Tolerating transphobia in substance abuse counseling: perceptions of trainees

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Tolerating Transphobia in Substance Abuse Counseling: Perceptions of Trainees

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ABSTRACT
Organizational tolerance for discrimination against people who identify as transgender is a significant social justice issue affecting all organizations, including substance abuse counseling and human services organizations. Substance abuse counseling and human services organizations promote inclusive practices with people of various gender identities and expressions, yet there may be organizational climate factors that challenge inclusive practice. This exploratory study sought to address that gap by examining perceived organizational tolerance for transphobia within a cross-sectional sample of substance abuse counselor trainees completing an internship in the state of Texas. Overall, counselor trainees reported low tolerance of transphobia within their organizations. Yet, the sample offered insights concerning how people with nonbinary gender identity and expression may be otherwise ostracized within their substance abuse counseling and human services organizations. Discussion about how these experiences can influence practice, policy, education, and research in the substance abuse counseling and human services fields is presented for further consideration.

KEYWORDS
Gender identity and expression; human services; organizational behavior; substance abuse counseling; transphobia

Transphobia includes negative attitudes about people who fail to conform to the gender identity of their biological sex and the social privileging of cisgender (i.e., nontransgender) identities (Hill & Willoughby, 2005; Johnson, 2013; Nagoshi et al., 2008; Norton & Herek, 2013). Though there is evidence that tolerance for transphobia exists within many organizations (Badgett, Lau, Sears, & Ho, 2007; Norton & Herek, 2013), less is known about tolerance for transphobia within substance abuse counseling and human services organizations, many of which profess to provide services that are sensitive to gender identity and expression (American Counseling Association [ACA], 2013; American Medical Association [AMA], 2013; National Association of Social Workers [NASW], 2005). This paper presents the results of a pilot study on the perceptions of transphobic tolerance among counseling trainees in substance abuse counseling and human services organizations within the state of Texas.

Organizational tolerance and the law
Contributing to tolerance for transphobia in the United States is the absence of consistent laws to protect individuals in the workplace from discriminatory behavior based on gender identity and expression. While legislation can never fully prevent discrimination, legislation can serve as an important deterrent for potential offenders. The evidence, at present, indicates that laws protecting transgender people are urgently needed. A think tank on sexual orientation and gender identity, the Williams Institute, estimates that between 15% and 57% of transgender workers experience
employment discrimination based on gender identity or expression (Badgett et al., 2007). How current legislation addresses such discrimination is unknown. Title VII of the Civil Rights Act of 1964 provides that no action may be taken based on a person’s sex that discriminates against her or him with respect to compensation, terms, conditions, or privileges of employment. The federal Equal Opportunity Employment Commission ([EEOC], 2012) currently responds to complaints of discrimination based on gender identity and expression, conceptualized as “sex discrimination”; yet, except for cases of overt discrimination, the burden of proof for such a complaint can be quite high.

In 2011, Don’t Ask Don’t Tell (DADT) was fully repealed, meaning that sexual minorities cannot be barred from the military solely based on a disclosure of sexual orientation (Servicemembers Legal Defense Network, 2011). During the previous era, thousands of servicemembers were discharged from the military because of their perceived or actual sexual orientation identity (Frank, 2009; Gates & Rodgers, 2014). However, the repeal of DADT does not apply to sexual minorities who have a transgender identity.

Transgender employees, however, are beginning to have stronger policy protections in other areas of federal government. In 2014, President Barack Obama signed an executive order banning discrimination based on gender identity/expression for federal employees and for employees who work for contractors of the federal government (White House, 2014). This policy change, while limited in scope, serves to protect many more transgender employees, as federal contractors employ nearly 28 million workers, or 20% of the workforce (Human Rights Campaign [HRC], 2014a). Broader nondiscrimination laws that explicitly protect transgender workers, however, have failed. The Employment Non-Discrimination Act (ENDA), which would protect all workers based on gender identity and expression has passed the Senate but is stalled in the House (United States Senate, 2013). Legislative stalling has plagued ENDA and other forms of protection for LGBT communities over the last several decades.

Though wrought with inconsistencies, protections based on gender identity and expression have been more successful through changes in state laws. Some progressive jurisdictions, recognizing the need for treating transgender workers as a protected class, have passed their own laws that recognize gender identity alongside sex, sexual orientation, race and ethnicity, religion, and other class protections. At present, 18 states and the District of Columbia have explicit protections against discrimination based on gender identity (HRC, 2014d). Within Texas, several jurisdictions offer explicit protections based on gender identity and expression. Jurisdictional ordinances that protect workers based on gender identity and expression have been concentrated in the major metropolitan areas, including Austin, Dallas, El Paso, Fort Worth, Houston, and San Antonio (HRC, 2014b). Texas state law, however, does not offer protections based on gender identity and expression (Texas Workforce Commission, 2013). Workers in Texas jurisdictions without protections could be fired or otherwise denied employment because of gender identity or expression.

Organizational tolerance and contextual factors within the environment

Laws that protect workers from discrimination based on gender identity and expression are only a beginning. Environmental factors within the workplace, including explicit policies that protect workers and an underlying organizational climate that appreciates the contributions of transgender employees, matter a great deal. Organizational climate refers to individual and shared perceptions of workplace values, policies, and behaviors that inform the way the organization does business (Denison, 1996). Organizational climate can affect how an organization meets its operational mission, which includes how teams support one another, resolve conflict, and engage in innovation (Barney, 1986; Büschgens, Bausch, & Balkin, 2013; Way, Jimmieson, & Bordia, 2014). In human service settings, nonsupportive organizational climates can contribute to high stress and turnover affect service delivery (Aarons & Sawitzky, 2006; Glisson & Hemmelgarn, 1998; Glisson & James, 2002).

Currently, over 400 Fortune 500 companies have workplace policies that forbid discrimination based on sexual orientation and/or gender identity (HRC, 2014c). Some internal policies likely
developed organically, reflecting a shift in attitudes within the organization and the need for specific responses to transgender employees. Others organizations, however, have changed their policies in response to significant pressure from LGBTQ advocacy organizations. For example, in the last decade, HRC has staged boycotts of several prominent corporations including Target and Coors. While these boycotts could never completely eradicate workplace discrimination within these organizations, they have influenced organizations to consider how their treatment of gender non-conforming people may affect the bottom line of the organization.

A large national study ($n = 6,450$) spearheaded by the National Center for Transgender Equality and the National Gay and Lesbian Task Force found that 90% of transgender employees faced harassment or ill-treatment or acted to avoid such treatment at their work site (Grant et al., 2011). Many participants reported hiding their gender or gender transition (71%) or delaying their gender transition (57%) as a means of avoiding negative treatment at work (Grant et al., 2011). Participants further reported a rate of unemployment nearly double that in the general population, and almost half (47%) reported experiencing an adverse job action, such as being overlooked in a hire, being fired, or being denied a promotion (Grant et al., 2011).

Further research has reinforced the high rate of harassment and discrimination that transgender employees face at work (Brewster, Velez, Mennicke, & Tebbe, 2014; Budge, Tebbe, & Howard, 2010; Dispenza, Watson, Chung, & Brack, 2012; Kirk & Belovics, 2008; Maguen, Shiperd, & Harris, 2005; Mizock & Mueser, 2014; Sangganjanavanich & Cavazos, 2010). In a qualitative study with nine transgender persons, all reported occupational experiences with discrimination based on their transgender identities (Dispenza et al., 2012). Employment has also been associated with higher rates of internalized transphobia and greater likelihood of experiencing both internalized and external forms of stigma (Mizock & Mueser, 2014).

The limited empirical evidence available on the occupational experiences of transgender people suggests that these environmental factors matter a great deal. Law, Martinez, Ruggs, Hebl, and Akers’ (2011) study of individual and organizational characteristics affecting job attitudes of transgender employees found that transgender employees who have supportive coworkers tend to be more satisfied at work, tend to have a greater commitment to their employers, and tend to enjoy working for their organizations. They are more committed to their organizations because their organizations have a demonstrable commitment to them (Law et al., 2011). Support from coworkers and supervisors can also be a key factor in making gender transition while working an easier process (Brewster et al., 2014). In contrast, a lack of coworker support can be difficult to cope with (Budge et al., 2010) and may lead to employees feeling so concerned for their personal safety that their work within the organization may be a lesser priority.

Developing trusting and respectful relationships with colleagues is a significant factor affecting workplace well-being (Dewaele, Cox, Van den Berghe, & Vincke, 2011; Giffords & Dina, 2003; Helliwell & Putnam, 2005; Jang, 2009; Sonnentag, 2001). When trusting and respectful workplace relationships are present, they can provide important interpersonal and emotional support and create a place for employees to flourish, both professionally and personally. However, when workplace relationships are contentious and disrespectful, both the individual worker and the organization can suffer (Welbourne, Eggerth, Hartley, Andrew, & Sanchez, 2007). Less work is done because of the personal stress associated with being at work. This is particularly relevant in the United States and other developed nations where many hours of the day are spent working. Negative work relationships can also have a spillover effect, negatively impacting the lives of workers outside work (Major, Fletcher, Davis, & Germano, 2008; Major, Klein, & Ehrhart, 2002). Workers who are unhappy with their work life often bring this unhappiness home to their spouse, family, and community (Warr, 1999).

**Organizational tolerance in substance abuse counseling and human services**

Because the empirical literature on transgender individuals within organizations is sparse, little is known about organizational tolerance for transphobia within substance abuse counseling and human
services organizations. Stated positions tend to be trans positive and aspirational in nature. Most of the mainstream professional organizations in substance abuse counseling and human services organizations call for their members to treat those who are transgender or gender nonconforming with dignity and respect (ACA, 2013; AMA, 2013; NASW, 2005). Yet, how those stated positions get operationalized in substance abuse counseling and human services organizations is far from clear. Whether these aspirational statements from professional organizations actually lead to a more welcoming environment for trans workers is unknown. Moreover, a social privileging of workers with cisgender identities may exist, even among organizations that pride themselves on being trans sensitive.

Much of the research to date, on organizational tolerance for transphobia in substance abuse counseling and human services organizations has focused on lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities as a whole. Within the substance abuse counseling and human services literature, the focus tends to be primarily on gay and lesbian identities instead of on people who are gender nonconforming. As a practical matter, transgender and other gender-nonconforming workers may be a hidden or harder-to-reach population (Muhib et al., 2001; Sell & Petrulio, 1996). When possible, these individuals may prefer to remain hidden out of fear that their employment may be in jeopardy if they are found out.

The existing literature largely notes that there has been progress made toward reducing stigmatizing attitudes and beliefs about LGBTQ people within human services, counseling, and allied health professions (Black, Oles, & Moore, 1998; Köllen, 2015; Kulkkin, Williams, Boykin, & Ahn, 2009; Swank & Raiz, 2010). Much of the research has been done in educational settings, possibly embracing pragmatism. For instance, Logie, Bridge, and Bridge’s (2007) study found that the human services students have positive attitudes toward sexual minorities. However, negative attitudes were found among students who were religious, and these students had a higher tolerance for negative attitudes about sexual minorities than those who were nonreligious. Similar results have also been found in human services faculty. Ben-Ari’s (2001) study of the attitudes and behaviors toward homosexuality of faculty in several human services and counseling disciplines found that human services faculty members have low levels of homophobia, with religiosity being a significant predictor of homophobic attitudes.

Outside substance abuse counseling and human services educational settings, tolerance for negative attitudes toward LGBTQ people is far from clear. In a qualitative study of recipients’ experiences with heterosexism, Chapman and colleagues (2012) found that service recipients have mixed experiences with their practitioners. One client noted that most providers were sensitive to LGBTQ issues, while another noted that she “felt like I have spent a lot of time educating” (p. 1131) her providers about how to be sensitive. Furthermore, substance abuse counseling and human services practitioners may have the desire to be trans sensitive but may lack the knowledge and skills necessary to do so. Other studies have found that some substance abuse counseling and human services practitioners have negative views toward LGBTQ individuals. They may not engage in behaviors that are overtly homophobic and/or transphobic, but may have general discomfort around LGBTQ people (Irwin, 2007; Sinding, Barnoff, & Grassau, 2004; Walpin, 1997).

Transgender individuals may also experience stigma and discrimination in health care settings (Kosenko, Rintamaki, Raney, & Maness, 2013; Sperber, Landers, & Lawrence, 2005). In a survey of 152 transgender adults, 71% reported at least one incident of mistreatment while obtaining health care services (Kosenko et al., 2013). The incidents described by participants included displays of discomfort, denial of services, gender insensitivity, verbal abuse, substandard care, and forced care. The experience of discrimination and stigma in healthcare settings may also lead transgender individuals to eventually underutilize health care services (Nemoto, Operario, & Keatley, 2005).

The uncertainty of how to respond to transgender people in substance abuse counseling and human services organizations can perhaps be best illustrated through the current treatment of transgender and other gender-nonconforming people in psychiatry. In the current Diagnostic and Statistical Manual of Mental Disorders: DSM-5 is the diagnosis of gender dysphoria, defined as a marked difference between a person’s gender identity and the gender that would be assigned by others (American Psychiatric Association, 2015). Many human services and counseling professions,
especially in mental health settings that provide assessment, diagnosis, and treatment, look to the
*DSM* as the gold standard of so-called medically necessary care (Newman, Dannenfelser, & Clemons, 2007; Rapp & Gosh, 2006). For a gender dysphoria diagnosis, the gender dysphoria must cause significant distress and/or impairment in major life domains, including school and/or work. On the one hand, a diagnosis of gender dysphoria has the positive effect of qualifying a person for treatment that would allow her or him to surgically and/or hormonally transition (Cohen-Kettenis & Pfafflin, 2010). However, the use of this diagnosis in substance abuse counseling and human services settings may also reinforce the idea that transgender people are inherently disordered (Lev, 2006).

The existing literature identifies that training for human services and healthcare professionals working with transgender clients is limited (Maguen et al., 2005; Nemoto et al., 2005; O’Hara, Dispenza, Brack, & Blood, 2013; Riley, Wong, & Sitharthan, 2011; Salisbury & Dentato, 2015; Sangganjanavanich & Cavazos, 2010; Walker & Prince, 2010). Specifically, providers could benefit from additional training on issues facing the transgender community, including gender transition, hormone use, HIV/AIDS, mental health issues, and substance abuse issues (Nemoto et al., 2005). A qualitative study with counselor trainees found that students felt ill prepared to work with transgender clients, particularly because of a lack of knowledge of and exposure to this population (O’Hara et al., 2013).

Because little is known about attitudes toward transgender people in substance abuse counseling and human services settings, the present pilot study sought to understand counselor trainee perceptions of organizational tolerance in these settings. The following questions guided the present study: (1) To what extent do Texas counselor-trainees report organizational tolerance for transphobia? and (2) What are the counselor-trainees’ experiences of the awareness of transgender issues within their substance abuse counseling and human services organizations?

**Method**

To examine Texas counselor-trainees’ perceptions of organizational tolerance for transphobia and the counselor-trainees’ awareness of transgender issues within their substance abuse counseling and human services organizations, a pilot study with a cross-sectional design was used. Pilot studies can be useful for assessing the feasibility of a larger study and testing the utility of a particular research instrument (Rubin & Babbie, 2012). Because no prior studies have addressed the planned research questions, a pilot study was deemed by the researchers to be suitable for evaluating the feasibility of the protocol.

**Procedures**

Following receipt of institutional review board approval, a simple random sample of 300 registered substance abuse counselor-trainees in the state of Texas was generated using a publicly available mailing list of active counselor-trainees obtained from the Department of State Health Services website. Eligible participants who were at least 18 years of age were asked to voluntarily complete a survey of counselor-trainees’ perceptions of transphobia. Participants were informed that they did need to be gay, lesbian, bisexual, or transgender to participate in the study. A paper instrument along with an addressed, stamped envelope was provided in each mailing. Additionally, an Internet link was provided for participants who wished to complete the survey electronically. Participants who elected to submit their email address to the researchers were eligible to be entered into a drawing to win one of two $25 gift certificates to a major Internet retailer.

Data for the study were collected between February and May 2014. Of the 300 surveys and return envelopes mailed, 55 were returned as undeliverable. Of the 245 possible participants, 25 (10.2%) responded by either returning the paper survey (n = 23; 92%) or starting the online survey (n = 2; 8%). Though the total response rate was low, the researchers anticipated a lower response from the
beginning because of the possible perceived sensitivity of the survey (Edwards et al., 2002), likelihood of lower response because of a lack of systematic reminders sent by mail, and perceived time burden of a longer survey (Dillman, 2000).

Measures

Organizational tolerance for transphobia (OTT)

Prior to the study, existing instruments that could capture OTT within substance abuse counseling and human services organizations were assessed. No suitable instruments were found. However, instruments were available that assessed organizational tolerance for heterosexism (Waldo, 1999) and genderism/transphobia (Hill & Willoughby, 2005).

Waldo’s (1999) Organizational Tolerance for Heterosexism Inventory (OTHI) is a vignette-based instrument in which participants rate their perceptions of organizational tolerance of heterosexism within their organizations. The OTHI is unique in that participants rate perceived tolerance for heterosexism within their organizations without necessarily endorsing tolerance for heterosexism. The vignettes measure how the participants perceive the organization would react if a supervisor or coworker stated that LGBTQ people are perverted, made heterosexist assumptions about marriage, or made statements suggesting that LGBTQ workers should remain closeted. For each of the vignettes, participants rated perceived risk of complaints, likelihood that the complaint would be taken seriously, and consequences of the complaint for the perpetrator using a 5-point Likert scale. The OTHI had high internal consistency ($\alpha = 0.97$) in the original instrument development study (Waldo, 1999).

Hill and Willoughby’s (2005) Genderism and Transphobia Scale (GTS) is a 32-item scale that measures emotional disgust, harassment, violence, and discrimination against gender-nonconforming people. GTS used a 7-item Likert scale and asked for participants to rate their own behaviors on a variety of items such as “sex change operations are morally wrong” and “women who act like men should be ashamed of themselves.” Participants were also asked to respond to how they might react upon encountering people who fail to adhere to gender norms, with items such as “I would consider beating up a man who wears high-heeled shoes, stockings and makeup.” The complete GTS had an overall high internal consistency ($\alpha = 0.96$) in the instrument development study (Hill & Willoughby, 2005).

To meet the goals of the present study, the investigators adapted the OTHI and GTS to create an OTT scale that included 6 vignettes measuring organizational tolerance for transphobia. The five items measuring transphobia were selected based both on the investigators’ experiences working with gender-nonconforming people in substance abuse counseling and human services organizations and items that had moderate to strong correlation coefficients (ranging from .60 to .81) in the GTS instrument development study. The vignettes used for the present study measured how the participants perceive the organization would react if a supervisor or coworker made transphobic statements, particularly the perceived risk of complaints, likelihood that the complaint would be taken seriously, and consequences of the complaint for the perpetrator, using a 5-point Likert scale.

Analysis

Data were analyzed using SPSS 22.1. Subscale responses were summed to create (a) a risk of making a formal complaint, (b) a likelihood that a complaint would be taken seriously, and (c) an anticipated response to complaint. The potential range of scores on each subscale was 6 to 30, with a higher score equaling lower tolerance for transphobia. Independent samples t tests were used to determine whether there were significant differences between the mean scores for each of the organizational tolerance for transphobia items according to (a) participants who identified as White versus non-White, (b) participants who worked in primary substance abuse treatment settings versus participants who worked in other human services settings, and (c) participants with master’s degrees versus participants with less than a master’s degree.
Results
A total of 23 participants completed the survey in its entirety. Participants’ ages ranged between 18 and 62 years, with an average age of 39.14 (SD = 10.29). One participant declined to provide her or his age. Approximately half (n = 12, 52.2%) of the participants identified as White. Most participants identified themselves as heterosexual (n = 21, 91.3%) and female (n = 20, 87%). Many (n = 14, 60.9%) of the participants reported having earned at least a master’s degree. Over half (n = 13, 56.5%) of the participants reported working in a primary substance abuse treatment setting.

Quantitative analysis
A list of the vignettes is displayed in Table 1. The extent to which participants perceived their organizations to tolerate transphobia is displayed in Table 2. More than half (n = 13, 56.5%) of the participants stated that if a coworker stated that sex change operations are morally wrong, making a complaint would be only slightly risky or not risky at all. Most (n = 19, 82.6%) of the participants reported that there would be a good or very good chance that the complaint would be taken seriously. More than half (n = 13, 56.5%) reported that there would be a formal warning or serious punishment. Results were similar on other coworker items and supervisor items. For example, if a supervisor were to state that if she or he encountered a male who wore high-heeled shoes, stockings, and makeup, she or he would consider beating him up, a complaint would be only slightly risky or not risky at all (n = 14, 60.9%). Participants reported that there would be a good or very good chance (n = 19, 82.6%) that the complaint would be taken seriously and that there would be a formal warning or serious punishment (n = 16, 69.6%) for the comments.

Table 3 shows the mean summed transphobia tolerance scores. Overall, summed scores showed that, on average, the risk of making a formal complaint would be only slightly risky and the complaint would likely be taken seriously. However, the anticipated response would be that the employee would be told to stop. Typically, participants perceived that there would be no formal warning or further action taken.

Participants were asked about specific services offered at their organizations for lesbian, gay and bisexual (LGB) clients as well as those for transgender clients. While four (17.4%) participants reported specific programming for LGB clients, only one (4.3%) reported that such programming was offered for transgender clients.

Qualitative responses
The researchers then examined qualitative responses in an attempt to extrapolate insights related to the overall environment for transgender clients at Texas substance abuse counseling facilities. The research team reviewed the individual responses and assigned them to predetermined categories. Responses were categorized as demonstrating high, moderate, low, or no awareness. The ratings were then reviewed collaboratively to reach consensus. Participants were asked to describe the general level of awareness about transgender issues at their internship sites. Of the 22 responses, 27.3% (n = 6) reported no awareness, 18.2% (n = 4) displayed a low level of awareness, 27.3% (n = 6)
exhibited a moderate level of awareness, and 27.3% \((n = 6)\) indicated a high level of awareness about transgender issues. Sample responses included:

“None. Sexual orientation is not addressed only addictions.” (no awareness)

“Very little, not many coworkers or staff believe that training on this issue is as important as other topics such as HIV prevention or treatment for substance abuse.” (low)

“We have a good awareness of all different cultures and backgrounds, but the transgender population is not one that we encounter very much at all, at least not knowingly.” (moderate)

“My internship provided an opportunity to work with clients from a variety of gender backgrounds. There were very few self-identified transgender clients at this site. Employees were sufficiently trained in transgender issues and stereotypes and personal bias ... would not have been tolerated.” (high)

Participants were also asked, “How would coworkers or other interns at your internship site react to a new transgender employee or intern?” Responses were coded as not accepting, somewhat accepting, accepting, and unsure. Of the 23 responses, 30.4% \((n = 7)\) reported that the staff would not be accepting, 30.4% \((n = 7)\) stated that staff would be somewhat accepting, 30.4% \((n = 7)\) indicated that there would be a high level of acceptance, and 8.7% \((n = 2)\) were unsure. Responses included:

"Table 2. Extent of perceived tolerance."

<table>
<thead>
<tr>
<th>Variable</th>
<th>Extremely risky</th>
<th>Very risky</th>
<th>Somewhat risky</th>
<th>Slightly risky</th>
<th>No risk</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>f  p</td>
<td>f  p</td>
<td>f  p</td>
<td>f  p</td>
<td>f  p</td>
</tr>
<tr>
<td>Vignette A</td>
<td>3  3.6</td>
<td>2  9.1</td>
<td>4  18.2</td>
<td>6  27.3</td>
<td>7  31.8</td>
</tr>
<tr>
<td>Vignette B</td>
<td>1  4.5</td>
<td>4  18.2</td>
<td>4  18.2</td>
<td>6  27.3</td>
<td>7  31.8</td>
</tr>
<tr>
<td>Vignette C</td>
<td>3  13.6</td>
<td>2  9.1</td>
<td>4  18.2</td>
<td>6  27.3</td>
<td>7  31.8</td>
</tr>
<tr>
<td>Vignette D</td>
<td>4  18.2</td>
<td>0  0</td>
<td>4  18.2</td>
<td>7  31.8</td>
<td>7  31.8</td>
</tr>
<tr>
<td>Vignette E</td>
<td>2  9.1</td>
<td>1  4.5</td>
<td>5  22.7</td>
<td>10 45.5</td>
<td>4  18.2</td>
</tr>
<tr>
<td>Vignette F</td>
<td>4  18.2</td>
<td>2  9.1</td>
<td>2  9.1</td>
<td>10 45.5</td>
<td>4  18.2</td>
</tr>
</tbody>
</table>

"Table 3. Average summed tolerance scores."

<table>
<thead>
<tr>
<th>Summed variable</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk of making formal complaint</td>
<td>21.65</td>
<td>6.63</td>
</tr>
<tr>
<td>Likelihood complaint would be taken seriously</td>
<td>24</td>
<td>5.97</td>
</tr>
<tr>
<td>Anticipated response to complaint</td>
<td>20.17</td>
<td>5.44</td>
</tr>
</tbody>
</table>
“Stares, concern over if employee would be effective in addressing treatment in population served.” (not accepting)
  “I believe they would be awkward at first but become more at ease if they got to know the person better.”
  (somewhat accepting)
  “I think they that would be welcomed warmly as all other employees. We are interested in their ability to do
  quality work for our clients.” (highly accepting)
  “I am not sure!” (unsure)

Participants were then asked how their internship site would respond to a transgender job applicant. Responses were coded as not accepting, somewhat accepting, accepting, and unsure. Of the 23 responses, 30.4% (n = 7) reported that the site would not be accepting toward the applicant, 26.1% (n = 6) stated that site would be somewhat accepting, 34.8% (n = 8) indicated that there would be a high level of acceptance displayed, and 8.7% (n = 2) were unsure. Responses included:

  “They would not stand a chance.” (not accepting)
  “Cautious.” (somewhat accepting)
  “They would accept the individual as an asset to help clients with gender issues as well as other clients.”
  (highly accepting)
  “Unknown, it is family owned.” (unsure)

Finally, participants were asked how they thought clients would respond to a transgender intern or employee. Responses were coded as not accepting, somewhat accepting, accepting, and unsure. Of the 22 responses, 22.7% (n = 7) reported that their clients would not be accepting of the intern/employee, 50% (n = 11) stated that clients would be somewhat accepting, 22.7% (n = 5) indicated that there would be a high level of acceptance of the intern/employee, and 4.5% (n = 1) were unsure. Responses included:

  “The majority of our population is straight males and I believe there would be a negative reaction if someone
  openly expressed being transgender.” (not accepting)
  “Our clients and their parents might show some resistance as I work at an adolescent facility. Some parents
  may feel the transgender person is a negative influence.” (somewhat accepting)
  “I think the person who has identified themselves as transgender would be treated with Respect as this is a
  policy where I work.” (highly accepting)
  “Not sure about transgender however we do have a male gay staff member who is respected by male clients
  and staff.” (unsure)

The final item in the survey instrument offered participants an opportunity to express any other concerns they had related to transgender issues at their training site. Sixteen (69.6%) did not offer additional comments. The remaining seven (30.4%) expressed concerns about lack of training, insensitivity, and a dearth of referral sources for transgender clients.

**Discussion**

The present pilot study explored transphobic tolerance among a convenience sample of substance abuse counseling trainees and the extent to which counselor trainees perceived transphobia and/or awareness of transgender issues in their substance abuse counseling and human services organizations within the state of Texas. Professional human services and counseling organizations such as the AMA (2013), ACA (2013), and NASW (2005) have policy positions that support sensitive and affirmative practice for people who identify as transgender or who are gender nonconforming. The results of this study suggest that individual organizations may be working toward creating an environment that does not tolerate transphobia. Future study on the topic, to evaluate whether these experiences are representative within a broader range of human services and counseling organizations, may be warranted.

An important central finding of the present study was that the counselor-trainees tended to believe that their organizations would rarely tolerate transphobic statements. On most of the vignettes, they perceived that making complaints about transphobic statements would not be risky and that the
complaints would be taken seriously. The participants believed that some sort of corrective action might result, including actions like a warning, write-up, or other serious punishment. These results stand in contrast to what is known about other organizational settings, which indicates that transphobic actions in organizations is quite common (Badgett et al., 2007; Norton & Herek, 2013).

Qualitative data suggested that there may be quite a bit of variance in how substance abuse counseling and human services organizations are responding to transgender and other gender identity/expression issues. Responses reflect that organizations are providing their workers some training on diversity-related issues; however, this training does not always include a specific material related to working with transgender clients. Even though training may not explicitly include transgender issues, responses suggest that workers at these substance abuse counseling and human services organizations appear to at least have a sense that discrimination should not be tolerated at the organization. This is a positive sign that appreciation of human differences may be part of the culture at some substance abuse counseling and human services organizations.

More concerning, however, may be the less overt forms of discrimination that are present in these organizations. The closed-ended questions in the study measured mostly overt forms of discrimination, including coworkers or supervisors saying nonnormative gender expression is wrong or stating that gender variance would be met by physical violence. These actions are clearly not accepted in several of the represented substance abuse counseling and human services organizations. Yet, some participants had uncertainty about how a transgender client or employee would be treated at the organization. For example, there might be awkward staring or questions about whether a transgender person could be effective at serving the clients. Some suggested that the organization may not be a suitable fit for a transgender person. For example, statements were made indicating that the population served (mostly straight males or families) might complain about transgender staff. A third of the participants indicated that a transgender worker might not be hired in the first place.

Thus, there appears to be some disconnect between policy and practice at these substance abuse counseling and human services organizations. The present convenience sample of substance abuse counseling trainees suggests some degree of support for transgender workers. Yet frequently this support may be by policy only or be aspirational in nature; that is, the organizations may respond when transgender workers have complaints about discrimination; they may formally reprimand a coworker or supervisor who makes transphobic statements. However, very little seems to be done about proactively educating staff and clients about gender identity and expression. Responses suggest that at these organizations, transgender people are either invisible, treated as an oddity or, sometimes, with outright contempt. Discriminatory words may not be spoken but exclusion surely may be felt.

In addition, findings suggest that specific services for transgender clients are lacking. Only one respondent indicated that such services were present at his/her organization. Similarly, few reported specific services for LGB clients. Together, these findings suggest that substance abuse counseling and human services organizations may benefit from exploration of whether such services could benefit the clients they serve. This is particularly warranted since substance abuse is more prevalent in both the transgender and LGB communities than in the general population (U.S. Department of Health and Human Services, 2012).

**Limitations**

Qualitative and quantitative data collected for the study provide interesting insight into the complex nature of tolerance for transphobia in substance abuse counseling and human services organizations. An important finding was that counselor trainees perceived that complaints about transphobic behavior would be taken seriously and that complaints would usually lead to corrective action. However, there was still a sense that some degree of transphobia might be tolerated. For example, transgender workers might be stared at or treated differently with respect to hiring and retention at
the organization. Yet, despite potential interest in these findings, the results of the present study should be viewed carefully because of limitations in the study design and implementation.

Sampling is often an issue in empirical research involving research with LGBTQ communities (Badgett et al., 2007), and this study was no exception. The sample identified for the present study was narrow and the response rate was low. A simple random sample of Texas substance abuse counselor-trainees was identified based solely on their registration as trainees. Prior to identifying the sample, it was not possible to distinguish between counselor trainees’ organizational affiliation and demographic factors. Thus, counselor trainees completing the current survey could be substantially different from the general population of counselor trainees in other states. Those who completed the survey might have chosen to complete the survey because they found the topic salient to their present work. They might have been unusually interested in diversity issues, including gender identity and expression issues. Due to the limited sample size, demographic differences such as age, gender identity, years of clinical experience, and so forth were not examined in this study; investigation of the ways in which such demographic characteristics relate to tolerance for transphobia warrants further examination.

If the participants were unusually interested in gender identity and expression issues, perceptions about their organizations could have been overestimated. Participants might have reported that their organizations were not tolerant of transphobia because they believed in inclusiveness at substance abuse counseling and human services organizations. Perhaps participant responses were more hopeful in nature instead of a reflection of the actual environment at their organizations. This might explain why participants said, in their closed-ended responses, that transphobia would not be tolerated yet, in their open-ended responses, provided nuanced examples of how transphobia could possibly affect the environment at their substance abuse counseling and human services organizations.

Organizational context might have also been a significant factor with the present sample of participants. It may be no coincidence that this sample of participants works at organizations that usually do not tolerate transphobia. Participants might have chosen to complete their internships at these organizations specifically because they believed that the organizations were inclusive toward transgender people and/or other diverse communities. The organizations could have policies that affirm diversity that the participants knew about prior to starting their internships. If this were true, the generalizability of these findings for other populations of counselor trainees at less inclusive organizations would be quite limited. Thus, the organizations represented could be unique and nonrepresentative of what one would usually find in substance abuse counseling and human services organizations.

Another limitation was that social desirability of response bias was not controlled for in the study. Counselor trainees in the present study were likely acutely aware of an ethical responsibility to treat people who are transgender with dignity and respect. Directly reporting that their training site tolerates transphobia might have presented participants with the ethical quandary of acknowledging that they may have a shared responsibility for this environment. Participants might have worried about what this tolerance would mean for their training experience, for if they acknowledge to themselves that discrimination is occurring, something may need to be done about it.

The newly developed OTT tool also warrants further investigation. Specifically, studies that incorporate a larger sample size would allow for validation of the instrument and further examination of its utility in assessing organizational tolerance for transphobia. Though the instrument was useful for the purpose of this exploratory study, whether the instrument is valid beyond the present sample is unclear. With additional testing, there would be better evidence of the consistency of the measure and its usefulness for multiple organizational types.

**Implications for practice and policy**

Despite several methodological limitations of the study, there are important practice and policy implications for substance abuse counseling. One is that substance abuse counseling and human
services organizations need to have clear policies about transphobia and other forms of discrimination based upon gender identity and expression. Previous researchers who have done larger scale research, including Grant and colleagues (2011) have found that transgender and other gender-variant people experience harassment within their organizations. Our participants perceived that their organizations would not tolerate transphobia; yet in open-ended comments suggested that the environments are far from being fully accepting of transgender people. This suggests that additional work is needed to better prepare substance abuse counseling and other human service settings for sensitive practice with transgender and other gender-variant people.

Supervision, both within agency and by the affiliated educational institution, is a necessary component of the educational experience for these trainees. When coping with an unfamiliar type of client or challenging organizational climate, the process of supervision can help trainees refine their practice skills and make sense of the experience. Additionally, consulting with a supervisor may offer the trainee an opportunity for processing feelings about the current organization climate toward transgender people. When appropriate, supervisors can help trainees to advocate for their own learning needs involving transgender issues and to address any problems within the organization around transphobia.

A growing number of organizations have policies that protect workers from harassment based on gender identity and expression (Human Rights Campaign, 2014c). Substance abuse counseling and other human service settings, if not currently among the ranks of organizations that provide explicit protection for employees based on gender-identity expression, should make this a priority. Practitioners working in these settings deserve to be able to come to work without fearing transphobia, harassment, and other forms of discrimination. They also deserve to feel confident that, if harassment does occur, it will be promptly addressed by the organization.

In addition to having explicit policies protecting transgender and other gender variant workers, organizations should work to make sure that employees are aware of the policies. Policies protecting workers from discrimination have very little utility if the workers do not know about them. Furthermore, workers need to be made aware of the steps they need to follow should they have a concern about transphobia or other forms of discrimination. Discrimination complaint procedures must be transparent and workers must feel comfortable making a complaint without fear of retribution or retaliation.

Finally, human services organizations may consider requiring or encouraging their employees to attend trainings to further their knowledge and skills related to working with transgender clients—for example, SafeZone training, which “aims to increase the awareness, knowledge, and skills for individuals and address the challenges that exist when one wants to advocate for their LGBTQ peers, family members, friends, coworkers and for themselves” (Gay Alliance of the Genesee Valley, 2016). Such training may be particularly warranted in substance abuse treatment facilities due to the high rates of substance abuse issues in this population (U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2012). These efforts can be spearheaded by human service workers, managers, human resource professionals, and others who are invested in creating a more inclusive climate for transgender people.

**Implications for education and research**

In addition to practice and policy implications, there are important substance abuse counseling and human services education and research implications. A finding of the study was that these counselor trainees recognized the importance of providing services that are sensitive to transgender people yet feel unprepared to provide such services. At several training sites, issues of gender identity and expression were not seen as significant enough to warrant further education for these interns. As a best-case scenario, these organizations may believe that interns are already prepared by their educational institutions for providing services that are sensitive to people who are transgender. However, not providing further training may be also because of a perceived lack of need. Leaders at
the organization may falsely believe that they have no clients who identify as transgender or are unlikely to serve transgender clients.

Substance abuse counseling and human services educational programs need to ensure that students are adequately prepared for working with transgender and gender identity issues. At minimum, gender identity and expression needs to be adequately addressed across the curriculum. Instead of treating transgender issues as only a diversity or a special practice topic, these topics should be addressed in a range of practice courses. For example, gender identity issues are relevant to course topics such as human development, intervention with individuals, group counseling, and family practice. Classroom case examples should reflect clients of a variety of gender identities. Doing so may help students recognize that gender identity is not a separate issue from the rest of practice. It is central to practice.

The findings also suggest that there may be additional follow-up needed with interns and organizations by the university or training program to ensure that the training experience is a quality experience. Several survey findings indicate that the interns may not perceive the organization to be a safe place for a potential client or coworker who identifies as transgender. If that is indeed the case, interns may not be operating in a space in which they feel comfortable to explore some of their own uncertainties about transgender issues. They may not be in an environment that allows them to develop competency with working with people with different gender identities and expressions. While it may not be feasible to attempt to change the climate of the organization or to place the intern in another organization, university faculty can facilitate additional supervision and training about these issues.

The climate surrounding other minorities in the workplace is also an important. How the organization shows respect for other minority groups might be an indication of how the organization might show respect for transgender workers. Organizations that have employees who feel generally feel productive, satisfied, and committed to their work might also have transgender employees who are better supported, more productive, and more satisfied. Future research on organizational tolerance for transphobia should examine how other people in the workplace are treated, for if other workers are generally treated poorly, so might transgender employees be treated poorly, for reasons other than gender identity/expression.

Substance abuse counseling and human services faculty can also have a role in increasing conversations about transgender issues by conducting relevant research that is sensitive to gender identity and expression. The present study was limited in that it was exploratory and described only a small number of participants’ perspectives on organizational tolerance for transphobia in substance abuse counseling and human services organizations. These results, though intriguing, provide only a limited range of data on transphobia. Future substance abuse counseling and human services researchers should aim for more diverse, more representative samples. They should also consider collecting data from additional stakeholders, such as other staff at the organization, directors, and, if applicable, transgender clients themselves. Each of these important constituent groups may have differing perspectives on organizational tolerance for transphobia. Collecting additional survey data from and/or interviewing these stakeholders would likely yield a more nuanced view of these variables.

Additionally, substance abuse counseling and human services researchers should consider their own responsibility in increasing sensitivity to transgender issues. Across research specialties, all researchers can work toward increasing understanding about issues affecting transgender people by including sexual orientation, gender identity, and gender expression variables in their studies. These variables should routinely be included alongside other demographic variables, such as race/ethnicity, education, and sex. Doing so could help give substance abuse counselors and human services practitioners a better understanding of social issues affecting people who are transgender.
Summary

Substance abuse counselors and human services practitioners aim to treat transgender people with dignity and respect, yet that respect is in jeopardy when they are trained within organizations that do not fully embrace people who are transgender. The exploratory data in the present study suggested that while overt instances of transphobia may not be tolerated, the climate with respect to people who are gender variant is far from supportive. Transgender people may continue to be ostracized and marginalized in these substance abuse counseling and human services organizations. Future research should continue to explore the experiences of transgender people within organizations. In addition, educators and practitioners should continue to advocate for policies and practices that are affirming to people of different gender identities and expressions.

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