an environment conducive to counseling and inclusive of transgender and queer client representation. Creating a physical space that validate and affirm clients’ identities and experiences is an important consideration recognizing the role of environment in healing, trauma-informed practice, and connection.

***Subtheme: Autonomy and Respectful Therapeutic Dynamics***

Furthermore, participants expressed a desire for counselors who demonstrated traits such as unconditional positive regard, warmth, empathy, in conjunction to a deep commitment to anti-oppressive practices. Active listening, engaging in reciprocal participation, and allowing clients to determine their own goals in therapy were important when thinking of treatment planning flexibility. Finn stressed the importance of all counselors who genuinely cared about providing support by “caring meaningfully about providing care and not just like wanting to be like in proximity to marginalization for fun without having to experience it yourself” (Finn), emphasizing authentic and meaningful connections within the therapeutic relationship and community engagement that helped clients learn to advocate for themselves. By fostering a sense

of understanding, connection, and trust, counselors can create a supportive environment conducive to healing and growth for transgender SA survivors.

Meeting clients where they are at in their own respective counseling journeys through choice and collaboration, validating experiences, non-pathologizing approaches, and providing space for exploration were appreciated with how counselors showed up in the counseling space. Feeling seen, heard, and modeling unconditional positive regard from counselors was viewed as conducive to a supportive and client-centered environment, thus fostering a deeper sense of safety for self-exploration.

“So, one of the things that I've really been working on broadly speaking is building trust and setting boundaries and internalizing my sense of self and sense of worth I guess. And so, part of that has been articulating to her [counselor] what I need and then having her do that, which seemed really simple, but having pretty strict ground rules of what I do and don't want to hear from her. And part of that is wanting a lot of validation. And so, she has done amazing job of integrating that. And when I bring something new, the first step is validation. And so, I feel really heard by her and really valued regardless of what she's bringing to the table” (Garrett).

Participants also described harmful counselor traits and personal characteristics of past counselors that invalidated experiences, came across as victim blaming, and not receptive to transgender identities. Ultimately, all of these were invalidating and unsafe to participants where they did not feel they could be open, honest, and did not have a choice in their treatment planning. Other harmful actions included involuntary hospitalization without consent and pathologizing approaches of trauma symptoms. “My childhood therapist was garbage. She did not affirm my, my like, queerness” and “she was not on the same page as me and was very victim blamey in terms of like what I was going through at home and in the hospital” (Mac). Juniper relayed having earlier experiences with religious counselors that were not trained in a counseling program but instead attended seminary. Counselors who presented as LGBTQ



friendly but not informed or knowledgeable was also a common experience among several participants. Invalidation from these harmful dynamics including not being knowledgeable, inflexible with treatment plans, and deadnaming clients within sessions.

“[This] counselor wanted to begin parts work, which had not been communicated to me at all. It was not on her website, it was not something that we talked about in our interview, she just wanted to dive in...and in the process of doing that without my consent, she referred to my younger self by my dead name, which is not how I think of myself and continued to misgender that part of myself. This was all in our first session and I said, ‘no, I don’t want to do this work, I certainly don’t feel safe, I need to pull back a bit’” (Garrett).

Additionally, care from counselors unprepared to handle severe trauma and SA specifically was also viewed as unhelpful. Counselors who pathologized symptoms and lacked an understanding of trauma where they could provide psychoeducation were viewed as invalidating.

“Anything that like pathologizes my trauma responses, that was like my earlier experiences, it was just like a lot of like, well, like your trauma has made you do this, so fix it or you'll never be happy or you'll never have these relationships, you know, and while that might actually be true, like I could admit that there might be some truth to that, it's just not helpful. It just wasn't like empowering. It made me feel very like stuck and, um, and just sort of like, there was no hope. You know, I, I struggled a lot with suicidality in those first 10 years of therapy because it was like I was suppressing these things as a protective mechanism and unlocking them wasn't a great experience while it needed to happen” (Juniper).

Participants found it unhelpful and a barrier to authentic participation when care lacked an intersectional approach, which involves understanding and addressing the combined impact of multiple marginalized identities (such as being a SA survivor, gender and/or sexual minority, and racial or ethnic minority). A lack of intersectional approaches and lack of treatment flexibility without collaboration were invalidating to some survivors who held multiple marginalized identities. SA counseling necessitates intersectional care where hegemonic values,

cisheteronormativity, and cultural norms should also be discussed. Additionally relayed as respectful care, is care that was informed by trans and QTBIPOC individuals:

“There's a lot of providers that think that they know how to provide care for QTBIPOC, but don't ask us. And they just design programs and protocol and interventions, and they don't even ask us. They just use it on us, and they don't consult us. They don't even ask, ‘What do you need? What is there a need for? Were there gaps in care? Or were you facing the most health disparities?’” (Bambi).

Divergence within the data included one participant who received group counseling services that his counselor connected him with. Research has also shown the effectiveness of group therapy for transgender SA survivors in fostering a sense of community and validation (Heard & Walsh, 2020). Through group interventions, survivors can connect with others who share similar experiences, reducing feelings of isolation, and promoting healing and resilience.

“He [counselor] also got me connected to a support group...I was in services at AVP (Anti-Violence Project), um, with two clinicians and a small group of folks who were also queer and trans survivors... Psychoeducation about like sexual violence, um, to begin with, which is like, yeah, we all knew already, but really helpful to have it reinforced because we're dealing with our own, like self-world constructions about being a survivor or, you know, like, or feeling like a victim even, you know? So that was helpful to have kind of nailed down. And then just like, a lot of it was just like relational.”” (Mac).

## **Theme 2: Accessing Affordable and Consistent Counseling Services**

The theme of accessibility emerged prominently across all cases. Participants highlighted various factors that influenced their ability to access and engage with counseling services effectively. Affordability was a key consideration for many participants including: counselor accepting insurance, sliding scale, free university services, or pro bono services in various settings. Knowledge and utilization of agencies that provided affordable care were appreciated since access to a competent and affirming counselor was also a compounding barrier.

“I would say it was mainly the cost, like access-wise, cost is the main thing...I'm doing my master's right now, but when I was doing my bachelor's, it was CAPS [Counseling and Psychological Services], um, like at my school and I was able to get free therapy and

free psychiatry. Well, at least the session I still had to pay for my meds, but at least the psych psychiatric session, the therapy sessions were free. And then I also used, um, a, a local agency that did deals with, um, survivors of intimate partner violence and sexual violence...I get therapy and psychiatry outside of the university. Um, I, I get both through a local queer organization. Okay. And that's also free" (Starfruit).

Additionally, access to consistent therapy and providers who participants felt were affirming was a barrier for many including location or cost, where virtual telemental health services lessened this barrier. During times where anti-trans bills are passed, the need for consistent care was vital to wellbeing as demonstrated by Juniper:

"Last spring I couldn't afford like childcare and stuff like that. And there were all these anti-trans bills happening in [my state]. And that was the scariest, I think my mental health [had] gotten in a really, really long time. Um, and like I couldn't afford to go see my therapist. And I just sort of like watching the trajectory of that. And then as soon as I got in, 'cause it's also really hard to find a therapist, um, because I was like, okay, I can't afford this person. I need to find somebody that's more in an affordable range for me. Um, and it took me, it took me over six months to find my current therapist" (Juniper).

Starfruit emphasized the significance of having regular and reliable sessions that provide a sense of safety. Establishing a routine with regular counseling sessions promotes stability and progress in the counseling process that survivors expressed as helpful in their healing journeys. Divergence within data for the two participants with care in college counseling settings, accessibility often intersected with affordability, therefore this was the only care the two participants had. Access barriers in college counseling settings however were "counselor turnover" (Taylor), lack of providers, and consistent access during college breaks being limited (Starfruit).

"I would say being able to be in therapy consistently. I mean that made a big difference because even when I went to, like, when I moved to a new place, I try to start therapy as soon as I can and being able to keep with it like every week or at least every few weeks, that's been really helpful" (Starfruit).

Considerations related to disability, chronic illnesses, and the COVID-19 pandemic further underscored the need for accessible counseling options. Participants discussed the importance of telehealth as a means of ensuring continued access to counseling, particularly for those with mobility limitations or health concerns as noted by Mac, Juniper, Bambi and Garrett.

“I am disabled and immune compromised. And so, I started this during the height of the pandemic, or one of the heights. And so COVID exposure risk was a huge factor. And then I am disabled. I'm a full-time student and I work part-time, so just having the time, and I live 45 minutes away from most therapists in my area. So remote work is huge” (Garrett).

Furthermore, considerations regarding dual relationships arose in several discussions about accessing counseling services as a therapy provider within their communities. Participants who were also therapists/counselors highlighted the complexities of navigating professional boundaries and confidentiality when seeking support in small, tightly knit communities. “I only have maybe three degrees of separation from most of the clinicians in my area, and most of them don't fit the bill for the things that I'm looking for” (Garrett). Bambi added as a counselor, “we did telehealth because we didn't know each other.” Age and experience working with mental health providers was another factor noted for Bambi when discussing lack of access in their area for competent care.

“It's already hard to find care because I'm so pigeonholed. I know a lot of people that specialize in the same concentration. The trans therapist community is really small...so there's an oversaturation of clients and not enough providers. And so, the fact I already know everyone is not helpful. The fact too, that the people I don't know are fresh out of grad school...I needed a counselor who can work with other counselors” (Bambi).

Divergence within the data included one participant, Vril, who relayed struggling with social anxiety stemming from traumatic experiences. Vril felt safer at home and less anxious

engaging in counseling from the comfort of his home and expressed the following regarding accessibility with telehealth:

“One of the major things is doing it virtually, not only because of accessibility, but because ... not just financial accessibility and transport accessibility. It's also I have a lot of anxiety when it comes to meeting people face to face.” (Vril)

### **Theme 3: Promoting Importance of Professional Competence**

Knowledge and competence emerged as a critical component of the counseling process, specifically when seeking a counselor, where participants highlighted counselors' ongoing education and training, understanding, and ability to provide affirming care across intersecting identities. All participants highlighted the significance of counselors' commitment to ongoing education and learning, both about themselves and the broader context of providing affirming care for transgender SA survivors.

“Are you going to be able to show up to that with some background knowledge? And she said yes. And then before that I had a therapist who advertised as LGBT friendly, which she was, she was very friendly, but totally ignorant and had no idea of the challenges that I was facing” (Garrett).

Aligning with trauma-informed approaches, participants mentioned the distinction between being affirming and actively pursuing training from reputable organizations such as World Professional Association for Transgender Health (WPATH), which speaks to the importance of counselors being intentional about training and ongoing education to obtain necessary knowledge, skills, and sensitivity from transgender individuals to effectively support transgender SA survivors.

“Knowing the specific approaches you take to therapy and the experience and trainings you've had as opposed to like adjective like, even trans affirming. I'm like, okay, but are you like a cis person who doesn't have a problem with trans people? Or are you a cis or trans person who has like actively pursued training from like WPATH or something to that effect?” (Taylor).

As previously demonstrated within the first theme and preference for counselors with shared identities, all participants described the value of learning from counselors who had competence through their own lived experiences as a transgender individual. Shared knowledge and self-disclosure of “knowing the things that people experience around transition” (Taylor) further empowered participants to make informed decisions about their health through adjunct services including but not limited to reporting options and SA aftercare that fostered a sense of support and trust within the counseling relationship. Mac expressed finding his counselor “on a top surgery Facebook group that he [the counselor] was advertising on”(Mac) where he knew he was competent in gender affirming medical care. All participants who had counselors identifying as transgender emphasized the significance and value of appropriate self-disclosure. Participants relayed appreciation when their counselors acted as resources and provided knowledge, particularly regarding medical transitioning processes, enabling clients to make informed decisions. Finn expressed competence working with transgender clients and medical transition with their counselor as a conversation that sounded like “did you know that like a binder exists or like trans tape of like also if you wanted to look into top surgery, here’s where you would go and like, this is what the process looks like” (Finn) that was helpful to make informed decisions around care and choosing medical providers.

Counselors understanding trauma, trauma against transgender communities, and SA trauma specifically emerged as equally important in conjunction with transgender competence. Participants emphasized the significance of counselors’ understanding of trauma and its impact on transgender SA survivors. All participants emphasized the importance of counselors’ truly understanding how trauma and sexual violence symptoms can manifest and affect individuals’

experiences. They highlighted the need for a “trauma-informed” (Finn) approach to counseling, where counselors can educate clients about SA trauma.

“Psychoeducation about like sexual violence, um, to begin with, which is like, yeah, we all knew already, but really helpful to have it reinforced because we’re dealing with our own, like self/world constructions about being a survivor or, you know, like, or feeling like a victim even, you know? So that was helpful to have kind of nailed down. And then just like, a lot of it was just like relational...and like, what does it mean to date and to, to be intimate again after experiencing trauma like this” (Mac)

With SA trauma specifically, Finn relayed counselors should have knowledge of how sexuality is impacted and compounded given marginalization being in a gender and/or sexual minority group:

“Being comfortable and like educated around like sexuality in the ways that like sexual assault impacts sexuality and um, feeling comfortable like navigating those conversations and um, yeah, and also being able to support people and like exploring further sexuality too in a way that feels safe for them” (Finn).

Bambi further expanded on competence of trauma, adding that what is happening within the transgender community, anti-trans rhetoric and legislation, and what it can look like to meet transgender clients where they are each session:

“With our community, everything's going concurrently, and you just have to pick at little bits of yourself. I know that that's how I do it. I struggle with all of those things, and I go into session not knowing what I want to talk about each time. I might try to start doing EMDR again, and then it's like, oh, but here's some relational trauma in my family of origin” (Bambi).

Divergence within the data included one participant experiencing corrective rape. "Corrective rape" is a term used to describe the heinous act of raping someone with the intention of "correcting" their sexual orientation or gender identity (Federal Bureau of Investigation, 2016). It is a form of sexual violence that is rooted in homophobic and transphobic beliefs, aiming to "convert" individuals to heterosexuality or to align with the sex assigned at birth. In

the transgender community, some instances of SA are classified as corrective rape. It is important for counselors to be knowledgeable about this specific type of SA, as it is not experienced by cisgender heterosexual SA survivors, when providing trauma-informed care for transgender SA survivors.

“There's a lot of things you can say, but when it's over things so specific as corrective rape, there's not a lot of people that really experience that outside of our demographic. So, it's, again, very helpful to have someone who knows, who really, really knows what that's like to go through. Even if it's not her, that she's gone through it, she knows someone who's gone through it, or she has a friend who's gone through it. It's extremely helpful. There's a lot of things that, because a lot of it is traumagenic, the approaches you would use for someone who has, I don't know, just standard major depression, not trauma related, your approach for that is not going to work for your approach to depression related to PTSD” (Vril).

Other divergence within the data noted by two participants receiving counseling within college counseling settings however were “counselors-in-training who had no experience” (Taylor) and lack of training in trauma, specifically transgender and SA trauma. The lack of trauma-informed care and knowledge of SA trauma amongst counselors-in-training is a significant barrier in the therapeutic alliance noted within college counseling settings.

### ***Subtheme: Lessening Client Burden***

A subtheme within knowledge and competence was lessening client burden. A crucial aspect of positive counseling experiences for transgender SA survivors involves minimizing the burden placed on transgender clients, particularly concerning the need to educate counselors on SA survivorhood, trauma, and transgender specific issues. Participants expressed a need for counselors who were already knowledgeable and sensitive to these topics to alleviate the pressure of having to explain and educate within sessions. Finn highlighted the discomfort of having to discuss certain transgender-related issues with a previous counselor, indicating a preference for counselors who are well-versed in transgender concerns.



“I don't have to teach them things. And then same thing about like trans related things like just wasn't super comfortable talking about like specifically like trans related, like certain trans related things with, or I was less comfortable talking about it with my old therapist” (Finn).

Participants emphasized the need for counselors to create a safe and supportive environment where clients are free to express themselves without fear of judgment or a reaction from their counselor that places undue emotional labor from the client. Juniper relayed a session where counselor was “bawling eyes out” in session and could not handle extent of disclosures of trauma, which ultimately resulted in termination.

“And it had to sort of like cherry pick, like, okay, what are palatable topics or what, you know, and, it was one of those things where my primary reason for therapy over the years has just been like, anxiety, right? Like, I’m an anxious person and I’m like, I am now anxious about being too anxious for my therapy appointment” (Taylor).

Garrett summed this up by stating “I don't want to have to explain basic one-on-one stuff or even two-on-one stuff. I want a lot of understanding and comprehension that I don't have to provide” (Garrett). This sentiment was echoed by Taylor, who emphasized the importance of counselors not making assumptions about their experiences and needs. Taylor expressed frustration at having to correct misconceptions or assumptions made by their counselor, discussing the need for counselors to approach sessions with an open mind and willingness to learn from their clients.

All participants stressed the importance of maintaining appropriate boundaries within the therapeutic relationship to prevent sessions from feeling overly familiar or burdensome to clients. Taylor relayed terminating a counseling relationship due to the counselor treating the sessions more like a friendship, expressing discomfort with being viewed as a “gay best friend” rather than a client in need of professional support. Counselors should pay special attention to

avoid crossing boundaries within the therapeutic alliance that blur the lines between professional and personal relationships.

Counselors engaging in their own continued individual work including their own counseling and checking biases was important for meaningful work and showing up for clients. Mac expanded on this and the work their counselor engaged in allowing space for him to engage in the therapeutic alliance.

“I don’t feel guilty for taking up too much space in the room, which is silly in therapy, but it’s a think. And there’s just enough...it’s like she’s done all the shadow work to show up for me” (Mac).

Garrett further echoed this sentiment that their current counselor is “aware and present with her own personal stuff in a way that makes it smaller in the room so that I feel comfortable having all of her focus.” Willingness to be open and listen to clients in sessions to understand systems of oppression and their impacts were further important within the therapeutic alliance to have an egalitarian relationship.

Divergence within the data were observations of the need for trainings and treatment approaches specifically designed for transgender SA survivors, and transgender clients in general, by those with lived experiences. Bambi highlighted the scarcity of such resources, emphasizing the importance of involving transgender voices in all aspect of care, including the design of treatments tailored for transgender communities, to lessen client burden.

“We need things designed specifically for us. and when you finally get that, that will be great, when you finally let us design our care” (Bambi).

#### **Theme 4: Experiencing Healing through Trauma-Informed Practices**

This theme includes various strategies used in counseling sessions with transgender SA survivors. These strategies, grounded in trauma-informed and collaborative approaches, aim to promote healing, empowerment, and growth. Participants highlighted the importance of

approaches that honor intersecting identities, marginalization, trauma-informed practices, and the use of somatic techniques. Additionally, participants highlighted the importance of collaborative and empowering approaches that meet clients where they are, offering psychoeducation, choice, voice, and flexible interventions.

“He has this really great way of like mirroring back to me, like what I need to hear in my own boundaries and my own, like, he's not doing it for me, but he is, he has kind of given me like this sense of assurance that like he will tell me, like he will tell me if things get to a point in like a particular relationship....he will challenge me and point out things to me; safe space but not enabling...she would do that with most of my trauma responses. You know, it wasn't about changing them, it wasn't about getting rid of them, it was actually about validating their presence and like accepting them and letting them exist as like mirrors for things that happened to me and validation for things that I never had validation for from anyone in my life and “And she would just be like, no, that's, that's abuse. That's not okay. That is dangerous” (Juniper).

Participants emphasized the importance of flexible approaches that acknowledge and honor the complex intersections of identity, including survivorhood, sexual orientation, gender identity, and race. For example, “holistic approaches not just western lens” was important for Bambi as a Korean American. This includes providing space for exploration and allowing clients to determine what feels best for them as well as modeling and teaching appropriate boundaries within the therapeutic relationship. Starfruit expressed his counselor helps him to process trauma and learn how to manage emotions through direct approaches, collaboration, and Dialectical Behavior Therapy (DBT) techniques for skill building and emotional regulation:

“And by being able to talk about it, I can process it, I can process it, get some like emotional responsiveness, 'cause sometimes, especially when I was younger, like living with my family, they were abusive, so I didn't really get the emotional response and missing support I needed. So being in therapy that's where I was able um, to get it” (Starfruit).

***Subtheme: Self-Awareness and Healing through Somatic Approaches***

Somatic approaches, such as paying attention to bodily sensations and experiences were also valued by participants to integrate mental, emotional, and physical aspects of healing. Techniques mentioned included “mapping out” (Taylor) stress in their bodies and collaborating on actionable homework to support their progress outside of sessions. Juniper relayed somatic experiencing as powerful to healing in counseling.

“I had to feel my body and it really slowed me down.....I think in feeling my body and learning, working through trauma and like learning to really feel my body, oh that’s like, that was like such, that was where things really changed for me because then all of a sudden I’m realizing like, I’m not actually here or present when I’m having sex with men” (Juniper).

All participants spoke to the value of counselors having specialized training in trauma modalities such as Internal Family Systems (IFS), Eye Movement Desensitization and Reprocessing (EMDR) to address trauma in ways outside of talk therapy. “I think having like trainings in certain like trauma modalities is helpful. Um, like I, I think idea like IFS brain spotting EMDR” (Finn).

Vril mentioned other ways that counseling helped to understand physical experiences of trauma through journaling and awareness of their body and living space:

“with my current counselor is she doesn't just focus on my psychological experiences, but the impact of physical experiences with the psyche, so eating certain things, exercising, obviously, but also the environment that, the living environment that you may be in, so the state of your bedroom, the state of, I don't know, the state of your kitchen, state of your bathroom, your workplace, how do you get to your workplace, things like that, and the way that they impact whatever I may have going on psychologically” (Vril).

Starfruit mentioned EMDR was not accessible due to cost and current counselor uses journaling and mindfulness along with DBT to notice how symptoms show up in his body. These

DBT techniques and mindfulness approaches that helped him with ways to notice emotions, triggers, and what was coming up within counseling:

“Something like as mentioned earlier as about journaling or something like I've talked about with her is like when say I'm having like flashbacks, um, like writing it down, like what am I thinking, what am I feeling? And also, like what was am I doing like beforehand and after? So, like different things like oh like how was my sleep the night before? Was there a specific trigger? How did I feel in my body?” (Starfruit).

Garrett relayed somatic work is not ideal as he has chronic pain and somatic work is hard on his body. His counselor engaged in other somatic work that allows Garrett to become aware of bodily sensations and support himself within and outside of counseling as needed.

“There's always an invitation to do some more somatic work, which I've been very resistant to. I have a lot of chronic pain and somatic work sucks because I can't dissociate from my body anymore...I have a medical condition that often causes tachycardia and it's my resting heart rate is often in the hundreds, which yeah, sucks. But going back to that somatic work, there are ways that I can reduce that. And really consistently about the last 10 minutes of therapy, I noticed that my heart rate has come down and it lasts, like way down to the seventies, like a good normal resting heart rate and stays down” (Garrett).

Treatment flexibility to offer other ways outside of EMDR for somatic experiencing included “shadow work”, Gestalt (specifically chair work) that Mac engaged in, and “actionable homework” (Starfruit) that participants could engage in to learn skills and incorporate them into everyday life.

“So, in dreamwork, you are, every part of your dream is a projection of yourself. Even the inanimate objects, whatever, people, all the things. And so [my counselor] would say, ‘okay, can you embody what you’re using to like, like whatever the knife or whatever I was holding, you know, embody that, embody him’” (Mac).

### **Theme 5: Empowerment Through Self-Discovery and Advocacy**

For participants, survivorhood represents a continuous journey of healing and identity development in the aftermath of SA trauma. Positive counseling experiences profoundly impacted their sense of safety, identity, relationship, and overall well-being. Every participant

described how these positive experiences facilitated a journey toward self-worth, identity development, and the cultivation of meaningful relationships.

“I think what is has ended up being for me has been sort of this upward trajectory of like, I am getting the skills to handle things and pursue life and passions and hobbies in a way that like maximized my fulfillment” where “I have gone through difficult things and I’ve learned how to deal with those things better as a result of having specific smart goals...my life is actually beautiful and wonderful and I do wonderful things with people I love....I went from being a very traumatized shell of a human being with little semblance of self to like, probably one of the happiest people I know, to be honest. It (counseling) gave me tools to appreciate what happened in the past and then leave it there” (Taylor).

Participants expressed a transformation in their self-perception, noting that counseling helped them, with Finn noting “feeling like a worthwhile human deserving of care”. All participants further emphasized the significance of having their own sense of identity during and after their positive counseling experiences, highlighting the role of counseling in fostering self-discovery, empowerment, and self-affirmation.

“So, empowerment is really being able, being able to act on my agency, like doing, being in control of my actions and knowing what I’m in control of and what I’m not. It def it’s empowered me to, um, advocate for myself and my social relationships. Um, as well as like navigating school and like work...feeling more balanced” (Starfruit).

Taylor values discussions about joy and fulfillment over narratives of resilience, expressing a desire for a kinder world that allows them to focus on their own happiness. They described their journey as an upward trajectory, acquiring skills to handle life’s challenges and pursue their passions, which has led to a sense of fulfillment and happiness. Being able to appreciate past experiences while moving forward with a sense of empowerment and agency is a sentiment and meaning all participants reflected on. Furthermore, counseling served as a catalyst for self-discovery and self-actualization, allowing all participants to embrace all parts of their identities including hopes, dreams, and fears. Taylor articulates how positive counseling has

enabled them to “enjoy life fully by understanding themselves more deeply” and appreciating their uniqueness. These journeys towards self-awareness and self-acceptance fosters a profound sense of empowerment where transgender SA survivors reclaim agency over their lives and prioritize themselves.

“I’m gonna be holding that bag of stuff, but I’m not like lugging it, like I’m carrying it with me as opposed to like, I don’t know, like the reframe of like, it’s not baggage, it’s not like I’m lugging it behind me, or like skeletons in the closet. I’m just like, is like a tote bag now...it’s heavy shit. Like there’s reasons to not wanna talk about it for sure. But I can and it won’t fucking break me” (Mac).

Positive counseling experiences significantly improved participants’ relationships and sexuality, highlighting how transformative positive counseling experiences can be in fostering personal growth and well-being.

“I think that like, that focusing on the empowerment of like setting that down and like letting go and, and no longer, um, like feeling like I just think I’m in such an empowered space with my like, relationship to myself as a sexual being and, um, my gender and my sexuality, um, that I don’t necessarily feel, um, triggered by naming those experiences I had early on” (Juniper).

Empowerment emerges as a transformative force within the experiences of transgender SA survivors positive counseling experiences. Through positive counseling experiences, individuals acquire knowledge, develop advocacy skills for themselves and their community(ies), pursue careers as counselors, and apply newfound insights to support themselves and foster stability. Participants expressed a profound sense of personal growth and independence resulting from their counseling experiences. Finn reflects on “gaining greater independence and autonomy”, where counseling has empowered them to navigate life with increased agency and self-reliance. This newfound sense of empowerment enables individuals to assert themselves confidently and make informed decisions about their lives.

“It's about sort of like me feeling like I have some tools to have a little bit more control over my reactions and my responses and have some emotional support, uh, to be able to feel things and be in uncomfortable experiences that helped me grow. I think I'm also just better equipped to notice when things are causing me stress rather than the stress just sort of going unchecked in my life” (Juniper).

Lessened symptoms of anxiety, depression, and managing trauma symptoms through effective coping skills was empowering to all participants. Feeling more stable and increased confidence throughout the therapeutic journey was a powerful sentiment fostered within positive counseling experiences.

“One of the major things that's different with my current counselor is that it's a boost of confidence. It's a boost of ... Something about meeting with her specifically boosts my confidence a lot....You can't keep avoiding people if you want to feel better about yourself. You can't avoid people forever. You have to start integrating back. You need to start hanging out with friends a bit, even if it's just for a little while...[I have] less depression. That's a big one, because I used to be very suicidal. That's not something that really comes up as much anymore. I used to be constantly suicidal. I used to be constantly depressed, extremely depressed” (Vril).

Starfruit discusses learning about boundary setting and relationships improving outside of counseling and feeling more stable, especially with things outside of his control.

“It's helped me cope and manage to what, um, my external environment or at least my response to my external environment from that completely in control of it...It helped bring like, build like my confidence in myself and feel more in control of myself, my actions...Feeling more balanced” (Starfruit).

Participants recognize the ripple effect of empowerment within their communities, with many expressing a desire to advocate for others in the transgender community. They utilize their new knowledge and skills to uplift and support those in need, bridging the gap in accessible providers. Counselors, therapists, or counselors-in-training shared that positive experiences with their own counselors motivated them to pursue careers in counseling. Garrett explained, “in fact, that was part of my decision to enter this field...I was looking for a therapist who could meet my



needs, but couldn't find one" (Garrett). This emphasizes the profound influence of positive counseling experiences, not just on individuals, but on entire communities.

"I'm literally getting finally independently licensed this year. I already have my addiction counseling license and a certified trauma professional certificate. But to actually have all these things, it's really amazing. And I'm so thankful that I get to share this with other people and just happen to be there and help facilitate while they grow and learn and become the people that they've meant to be. I'm very thankful. Therapy is so transformative" (Bambi).

### **Chapter Summary**

For this chapter, I addressed findings from these data associated with the guiding research question: "How do transgender survivors of sexual assault derive meaning from positive experiences in counseling?" Findings correspond to the purpose of this research study to understand positive counseling experiences and how transgender SA survivors make sense of experiences during the counseling process. Eight transgender SA survivors completed one 60-90 minute semi-structured interview during the spring of 2024. Interviews were recorded and transcribed using Rev AI. Data was analyzed using a six-step approach outlined by Smith (2022). The IPA process resulted in five themes to address participants' positive counseling experiences and meaning made during the counseling process: (a) appreciation of active allyship and affirming counseling spaces, (b) accessing affordable and consistent counseling services, (c) promoting importance of professional, (d) experiencing healing through trauma-informed practices, and (e) empowerment through self-discovery and advocacy. Using rich data, I supplemented excerpts from participants to demonstrate and examine convergence and divergence across the lived experiences of these participants.

The first four themes describe what the survivors perceived were positive within the counseling relationship including techniques, interventions, access, availability, and competence of their counselor. The last theme is relevant to the meaning in their own lives attributed to their

positive counseling experience including being able to feel more equipped and empowered to support self when dysregulated and education about trauma responses and the survivorhood. Participants experienced affirming care from a trauma informed approach, somatic approaches, and counselors meeting clients where they were to provide tools and skills in sessions. The final theme addressed meaning made during and after the survivors' positive counseling experiences. Participants experienced changes in overall joy, acceptance of self, and identity development. Participants discussed the importance of trauma informed approaches including choice, voice, empowerment, collaboration, and knowledge of trauma within the trans community and SA trauma specifically. Additionally, survivors expressed non-pathologizing approaches as important when discussing gender identity and sexual orientation. The next chapter will focus on interpretations from the findings, future directions for research, practice, counselor education, and advocacy.

## CHAPTER 5

### DISCUSSION

This chapter contains the professional and contextual implications associated with the findings. Across interviews from eight participants identifying as transgender SA survivors who had positive experiences in counseling, rich qualitative data converged into the following themes: (1) appreciation of active allyship and affirming counseling spaces, (2) accessing affordable and consistent counseling services, (3) promoting importance of professional competence, (4) experiencing healing through trauma-informed approaches, and (5) empowerment through self-discovery and advocacy. The implications of the findings interconnect with various systems, across disciplines, and the counseling profession. These implications include improving access to affirming mental health services for transgender individuals, enhancing counselor training and competencies related to working with transgender clients, and advocating for policies that protect the rights and safety of transgender individuals, particularly transgender SA survivors. I discuss recommendations and future directions for practice in counseling, counselor education and training, and research aligning with existing competencies while addressing gaps in care illuminated by participants' voices.

#### **Discussion of Major Themes**

##### **Overview of the Findings**

The analysis of interviews with eight transgender SA survivor participants revealed several key themes and subthemes regarding their positive counseling experiences. Across

themes, participants highlighted the importance of therapist affirmation, validation of gender identity, empowerment, and the creation of a safe and non-judgmental space for processing trauma. Additionally, the findings highlight the significance of tailored, affirming therapeutic approaches that consider the intersectionality of transgender identity and SA survivorship (DuMont, et al., 2022; Staples & Fuller, 2021). The participants emphasized the need for counselors to have a thorough understanding of transgender identities and experiences, as well as specialized training in trauma-informed care. These findings indicate transgender SA survivors value counseling experiences that prioritize their gender identity, provide a safe and validating space, and employ trauma-informed and culturally competent approaches. SA survivors' help seeking experiences are related to factors such as disclosure context, readiness to disclose, trust building, social reactions, type of counseling, and perceived control over recovery (Starzynski et al., 2017).

Aligning with previous research, transgender SA survivors may have additional unmet mental healthcare needs and may anticipate and/or have already experienced negative treatment in counseling centers (Holland et al., 2021). Transgender SA survivors need counselors with specialized training and collaborative relationships with transgender affirming health and social services providers to adequately respond to acute health care needs (DuMont et al., 2021). Therefore, transgender SA survivors need improved access to competent providers and support services, education on their rights, and appropriate referrals to adjunct services (e.g., medical, SA nurses trained to work with trans survivors, psychiatry, etc.) to receive intentional and beneficial care (Mont et al., 2020).

Participants emphasized the importance of counselor affirmation and validation of their gender identities, highlighting the need for counselors to have a thorough understanding of

transgender identities and experiences. These findings highlight the importance of providing affirming, trauma-informed, and sensitive counseling services for transgender SA survivors. Intersectional and client-centered approaches included affirming the participants' multiple identities and experiences, considering race, ethnicity, and socioeconomic status within the counseling process. Additionally, participants discussed the need for counselors to be informed about neurodivergence and disability, and the unique challenges faced by transgender SA survivors who hold multiple marginalized identities (Bach et al., 2021). The intersectional nature of transgender SA survivorship requires counselors to approach counseling with cultural humility and an awareness of the diverse experiences and identities within the transgender community (Hunter et al., 2020).

The participants narratives emphasized the importance of considering contextual factors that shape their experiences as SA survivors within counseling relationships. Furthermore, participants narratives revealed the significant impact of societal prejudices, such as transphobia and homophobia, on their ability to access and engage in counseling (DuMont et al., 2021). Many expressed a fear of judgment or lack of understanding from counselors who may not have experience working with transgender clients and/or SA survivors when seeking a provider. This fear of invalidation and dismissal of their lived experiences and identities, and experiences with past counselors dismissing them, reinforced the need for counselors to seek out and undergo specialized trainings to effectively support transgender SA survivors (Holland et al., 2021).

In the following sections, I will discuss contextual information related to participants' identities and mental health history that frame the findings. Then, I will describe the salient findings associated with each major theme. In each section, I will situate the findings within existing literature.

### ***Participant Contextual Information***

All the participants in the study identified as a sexual minority and began mental health treatment before or during adolescence after experiencing suicidal ideation and involuntary hospitalization. Young adults who identify as a sexual minority are also more likely to experience mental health concerns including depression, anxiety, PTSD, and suicidal ideation (Wilson & Liss, 2020). Additionally, three participants reported they were members of QTBIPOC communities, thus experiencing other barriers to seeking affirming care and support (Bach et al., 2021). Examples such as discrimination based on race or ethnicity and culturally competent support services, where stigma against trans individuals is rooted within cultural norms, was important for participants when seeking a counselor. SA survivors may face compounded challenges due to systemic racism, transphobia, and homophobia, which can further exacerbate their experiences of trauma and hinder access to affirming care and support (Coston, 2019). The experiences of transgender SA survivors and their needs in counseling are deeply intertwined with gender identity, societal prejudices, and specific impacts of sexual violence.

Furthermore, the participants' experiences emphasized the impact of stigma and discrimination on their journey to seek and engage in counseling services. The pervasive stigma surrounding transgender individuals often creates barriers to disclosing their gender identity and the details of the assault (Libman et al., 2020). Many participants expressed fear of judgment or lack of understanding from counselors who may not have experience working with transgender individuals in past experiences. This fear of invalidation and dismissal of their experiences and identity reinforced the need for counselors to undergo specialized training to effectively support transgender sexual assault survivors.

**Theme 1: Active Allyship and Affirming Counseling Spaces**

Survivors in this study reported that active allyship contributed to safe and affirming counseling spaces. Participants expressed that shared identities were desirable when seeking for a counselor as well as traits that made participants feel heard in sessions. Counselor traits that were desired and observed within sessions, even if they did not have similar identities, included active listening, warmth, and empathy. Counselors being accepting of participants identities and encouraging exploration that led to gender euphoria were viewed as empowering and validating. Additionally, intentionality on behalf of counselors through intake forms and ways to affirm identities (e.g., asking for pronouns, identified gender, and identifying chosen name) were ways to incorporate affirming care from the beginning. Client-centered approaches included moving away from pathologizing and focusing instead of exploration helped participants feel they were able to explore their identities and understand trauma on a deeper level (Cowan et al., 2020). Consistent with prior research (McLean et al., 2018), egalitarian and collaborative approaches helped participants be a part of their own healing and determine what they hoped to gain out of their therapeutic journeys. Counselors that modeled real life relationships including respectful boundaries with others helped participants explore relationship dynamics within the counseling space without judgement (Cowan et al., 2020).

Research has consistently shown that affirming and culturally competent care is crucial in supporting the mental health and well-being of transgender individuals, especially those who have experienced SA (Bandini et al., 2020; D’Augelli et al., 2019). Moreover, providing a safe and validating environment for processing trauma is a fundamental aspect of effective counseling for SA survivors (SAMHSA, 2014). Previous studies and literature have highlighted the significance of therapist affirmation and the validation of gender identity in the counseling

process for transgender individuals (Anzani et al., 2019). Counselors who demonstrate understanding of and respect for the unique experiences and challenges faced by transgender individuals contribute to the creation of a safe and non-judgmental space for counseling (Wanzer et al., 2021). Furthermore, it has been emphasized that tailored and collaborative therapeutic approaches, which consider the intersectionality of transgender identity and survivorship, are essential for providing affirming care (Alcock et al., 2022; DuMont et al., 2021). This includes addressing the unique impact of societal prejudices and systemic discrimination on the experiences of transgender sexual assault survivors.

## **Theme 2: Consistent Access**

Research has shown that telemental health counseling services can enhance access to mental health care for a variety of physically and socially isolated populations (Butzner & Cuffee, 2021). Amidst challenges such as chronic illness, disabilities, transportation limitations, and safety concerns posed by the COVID-19 pandemic, participants found value in engaging in counseling through telemental health services. The ability to access specialized care from providers outside of their immediate geographic area was also highlighted as advantageous, particularly for those living in regions with limited resources or a scarcity of affirming and culturally competent counselors. The use of telemental health not only addresses the physical accessibility challenges but also contributed to a sense of privacy and safety for individuals seeking counseling services (Molfenter et al., 2021). By providing counseling through virtual platforms, participants felt more comfortable and secure discussing traumatic experiences. Incorporating telemental health into counseling practices can enhance access to affirming care for transgender SA survivors, particularly those facing geographic, financial, or safety-related challenges (Puckett et al., 2017). This aligns with existing research highlighting how consistent



access to counseling not only ensures safety but also facilitates better therapeutic outcomes (Uscher-Pines & Fischer, 2022).

Additionally, the affordability of counseling services emerged as a significant facilitator for accessing counseling among the participants supporting previous findings and discussions of barriers for transgender SA survivors (Molfenter et al., 2021). Each participant emphasized the financial barriers that often hinder their access to counseling services. Many participants reported facing economic challenges, which made it difficult to afford regular therapy sessions. The cost of therapy, especially when not covered by insurance, was a significant concern, which is supported as an existing barrier for transgender individuals accessing counseling services (Gonzales & Henning-Smith, 2017). Providers offering affordable options such as accepting insurance, pro bono services, sliding scale fees, or operating within nonprofit and college counseling centers have been instrumental in extending access to care for underserved populations (Phillips, 2023).

### **Theme 3: Importance of Professional Competence**

Counselors who had knowledge and competence working with transgender clients was important for all participants. Additionally, knowledge of medical transitioning and resources in their local agencies provided community and other support systems for participants. Understanding SA trauma, trauma against transgender individuals, and trauma-informed care empowered participants through psychoeducation, helping them to grasp the impacts on their lives. Participants appreciated and needed counselors that they did not have to educate on transgender and SA trauma and concerns, where base knowledge was crucial to the therapeutic alliance. Specifically, World Professional Association for Transgender Health (WPATH) providers were noted by a few participants as indicative that counselors engaged in ongoing

trainings and were informed of the latest evidence-based practices and trans affirming care (Mitnick et al., 2023).

Furthermore, as highlighted by the participants, it is essential for counselors to engage in their own work and challenge biases. This self-reflection and professional development not only strengthen the therapeutic relationship with clients but also demonstrate the counselor's commitment to providing affirming care. Counselors should engage in continuous learning about themselves, challenging their own biases, and how to ethically respond to a diverse society (Stryker et al., 2021). The ACA Code of Ethics underscores the significance of counselors continuously learning and engaging in self-reflection to confront their biases and provide ethical and supportive care to a diverse society (ACA, 2014). Deepening the understanding and practice of providing affirming care for transgender SA survivors involves acknowledging systemic challenges due to stigma, discrimination, rape culture, systemic racism, transphobia, and homophobia (Bach et al., 2020). Systemic barriers can exacerbate trauma and further impact their access to affirming care and support (DuMont et al., 2021). While not a focus of this study, many participants acknowledged that acceptance and knowledge of neurodivergence and/or autism spectrum disorder was helpful in the counseling space to feel safe.

#### **Theme 4: Healing through Trauma-Informed Approaches**

Incorporating trauma-informed and collaborative practices, such as allowing survivors to guide the counseling process, providing psychoeducation on trauma and its impacts, and using body-based interventions, can enhance the healing experience for transgender SA survivors (DuMont et al., 2022). This includes allowing survivors to guide the counseling process, providing psychoeducation on trauma and its impacts, and using body-based interventions. Participants expressed that having a counselor who was willing and able to support them on their

journey and actively involve them in treatment planning was considered trauma informed. Choice and voice were important, as participants felt they could learn about themselves through exploration and decide what felt best for them (SAMHSA, 2014).. Counselors who empowered transgender SA survivors to make choices about their care created an environment where clients had agency, voice, and learned to advocate for themselves. Reciprocal participation, involving active mutual engagement between the counselor and the client, was also validating. This approach included actionable homework, challenging negative cognitions and beliefs, and education on SA trauma and relationships.

Furthermore, incorporating non-traditional approaches such as dreamwork, Eye Movement Desensitization and Reprocessing (EMDR), Internal Family Systems (IFS), Somatic Experiencing (SE), and mindfulness based activities helped survivors engage in specific trauma processing outside of traditional talk therapy. Studies have shown that incorporating somatic experiences such as IFS, EMDR, and mindfulness-based activities can help SA survivors understand how trauma manifests in the body (Brom et al., 2017). These approaches have been found to be effective in addressing PTSD symptoms such as nightmares, flashbacks, and panic attacks (Watkins et al., 2018). By incorporating somatic experiences, counselors can offer survivors effective tools for trauma processing and support them in understanding how trauma manifests in the body. By embracing these holistic and evidence-based approaches, counselors can create a comprehensive and inclusive framework for providing affirmative care to transgender SA survivors (Kearney & Simpson, 2020).

The findings of this study emphasize the need for counselors to engage in ongoing education and training aligning with the ACA Code of Ethics (ACA, 2016) and ALGBTIC competencies (ALGBTIC, 2009) to develop the knowledge and skills necessary to provide

affirmative care for transgender sexual assault survivors (Levenson et al., 2023). Counselors need to be informed about the compounded challenges faced by QTBIPOC SA survivors due to systemic racism, transphobia, and homophobia, which can further exacerbate their trauma and impact their access to affirming care and support (Coston, 2019). Counselors who demonstrate active listening, warmth, empathy, and a willingness to incorporate affirming practices from the beginning of the counseling relationship contribute to creating safe and empowering spaces for transgender SA survivors (DuMont et al., 2021). The use of egalitarian and collaborative approaches, as well as client-centered methods that focus on exploration rather than solely trauma, have been found to be beneficial in supporting the healing journey of transgender sexual assault survivors (Staples & Fuller, 2021). By aligning counseling practices with these evidence-based recommendations, counselors can play a critical role in providing affirming and effective care for transgender sexual assault survivors (Macdonald, 2021). However, it is essential for ongoing training and professional development to ensure that counselors are equipped with the necessary knowledge and skills to support this population effectively (Kattari et al., 2020).

### **Theme 5: Empowerment Through Self-Discovery and Advocacy**

Through the counseling process, participants gained a deeper awareness and knowledge of themselves, reconnecting with their inherent joy and inner strength, and discovering new ways to show up authentically for themselves. This heightened self-understanding and self-acceptance enabled them to feel empowered to advocate not only for themselves but also for others within the transgender community, aligning with tenets of advocacy within feminist counseling (Evans et al, 2010). SAMHSA's (2014) principles of empowerment, voice, and choice overlap with the core tenets of feminist theory (Enns, 2011). Often, SA survivors are silenced through coercion, stigma, and shame (Wyatt et al., 2012). Counselors helped transgender SA survivors challenge

oppressive beliefs that could contribute to traumatization (Heath et al., 2011). Throughout their narratives, participants expressed deep gratitude for their ongoing personal growth and transformation facilitated by their counseling experiences, as well as immense appreciation for the counselors who accompanied them on this journey. By recognizing and actively addressing the systemic challenges faced by transgender survivors, advocating for necessary policy changes, and empowering survivors through this transformative process of self-discovery and advocacy, counselors can foster profound healing and facilitate active, engaged participation on behalf of transgender SA survivors (Scoglio et al., 2020). The feminist tenet of empowering SA survivors by helping them identify power relationship inequities in society and creating social change proved beneficial to participants (Gutierrez & Lewis, 1999).

The participants emphasized the profound significance of counselors who were willing to accompany them on their transformative journey of self-discovery and healing. The counseling relationship provided a deeply meaningful and empowering experience for participants who otherwise lacked vital support in their lives. The relationship between the counselor and client provides the opportunity for empowerment by identifying power dynamics within the relationship and providing a collaborative, supportive, and strong therapeutic alliance, where the client can use these strengths within other relationships (Sommers-Flanigan, 2018). All participants expressed that their positive counseling experiences facilitated a profound sense of self-actualization, where they were able to fully accept themselves, feel less suicidal, and develop enhanced self-management skills to cope with their symptoms outside of counseling sessions. By recognizing and actively addressing the systemic challenges faced by transgender SA survivors, advocating for necessary policy changes, and empowering survivors through this transformative process of self-discovery and advocacy, counselors can foster profound healing

and facilitate active, engaged participation (Whiting, 2016). Enhancing self-esteem and self-worth are instrumental in counseling SA survivors where counselors can help clients focus on hope, strengths, self-compassion, and using their voice (Pemberton & Loeb, 2020). The feminist idea that focuses on the personal as political enables survivors to identify internal and external conditions associated with trauma (Nylund & Nylund, 2003).

### **Implications**

The findings of this study offer meaningful insight into the lives of transgender SA survivors and can inform counseling practices and support the value of a trauma-informed approach (SAMHSA, 2014). Participants reported positive psychological outcomes and meaning that were consistent with previous studies around gender-affirming care for SA survivors (Mont et al., 2020). Participants indicated that counseling should focus on helping survivors in various ways including empowerment, resources, and being informed of trauma among transgender communities and SA survivors specifically. In addition to counseling practices, there are several implications for counselor education including the emphasis on trauma informed competencies taught within counselor education programs, intersectionality working with SA survivors to address multiple marginalized identities, and education of the impacts of SA trauma to inform work with this population.

In terms of practical implications, the study emphasizes the significance of affirmative therapy and trauma-informed care in counseling practices for transgender SA survivors. It is essential for counselors to prioritize creating a safe and non-judgmental space for processing trauma, as well as acknowledging the resilience and strength of survivors (SAMHSA, 2014). This calls for ongoing education and training within the counseling profession to ensure that practitioners are equipped to provide culturally competent and affirming care for this population

(DuMont et al., 2021). Participants' narratives emphasized the pivotal role of counselors in fostering healing and resilience by acknowledging the unique challenges faced by transgender SA survivors. Counselors should intentionally educate themselves about transgender history, rape culture, and other sociocultural constructs that foster rape supportive environments and systems (Reling et al., 2018).

### **Implications for Counseling Practice**

Given the prevalence of SA against transgender individuals, it is important to identify ways to improve counseling services including access, competencies, and tangible ways to ensure affirming spaces that align with trauma informed care and practices (SAMHSA, 2014). In working with transgender SA survivors, the trauma-informed framework and feminist theory can help counselors and counselors-in-training gain a comprehensive understanding of the impact of trauma and components towards healing (Pemberton & Loeb, 2020; SAMHSA, 2014).

Incorporating the principles of safety, trustworthiness, collaboration, choice and voice, and cultural/historical/gender issues in counseling with transgender SA survivors, feminist tenets are woven throughout to support transgender SA survivors (Pemberton & Love, 2020). This comprehensive approach allows space where transgender SA survivors experience a respectful, accepting, non-judgmental egalitarian relationship with their counselor that fosters healing and empowerment (Pemberton & Loeb, 2020).

Moreover, the findings underscored the transformative potential of counseling interventions rooted in trauma-informed practices that prioritize empowerment, collaboration, and self-advocacy (SAMHSA, 2014). The findings align with previous research emphasizing the importance of affirmative therapy for transgender individuals and trauma-informed care for sexual assault survivors (DuMont et al., 2021; Expósito-Campos et al., 2023). Interdisciplinary

collaboration and coordination among various sectors, including health and social services, is crucial to ensure trans-affirming care for SA survivors (Guckenheimer, 2021). Delving into the specifics of how these intersectoral networks can facilitate improved access to support services can provide valuable insights into the broader systemic changes required to ensure trans-affirming care for this population (Mont et al., 2020).

### ***Self-Reflection, Competence, and Supervision***

It is imperative for counselors to continually engage in ongoing education and training to develop the knowledge and skills necessary to support this population effectively, aligning with the ACA Code of Ethics (ACA, 2016) and ALGBTIC competencies (ALGBTIC, 2009). Unfortunately, providers are often undertrained and underprepared to work with transgender clients (Puckett et al., 2023). For example, in one study of mental health providers, only 5.7% of participants reported receiving transgender specific clinical training and supervision and only 20.8% reported attending a conference presentation or workshop on transgender related topics (Whitman & Han, 2017). Counselors should undergo training that includes professional growth and development (ACA, 2014) to focus on understanding their own biases. Trainings and engagement should address the lived experiences of transgender individuals from transgender individuals and allies. Trainings and ongoing multicultural competence should address the impact of societal prejudices, discrimination, and systemic barriers on the mental health, physical health, and wellbeing of transgender SA survivors (Hughto et al., 2015).

Counselors must regularly examine their own beliefs and assumptions to understand how these might impact their counseling practices (Lewis et al., 2002). Engaging in supervision and peer consultation can provide valuable perspectives and help address any biases that may arise. To further enhance professional competence in gender-affirming counseling, it is imperative for



counselors to continue developing their knowledge and skills in providing effective care for transgender SA survivors (James et al., 2016). Counselors should actively pursue training to enhance competence working with transgender SA survivors, staying current with the latest research and best practices (Puckett et al., 2018). Seeking out specialized supervision can also provide additional support and guidance. Collaboration with experienced practitioners and supervisors who have expertise in working with transgender SA survivors can offer mentorship and guidance to counselors in training. This involves not only understanding the unique trauma experienced by transgender individuals but also staying informed about medical transitioning and available resources within local agencies (Staples et al., 2020).

### ***Creating an Affirming Environment***

Research has found that providers who advertise themselves as transgender affirming fail to implement observable practices that demonstrate their competence working with this community (Hole et al., 2019, 2021). Creating an affirming environment for transgender SA survivors begins with practical steps such as restructuring intake forms to be more inclusive. This involves using gender-neutral language, providing options for clients to indicate their identified names and pronouns, and avoiding assumptions about gender identity and sexual orientation (Puckett et al., 2018). Paperwork should include questions about the client's name (name used and legal name if needed for insurance purposes with a disclaimer on why a legal name is being asked), gender identity, pronouns (not "preferred pronouns" as this is outdated language that implies a choice and optional for respecting a client's pronouns; Knutson et al., 2019), and sexual orientation using inclusive prompts and response options or open-ended questions (Puckett et al., 2023). Tailoring intake forms to include sections for clients to provide their information, along with disclaimers about required legal documentation and electronic

health records that may include deadnames, ensures these forms are as inclusive as possible to transgender individuals. Disclaimers around necessary information such as legal names and documents within intake forms can provide more around trauma-informed care to mitigate any secondary traumatization from accessing counseling services.

Additionally, it is important to ensure that waiting areas and counseling spaces are inclusive and welcoming. This can be achieved by creating gender-neutral spaces (ex., restrooms) and displaying LGBTQIA2S+ affirming symbols (ex., art by queer/trans artists, pride flags, trans-inclusive posters, allyship). These measures signal to clients that they are in a safe, supportive, and welcoming environment that is conducive to healing and trust. Incorporating these are examples rooted in trauma informed care that gives clients choice and voice from the onset of the counseling relationship.

Developing and enforcing non-discrimination policies within counseling settings is an important step, ensuring that all clients and counselors are treated with respect and equity (Puckett et al, 2023). Training all staff in LGBTQIA2S+ cultural competency is crucial for fostering a knowledgeable and sensitive environment. Establishing anonymous feedback mechanisms allows clients to express concerns without fear of retribution, and regularly reviewing and acting on client feedback helps continually improve counseling practice. Additionally, counselors should elicit feedback from clients to encourage voice, choice, and self-advocacy within their care. Providing clients with information on supportive resources and services, along with maintaining an updated list of trans-affirming medical and legal professionals can ensure clients receive affirming care tailored to their needs.

### *Microskills for Affirming Care*

The depth of the participants' narratives and experiences emphasizes the need for a comprehensive and nuanced approach to counseling for transgender SA survivors. By further exploring the specific positive counseling strategies, the impact of stigma and discrimination, and the role of intersectional collaboration, counselors can gain a deeper understanding of the complex needs of this population and work towards more effective support and advocacy. Chang and Singh (2016) discussed the effectiveness of incorporating intersectionality into counseling approaches for this population. Their findings emphasize the importance of considering the multiple layers of oppression and privilege that contribute to the experiences of transgender individuals (Chang & Singh, 2016). Research supports the benefits of trauma-informed practices in addressing the specific post-assault needs of transgender individuals (Hall & DeLaney, 2019). By integrating trauma-informed care with feminist principles, counselors can create a supportive and empowering environment that fosters resilience and healing among transgender SA survivors (Hall & DeLaney, 2019).

Effective language and communication are critical in counseling transgender SA survivors to avoid re-traumatization (SAMHSA, 2014). This includes consistently using the client's identified name and pronouns and correcting any mistakes promptly without drawing excessive attention and avoid deadnaming at any point within counseling. Employing affirmative language that respects and validates the client's gender identity while avoiding pathologizing or "othering" terms is rooted in trauma informed competent care based on findings. Active listening plays a key role within the process to validate client's experiences and emotions and demonstrating empathy and understanding through reflective listening. Unconditional positive

regard and meeting client's where they are in their healing journeys helps build trust and create a safe and supportive therapeutic environment.

Broaching cultural differences fosters inclusivity and appropriate self-disclosure for transgender SA survivors. Acknowledging and discussing cultural differences openly can help build trust and rapport with clients. This involves recognizing the diverse backgrounds and experiences of transgender SA survivors, including race, ethnicity, socioeconomic status, and other cultural factors. Counselors should approach these conversations with sensitivity and respect, asking questions such as, "how has your cultural background influenced your experience(s)?" By actively engaging with and validating intersecting identities, counselors can provide more tailored and effective support. Using open-ended questions encourages clients to share their experiences without feeling restricted. Reflective statements are equally important, as they mirror the client's feelings and meaning making and conveys understanding of their experiences. Affirmations can provide positive reinforcement and validation to further encourage self-exploration and healing.

### ***Advocacy and Allyship***

In addition to active listening and empathy, counselors must recognize the intersectionality of these challenges and work to incorporate culturally competent approaches from the outset of the counseling relationship (Goldberg et al., 2019). Counselors engaging within their communities serves vital importance to gaining insight into survivors' personalized needs while offering support. Supporting and participating in LGBTQIA2S+ events and organizations helps counselors stay connected and informed about the needs of the communities they serve. This network can offer specific services such as legal assistance, housing support, and access to trans-affirming healthcare (Zweig et al., 2020). Networking with local groups and

organizations can provide valuable insights, resources, and community allyship. An example noted by several participants discusses the development of intersectoral networks that facilitate the connection between community organizations and violence treatment centers, thereby improving access to support services for transgender SA survivors. The development of intersectoral networks, such as the one described, can facilitate the connection between community organizations and violence treatment centers, improving access to support services for transgender SA survivors (Mont et al., 2020). Creating opportunities for multidisciplinary collaboration can enhance the competence and confidence of counselors in addressing the complex needs of transgender SA survivors (Mont et al., 2020).

Additionally, client advocacy is crucial within and outside of the counseling setting. Advocacy plays a significant role in addressing systemic challenges and creating a supportive environment for transgender SA survivors through modeling congruence and authenticity in the therapeutic alliance (Astramovich & Scott, 2020). Counselors can advocate for policy changes, improved access to affirming care, and increased awareness and understanding of the unique challenges faced by transgender individuals who have experienced SA (Puckett et al., 2017). By engaging in advocacy efforts, counselors can contribute to establishing a more inclusive and supportive environment for survivors within their larger communities (Carroll & Gilroy, 2002). Counselors should advocate for client's rights, helping them navigate complex legal and medical systems when necessary. Counselors must be active allies in advocating for trans-affirming care and working towards dismantling the barriers and systemic inequalities that contribute to the high rates of SA experienced by transgender SA survivors (ALGBTIC, 2009; Ratts et al., 2016). To further advance transgender affirming counseling practices, counselors should actively engage within and among transgender communities to gain a deeper understanding of their

unique needs and experiences to advocate for and with their clients (Mont, et al., 2020). This can look like becoming involved within organizations, legislative advocacy, and providing trainings to community members and access to those who serve transgender SA survivors.

Recognizing these systemic barriers and actively working to incorporate culturally competent and trauma-informed approaches, counselors can create a safe and empowering environment for transgender SA survivors to seek support. Counselors should support transgender clients in their choices for gender-affirming medical care by reducing barriers and gatekeeping processes, such as the need for a specific number of sessions to receive letters of support (Puckett et al, 2023). Counselors should engage in legislative advocacy to support transgender SA survivors (Lewis et al., 2002). The narratives emphasize the importance of counselors actively engaging within and among transgender communities to gain a deeper understanding of their unique needs and experiences. As one participant noted, including transgender voices to inform training, treatment approaches, and advocacy is largely unrepresented within counseling literature. By doing so, counselors can provide more effective and personalized support, ultimately fostering healing and resilience. It is clear from the narratives of the participants that the transformative potential of counseling interventions lies in prioritizing empowerment and self-advocacy by including transgender voices to inform counseling practice.

### ***Specialized Trainings for Trauma Treatment***

Trauma-informed care and meaningfully trauma-informed therapeutic approaches consider the impact of trauma on a survivor's mental, emotional, and physical well-being, and prioritize creating a sense of safety and trust in the therapeutic relationship (Hall & DeLaney, 2019). Somatic approaches including EMDR, IFS, and mindfulness-based interventions were

mentioned as highly sought, effective modalities in addressing the physical and emotional symptoms of trauma (Kuhfuß et al., 2021). For example, counselors may use various somatic techniques such as EMDR to address trauma symptoms and enhance coping skills (Mavranouzouli et al., 2020). Additionally, they can incorporate mindfulness-based interventions to help clients manage distress and improve self-regulation (Szoke & Hazlett-Stevens, 2020). In addition to individual therapy, group therapy and peer support were identified as valuable sources of social support and empowerment for transgender SA survivors to foster community and solidarity. This aligns with SAMHSA's guidelines on trauma-informed care, which emphasize the importance of creating a sense of safety and belonging within a community of support (SAMHSA, 2014). By implementing these evidence-based practices, counselors can effectively support transgender SA survivors in their healing journey.

### ***Telehealth and Accessibility***

It is essential for counselors to receive training and guidance on providing trauma-informed and affirming care through virtual platforms, ensuring that the unique needs and experiences of transgender individuals are effectively addressed in a virtual counseling setting (Pankey et al., 2021). The use of telemental health has been identified as a crucial tool in addressing the lack of care for individuals residing in rural areas or facing barriers related to physical access (Cantor et al., 2024). Affordable and accessible counseling options through telehealth extend care to underserved populations, and counselors should strive to offer specialized care with options such as accepting insurance, pro bono services, sliding scale fees, and operating within nonprofit and college counseling centers (Cantor et al., 2024).

## **Implications for Counselor Education**

The emergent consciousness and political activism within the transgender community highlights the need for counselor education programs to prepare future counselors to work effectively with transgender clients, particularly transgender SA survivors (Carroll et al., 2002). It is imperative that counselor education programs incorporate tangible ways to improve the training and preparation of future counselors in working with transgender SA survivors. Aligning with findings from this study and previous studies, specialized training in trauma-informed care, curriculum development, comprehensive education on transgender identities and SA, advocacy and policy education, and experiential learning are ways to incorporate more opportunities for engagement within counselor education programs.

It is crucial for counselor education programs to address the specific needs of transgender sexual assault survivors. However, it is important to note that despite the importance of trauma-informed care in supporting survivors, trauma courses are not currently required by the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016; Montague et al., 2020). At the time of this study, the 2016 CACREP Standards require programs to include training related to assessment and treatment of crisis and trauma with freedom to choose levels of emphasis and how programs meet this requirement (Montague et al., 2020). Additionally, despite these standards regarding training in trauma there is little literature on how counseling programs should train counselors-in-training on trauma (Montague et al., 2020). This presents a gap in the training and preparation of future counselors to effectively work with transgender SA survivors. Incorporating trauma courses into counselor education programs could provide future counselors with the essential knowledge and skills to support and advocate for transgender SA survivors. By including specialized training in trauma-informed care, comprehensive education



on transgender identities and SA, and experiential learning, counselor education programs can better prepare future counselors to address the unique needs of transgender SA survivors.

### ***Trauma-Informed Care and Curriculum Development***

Results by Montague et al., (2020) demonstrate that among programs that offered trauma specific counseling courses, 31.4% of counseling programs in the United States offered a single dedicated course while 29.1% did not offer any special topic courses. Among special topic courses, crisis counseling was the most common course offered followed by trauma, grief, and neurocounseling (Montague et al., 2020). Specialized instruction in trauma-informed care needs to be integrated into counselor education, with a focus on comprehending distinctive responses to trauma and recovery processes for transgender survivors (Levenson et al., 2021). By incorporating these targeted training modules, future counselors can acquire the essential abilities and empathy required to offer effective support. In the future, partnering with seasoned practitioners and supervisors specializing in assisting transgender SA survivors can greatly contribute to mentoring and guiding counselors-in-training. These partnerships could take shape through formal partnership programs, practical experiences, or mentorship projects aimed at delivering continuous support and learning chances in actual practice settings.

Trauma informed training should encompass a comprehensive understanding of the intersectional experiences of transgender individuals, including the complex dynamics of gender identity, sexual orientation, race, socio-economic status, and trauma histories (Hendricks & Testa, 2012). The development of specialized curriculum dedicated to the counseling needs of transgender SA survivors should delve into the specific challenges faced by this population and emphasize the importance of creating affirming and supportive spaces within counseling settings (Carroll & Gilroy, 2002).

Moreover, curricula and training should emphasize the significance of affirming language, communication, and social versus medical transitioning for transgender clients. Given the prevalence of mental health concerns within the transgender population including depression, anxiety, PTSD and suicidal ideation, counselors should receive specialized training in trauma-informed care (DuMont et al., 2021). Understanding unique trauma responses and recovery of transgender survivors is essential for providing effective counseling and support (SAMHSA, 2014). Counselor training programs can include case studies and role-playing scenarios focusing on the experiences and needs of transgender SA survivors. These immersive experiences help trainees understand how to apply trauma-informed care and affirmative therapy principles to address unique challenges. Guest lectures or workshops with experts in working with this population provide firsthand insights and practical guidance. Education for counselors should cover intersectionality, cultural competence, affirming language, communication, and various forms of transitioning. Additionally, counseling curricula should incorporate opportunities for self-reflection and exploration of personal biases. Counselors must be willing to engage in ongoing personal and professional development to address their own preconceptions and enhance their ability to provide affirming care.

### ***Comprehensive Education on Gender Identity and Sexual Assault***

Counselor education programs should provide comprehensive education on gender identity and SA that encompasses a deep understanding of diverse experiences and intersecting identities. This involves exploring the intersections between gender identity, trauma, and mental health, equipping counselors-in-training with knowledge and skills to provide sensitive, affirming, and effective support. By integrating this into existing curriculum, counselor

education programs can ensure that counselors-in-training are better prepared to offer safe, empowering, therapeutic environments for transgender SA survivors.

To further enhance education on gender identity and SA in counselor education, specific courses or modules focused on gender and SA could be beneficial. This could include topics such as the impact of SA trauma on survivors, gender-affirming practices, and intersectionality working with survivors. Inviting transgender individuals, SA survivors, and professionals with expertise in these areas to share their experiences and insights helps counselors-in-training gain a more nuanced understanding from individuals with lived experiences to promote an empathetic approach. Providing opportunities for students to engage in role-playing scenarios or simulations that involve working with transgender SA survivors is a hands-on approach that can enhance empathy, understanding, and improving skills.

### ***Encouraging Experiential Learning and Raising Awareness***

Offering workshops and professional development opportunities focused on the latest research, therapeutic techniques, and ethical considerations related to gender identity and SA enhance training outside of the classroom. Enhancing existing diversity and inclusion trainings to specifically address the unique challenges faced by transgender SA survivors includes addressing systemic issues and barriers. Partnering with LGBTQIA2S+ organizations to gain insights into the experiences and needs of transgender individuals can provide valuable resources and guidance for opportunities for counselors-in-training. Engaging counselors-in-training in community outreach projects aimed at supporting transgender SA survivors align with counselors' roles for service and leadership within communities (Moorhead et al., 2023). Initiating and/or participating in public awareness campaigns on campus and within communities demonstrate solidarity, support, and uplifting marginalized communities.

Aligning with research findings, participants expressed a lack of providers who were competent working with transgender SA survivors and a lack of diversity among counselors. Facilitating placements and partnerships in community centers, shelters, or specialized support organizations that serve transgender individuals and SA survivors offer hands-on opportunities to work directly with the community and gain experience. Internships in such settings provide clinical experiences to continue serving and serving as allies to transgender SA survivors, adding to more qualified counselors to work with this population.

### ***Advocacy and Policy Education***

In addition to clinical training, counselor education should incorporate advocacy and policy-focused education to empower future counselors to advocate for systemic changes that promote inclusivity and access to affirming care for transgender SA survivors (Chan et al., 2018). Understanding legal and political barriers that affect transgender individuals is essential for creating sustainable change within counseling spaces and active allyship (Ratts et al., 2016). By integrating these elements into counselor education, future professionals will be better equipped to provide competent and affirming care to transgender SA survivors, ultimately contributing to the creation of safer spaces and healing for all survivors of SA.

Incorporating advocacy and policy-focused education into counselor training programs can empower future counselors to advocate for systemic changes that promote inclusivity and access to affirming care for transgender SA survivors (Astramovich & Scott, 2020). By understanding legal and political barriers, future professionals can work towards creating sustainable change within counseling spaces. Currently lacking within counselor education programs is the focus on legislative advocacy and its importance in counseling relationships (Chan et al., 2018). Counselors should engage in legislative advocacy through actions such as

writing to representatives, attending meetings, and staying updated on legislation affecting the transgender community (Mont et al., 2020). Overall, comprehensive counselor education programs that integrate specialized training on working with transgender SA survivors, including trauma-informed care, affirmative therapy, intersectionality, and policy/advocacy, will better prepare future professionals to provide competent, affirming care (Singh & Burnes, 2014). By enhancing current training programs and education initiatives with these concrete examples informed by research findings, counselors can be better prepared to provide competent and affirming care to transgender SA survivors, ultimately contributing to the creation of safer spaces and promoting healing for all survivors of SA.

### **Limitations**

Though the findings of this study provide valuable insight into the lived experiences of transgender SA survivors, it is worthwhile to consider the limitations of this study. First, the survivors reported varied counseling experiences and length of time engaged in counseling. For example, some participants were hospitalized or “Baker Acted” (involuntary hospitalization by a provider) which were their first encounters with counseling. Future researchers should include questions asking about past hospitalization and experiences of any involuntary services received. Next, many participants in this study identified as mental health providers or researchers, which may have some bias within answers. For example, participants at times described how they worked with their own clients and needed additional questions to ask them to delve more into their own personal experiences. Finally, this project took place during a specific time frame, which limited who could participate. During this time of data collection, there are several laws in effect banning transgender affirming care, which could have impacted response rates. Considering these potential opposing perspectives and limitations, it is important to critically

evaluate the implications and recommendations derived from the study's findings and consider the broader spectrum of needs and experiences of transgender SA survivors, while still recognizing the specific challenges faced by transgender individuals.

Recruitment was a significant challenge due to the specific sample of survivors identifying as transgender who engaged in counseling they perceived as positive. Many survivors do not reach out for support after victimization, so this was a limitation in accessing a sample. Additionally, the incentives that were provided encouraged participants and could have introduced bias into the study. Additionally, some participants expressed they were current students within higher education and/or involved in trauma work and research, which is a limitation of experiences within this study. These participants have in depth knowledge that counselors, researchers, and other professionals may possess. This raises questions about the extent to which the study's implications can be broadly applicable to the diverse experiences of transgender SA survivors who do not have formal training or education as a counselor, researcher, or other mental health professional.

### **Recommendations for Future Research**

Recommendations for future research include more longitudinal studies on the impact and outcomes of counseling experiences among transgender SA survivors' mental health. This review of the research confirms a lack of diversity and intersectionality found throughout conceptualizations of sexual violence, which disproportionately affect transgender individuals and have been misconceptualized and minimized. Given the prevalence of SA among transgender individuals, it is important to identify the mental health implications and strengths within this population. For transgender SA survivors, the intersectionality of gender, race, socioeconomic status, and disability play a role in barriers to accessing affirming care. Therefore,

in working with transgender SA survivors, SAMHSA's trauma informed framework (2014) and feminist theory can help researchers, counselors, and practitioners gain understanding of the impact of SA trauma and components towards healing.

This study contributes to the growing body of literature by shedding light on the specific needs and experiences of transgender SA survivors in counseling. The insights provided by the participants underscore the importance of tailored and affirming therapeutic approaches that recognize the intersectionality of transgender identity and sexual assault survivorship. Future researchers should seek to explore the long-term impact of positive counseling experiences on the mental health outcomes and resilience of transgender SA survivors. Additionally, studies examining the effectiveness of specific therapeutic interventions tailored to the needs of this population are warranted. Future researchers should aim to address the intersectional experiences of transgender SA survivors, including those from diverse cultural backgrounds.

While there are existing competencies, there is a need to expand upon these to add inclusion of intersectionality. Additionally, there is a need to continue focusing on transgender research where trans voices are included to add to the body of literature, develop trainings, competencies, so their voices are heard, and used in counseling. This research expands upon the little existing literature directly from trans voices while there remains a dearth of literature specifically for transgender SA survivors. This research serves as a springboard to enhance and add to the growing body of literature where transgender voices are uplifted. Moreover, the role of intersectional collaboration and coordination among various sectors and organizations in improving access to support services for transgender SA survivors warrants further investigation. Understanding how intersectional networks can facilitate systemic changes and ensure trans-

affirming care will be critical in shaping the future advocacy efforts and policy initiatives aimed at supporting this population.

### **Chapter Summary**

This study sheds light on the positive counseling experiences of transgender SA survivors and underscores the importance of affirmative and trauma-informed care within the counseling profession. The findings offer valuable insights for counselors, educators, and researchers striving to create inclusive and supportive environments for transgender individuals affected by sexual assault. The findings of this study highlight the critical need for specific competencies and training related to transgender sexual assault survivorship within the counseling profession. It is evident that enhancing awareness of the unique challenges faced by transgender individuals in counseling, developing skills for creating affirming and inclusive therapeutic environments, and integrating trauma-informed and culturally competent approaches are essential for providing effective support to transgender SA survivors. The implications drawn from this study pave the way for a more inclusive and comprehensive approach to counseling within the transgender community, offering a foundation for expanding theoretical frameworks, enhancing counseling practices, and guiding future research efforts to better support and advocate for transgender SA survivors.

Despite the valuable insights gained from this study, it is important to acknowledge its limitations, including the small sample size, potential participant bias, and the need for broader research with larger and more diverse samples. Moving forward, future research should aim to address the intersectional experiences of transgender SA survivors, including those from diverse cultural backgrounds, and explore the long-term impact of positive counseling experiences on their mental health outcomes and resilience. Moreover, the counseling profession should utilize



these findings to advocate for policy changes, promote inclusive practices, and prioritize the well-being of transgender SA survivors within counseling and mental health services. It is crucial to actively involve transgender SA survivors in shaping counseling practices and ensure that counselors receive adequate training in affirmative therapy and sexual and gender-affirmative mental healthcare practices.

This study not only sheds light on the positive counseling experiences of transgender SA survivors but also emphasizes the importance of affirmative and trauma-informed care within the counseling profession aligning with previous literature. The insights from this study offer significant guidance for creating inclusive and supportive environments for transgender individuals affected by SA, contributing to the advancement of counseling practices in meeting the specific needs of transgender SA survivors. The findings from this study underscore the need for counselors to develop inclusive therapeutic environments and integrate trauma-informed and culturally competent approaches when working with transgender SA survivors.

Moving forward, the counseling profession can utilize these findings to advocate for policy changes, promote inclusive practices, and prioritize the well-being of transgender SA survivors within counseling and mental health services. This discussion sets the stage for future research and advancements in counseling practices to better serve the needs of transgender SA survivors and promote healing within this community. Furthermore, this study underscores the importance of actively involving transgender SA survivors in shaping counseling practices.

While the participants' narratives provided emphasize the importance of counselors approaching counseling with cultural humility and affirming the diverse experiences and identities within the transgender community, some may argue that prioritizing specific counseling approaches for certain groups could result in the neglect of other survivors who also

have unique needs and experiences. Additionally, some individuals may argue that incorporating specific competencies and training related to transgender SA survivorship could place an overwhelming burden on counselors who already have extensive responsibilities and limited time for professional development. The integration of trauma-informed and culturally competent approaches into counseling practices is undoubtedly important, but it may pose challenges in terms of resource allocation and practical implementation within counseling curricula and professional development programs. Counselors should consider that providing culturally competent and affirming care for transgender SA survivors requires ongoing education and training, as well as a commitment to self-reflection and cultural humility. This ongoing commitment are within the ACA code of ethics and should be actively practiced by counselors working with all clients (ACA, 2014). Therefore, it is crucial for mental health professionals, including counselors, to receive adequate training in affirmative therapy and sexual and gender-affirmative mental healthcare practices to effectively support all survivors of SA.

The findings of this study highlight the significance of existing professional competencies and emphasize the need for inclusive discussions involving transgender individuals when developing such competencies. It is crucial to clearly define the concept of being trans-affirming, ensuring that counselors are equipped to effectively support both the gender identities and trauma experiences of their clients. By concentrating on these identified strengths in counselor education and counseling, counseling practices can be enhanced to foster a more inclusive and empowering therapeutic environment for transgender survivors. To provide effective support for transgender SA survivors, counselors must build upon existing strengths and address the gaps that have been recognized. Additionally, this study reveals the importance

of care from a trauma-informed lens that acknowledges SA trauma and trauma transgender individuals face as they are important to provide effective and caring meaningfully.

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## **Appendices**

### **Appendix A Informed Consent**

#### **UNIVERSITY OF GEORGIA CONSENT LETTER**

##### **An Interpretational Phenomenological Analysis: Transgender Sexual Assault Survivors' Positive Experiences in Counseling**

Dear Participant,

My name is Adrienne Graham, and I am a student in the Counseling & Human Development Services Department at the University of Georgia under the supervision of Dr. C. Missy Moore. I am inviting you to take part in a research study.

I am doing research on transgender sexual assault survivors' positive experiences in counseling. The purpose of this research study is to learn more about transgender sexual assault survivors' positive counseling experiences of and meaning made within the counseling context. Specifically, I am interested in the practices that transgender sexual assault survivors experienced during counseling and learning more about their stories of counseling experiences, what made them positive, and meaning made.

I am looking for transgender sexual assault survivors who engaged in at least 6 counseling sessions. You are being invited to be in this research study because you identify as a transgender survivor of sexual assault who engaged in counseling for at least 6 sessions and are above 18 years old. Eligible participants must have actively participated in counseling for a minimum of six sessions and should not have concluded these services more than two years ago. Participants will receive a \$30 Visa eGift card that will be emailed to the email address you provide to the researcher. Your email will be shared via the online Visa giftcard checkout to receive the eGift card. Payment incentives will be prorated to participants who are unable to complete the entire research study.

If you agree to take part in this study, you will be asked to participate in one 90 minute interview during the spring of 2024. There will be 1 session. This session will be 90 minutes and will be via Zoom. This interview will be recorded and later transcribed. Interview questions will ask about your salient identities, your experiences of positive counseling services, and meaning making during the process of receiving counseling services.

Participation is voluntary. You can refuse to take part or stop at any time without penalty. Additionally, you do not need to share any information that you are uncomfortable sharing. You are welcome to skip answering any questions that make you uncomfortable. If you disclose you are triggered and need mental health support, I will terminate participation and end all interviews

to provide you support via mental health, crisis, or other resources as needed. If you decide to withdraw from the study or the investigator terminates your participation, the information that can be identified as yours will be kept as part of the study and may continue to be analyzed, unless you make a written or verbal request to the researcher to remove, return, or destroy the information. Your decision to participate will have no impact in your participation in any other programs.

There are questions that may make you uncomfortable. You can skip these questions if you do not wish to answer them. To ensure safety and minimal risk of re-traumatization, I will take steps to minimize potential risks to participants through ongoing check-ins about support and access. I will provide national supports, and I will debrief with all participants to ensure safety and the need for follow up care and referrals to services.

Your participation in this study may help us to better understand how transgender sexual assault survivors can best be supported in counseling and inform competencies. It is my hope that findings from this research will have a positive influence on counselor education preparation, competence, and professional development. Your responses may help us understand more ways to provide affirming counseling to transgender survivors of sexual assault.

I will take steps to protect your privacy, but there is a small risk that your information could be accidentally disclosed to people not connected to the research. To reduce this risk, I will change all identifying details and will use the pseudonym provided in the initial screening questionnaire in all data materials including the transcript and interview. Interview recordings will be stored securely in my data files on a password protected computer that only I can access until they are transcribed, at which time, they will be destroyed. Audio recordings will be transmitted via the internet for transcription. Every reasonable effort to ensure the effective use of available technology will be taken; however, complete confidentiality during online communication cannot be guaranteed. No individually identifiable information will be shared with anyone outside of the research team unless required by law. Research records will be labeled with study IDs that are linked to you by a separate list that includes your name. This list will be destroyed once we have finished collecting information from all participants. Deidentified data may be shared with other researchers and may be used in the future for other unspecified research purposes.

Please feel free to ask questions about this research at any time. If you are interested in participating or have questions about this research, please feel free to contact me, Adrienne Graham, at 706-410-5166 or arshook@uga.edu. If you have any complaints or questions about your rights as a research volunteer, contact the IRB at 706-542-3199 or by email at IRB@uga.edu.

Please keep this letter for your records.

Sincerely,

Adrienne Graham

Lead co-investigator



### **Appendix B Sample Recruitment Message**

Transgender individuals who have experienced sexual assault during college may be eligible to participate in a paid research study. Participants who complete the study receive \$30 in compensation for their time.

Inclusion criteria for participation will be the following:

1. Identify as transgender,
2. Are 18+ years old,
3. Attended positive counseling services for at least six sessions,
4. Have access to the internet, and
5. Speak English.

Exclusion criteria for participants include those who indicated that they experienced SA less than six months before the study will be excluded to reduce the potential for psychological distress.

Participants in this two-part study will:

1. Complete a screening questionnaire (linked here)
2. Engage in 1 one on one interview

All identifying information will be kept confidential to the extent allowed by law and university policy.

Please contact [arshook@uga.edu](mailto:arshook@uga.edu) with “Research Study” in the subject line for more information about this study.

Contact: Adrienne Graham, UGA Counselor Education & Supervision ([arshook@uga.edu](mailto:arshook@uga.edu))

## Appendix C

### Screening Protocol

#### Page 1

TRIGGER WARNING: This survey asks about your personal experience with sexual assault. Some may find these questions distressing. Information on how to get help from crisis agencies are at the end of the survey.

Thank you for your interest in participating in this paid research opportunity. Please respond to the following questions to determine your eligibility to participate.

1. As of your last birthday, are you above 18 years old?
  - a. Yes
  - b. No
2. Do you identify as transgender?
  - a. Yes
  - b. No
3. Has it been at least six months since SA victimization occurred?
  - a. Yes
  - b. No
4. Did you receive positive counseling services?
  - a. Yes
  - b. No
5. Did you attend positive counseling services for at least six sessions?
  - a. Yes
  - b. No

#### Page 2

### Informed Consent to Participate in Research Study

Title of Study: AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS:  
TRANSGENDER SEXUAL ASSAULT SURVIVORS' EXPERIENCES OF AFFIRMING  
COUNSELING SERVICES

### UNIVERSITY OF GEORGIA CONSENT LETTER

**An Interpretational Phenomenological Analysis: Transgender Sexual Assault Survivors'  
Positive Experiences in Counseling**

Dear Participant,

My name is Adrienne Graham, and I am a student in the Counseling & Human Development Services Department at the University of Georgia under the supervision of Dr. C. Missy Moore. I am inviting you to take part in a research study.

I am doing research on transgender sexual assault survivors' positive experiences in counseling. The purpose of this research study is to learn more about transgender sexual assault survivors' positive counseling experiences of and meaning made within the counseling context. Specifically, I am interested in the practices that transgender sexual assault survivors experienced during counseling and learning more about their stories of counseling experiences, what made them positive, and meaning made.

I am looking for transgender sexual assault survivors who engaged in at least 6 counseling sessions. You are being invited to be in this research study because you identify as a transgender survivor of sexual assault who engaged in counseling for at least 6 sessions and are above 18 years old. Eligible participants must have actively participated in counseling for a minimum of six sessions and should not have concluded these services more than two years ago. Participants will receive a \$30 Visa eGift card that will be emailed to the email address you provide to the researcher. Your email will be shared via the online Visa giftcard checkout to receive the eGift card. Payment incentives will be prorated to participants who are unable to complete the entire research study.

If you agree to take part in this study, you will be asked to participate in one 90 minute interview during the spring of 2024. There will be 1 session. This session will be 90 minutes and will be via Zoom. This interview will be recorded and later transcribed. Interview questions will ask about your salient identities, your experiences of positive counseling services, and meaning making during the process of receiving counseling services.

Participation is voluntary. You can refuse to take part or stop at any time without penalty. Additionally, you do not need to share any information that you are uncomfortable sharing. You are welcome to skip answering any questions that make you uncomfortable. If you disclose you are triggered and need mental health support, I will terminate participation and end all interviews to provide you support via mental health, crisis, or other resources as needed. If you decide to withdraw from the study or the investigator terminates your participation, the information that can be identified as yours will be kept as part of the study and may continue to be analyzed, unless you make a written or verbal request to the researcher to remove, return, or destroy the information. Your decision to participate will have no impact in your participation in any other programs.

There are questions that may make you uncomfortable. You can skip these questions if you do not wish to answer them. To ensure safety and minimal risk of re-traumatization, I will take steps to minimize potential risks to participants through ongoing check-ins about support and access. I will provide national supports, and I will debrief with all participants to ensure safety and the need for follow up care and referrals to services.

Your participation in this study may help us to better understand how transgender sexual assault survivors can best be supported in counseling and inform competencies. It is my hope that findings from this research will have a positive influence on counselor education preparation, competence, and professional development. Your responses may help us understand more ways to provide affirming counseling to transgender survivors of sexual assault.

I will take steps to protect your privacy, but there is a small risk that your information could be accidentally disclosed to people not connected to the research. To reduce this risk, I will change all identifying details and will use the pseudonym provided in the initial screening questionnaire in all data materials including the transcript and interview. Interview recordings will be stored securely in my data files on a password protected computer that only I can access until they are transcribed, at which time, they will be destroyed. Audio recordings will be transmitted via the internet for transcription. Every reasonable effort to ensure the effective use of available technology will be taken; however, complete confidentiality during online communication cannot be guaranteed. No individually identifiable information will be shared with anyone outside of the research team unless required by law. Research records will be labeled with study IDs that are linked to you by a separate list that includes your name. This list will be destroyed once we have finished collecting information from all participants. Deidentified data may be shared with other researchers and may be used in the future for other unspecified research purposes.

Please feel free to ask questions about this research at any time. If you are interested in participating or have questions about this research, please feel free to contact me, Adrienne Graham, at 706-410-5166 or arshook@uga.edu. If you have any complaints or questions about your rights as a research volunteer, contact the IRB at 706-542-3199 or by email at IRB@uga.edu.

Please keep this letter for your records.

Sincerely,

Adrienne Graham

Lead co-investigator

### Page 3

1. What is your age as of your last birthday? \_\_\_\_\_
2. How would you describe your sexual orientation? \_\_\_\_\_
3. Please describe your gender identity: \_\_\_\_\_
4. Please list your identified pronouns: \_\_\_\_\_
5. How would you describe your racial or ethnic identity? (select all that apply)
  - a. White
  - b. Hispanic, Latino/Latina
  - c. Black or African American
  - d. Asian or Asian Indian

- e. American Indian or Alaska Native
  - f. Middle Eastern or North African
  - g. Pacific Islander or Native Hawaiian
  - h. Prefer to self-describe: \_\_\_\_\_
6. The following questions will ask about your positive counseling experience.
- a. Approximately when did you begin positive counseling services (month, year)?: \_\_\_\_\_
  - b. Approximately when did you end positive counseling services (month, year) or are you currently still with the same provider?
    - i. Currently with same provider
    - ii. Ended (month, year): \_\_\_\_\_
  - c. What counseling format did you engage in (face to face, telehealth, hybrid, etc)?
  - d. What setting was your counseling experience in (college setting, private practice, etc)?
  - e. How often did you attend positive counseling (weekly, bi-weekly, monthly)?
  - f. How many sessions did you have in the positive counseling setting?
7. Please create a pseudonym: \_\_\_\_\_
- a. If you are unsure of a pseudonym, we can discuss options
8. Email will be the primary method of contact between you and the researcher. Please provide your preferred email address: \_\_\_\_\_

#### **Page 4**

#### **National Crisis Resources**

##### National Hotlines

RAINN (800) 656-HOPE(4673)

National SV Resource Center (NSVRC) Website: <https://nsvrc.org/>

National Domestic Violence Hotline 1-800-799-7233

National Alliance on Mental Illness (NAMI) Helpline: 800-950-NAMI

Crisis text: "NAMI" to 741741

Trevor Project Lifeline: 1-866-488-7386

Suicide Prevention Lifeline: 1-800-273-8255

Trans Lifeline: 1-877-565-8860

## **Appendix D**

### **Interview Protocol**

1. Tell me about yourself.
  - a. How did your salient identities shape your needs in counseling?
2. What was important to consider when you were looking for counseling given your salient identities?
  - a. Tell me more about that.
3. Describe your process and decision to seek counseling services.
  - a. Tell me about that moment in time.
4. Describe the counselor's qualities that were important to you when choosing a counselor?
  - a. How did the counselor embody these qualities.
5. How would you describe the overall relationship between you and your counselor?
  - a. What specific qualities or behaviors of the counselor contributed to this?
6. What made counseling a positive experience?
  - a. What are some specific examples?
7. What strategies or techniques were particularly helpful in your counseling sessions?
  - a. Tell me more about that.
8. What was not particularly helpful within your counseling experience?
9. What aspects of the counseling process contributed to a positive experience for you?
  - a. Tell me more about those aspects.
10. How did your experience in counseling compare to your expectations for counseling?
  - a. How did this compare to previous experiences in counseling (if applicable)?
11. How did the counseling experience contribute to your overall sense of well-being?
  - a. What are some examples?
12. Tell me about changes in your life since you experienced counseling?
  - a. How have you made sense of those changes?
13. If you could tell your counselor now about your counseling experience, what would you want them to know?
14. Is there anything else you would like to share about your experiences that we did not address?

At the end of the interview, I reminded participants to confirm receipt of their e-gift card.

## Appendix E

### Recruitment Flyer and Social Media Graphic

**Are you interested in participating in a study that explores Transgender sexual assault survivors' experiences of counseling services?**



If you're interested in participating, please scan this QR code or visit the link in the caption

### **Eligibility:**

- Identify as transgender and are 18+ years old
- Identify as a survivor of sexual assault
- Engaged in a minimum of 6 counseling sessions (should not have concluded counseling services more than 2 years ago) that you perceived as positive

Involves participating in one 90 minute interview via Zoom

Participants will receive \$30 as an incentive

If you have any questions, please email Adrienne Graham: [arshook@uga.edu](mailto:arshook@uga.edu)

# PARTICIPANTS NEEDED

An Interpretative Phenomenological Analysis:  
Transgender Sexual Assault Survivors' Counseling  
Experiences

## WHO IS ELIGIBLE?

- ✓ Identify as transgender and 18+ years old,
- ✓ Identify as a survivor of sexual assault,
- ✓ Engaged in a minimum of 6 counseling sessions (should not have concluded counseling services more than 2 years ago) that you perceived as positive



## DESCRIPTION OF STUDY

You will be asked to participate in one 90-minute interview to share about your experiences in counseling.

Participants will be paid \$30 for their participation.

## INTERESTED?

Please contact Adrienne Graham at 706-410-5166 or [arshook@uga.edu](mailto:arshook@uga.edu) or Dr. C. Missy Moore at [missy.moore@uga.edu](mailto:missy.moore@uga.edu)



Mary Frances Early  
College of Education  
UNIVERSITY OF GEORGIA

