The lived experience of Transgender Individuals living in Cape Town, South Africa

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COMPULSORY DECLARATION

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

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Declaration

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Abstract

This study examined the lived experiences of those who identify as transgender residing in Cape Town, South Africa. The study aimed to understand how those who identify as transgender are treated within a particular context based on their social identities (gender, sex, race and class) making use of a feminist theory—intersectionality. To explore this phenomenon, the researcher used a critical qualitative research methodology. The researcher interviewed 15 male-to-female self-identified transgender participants through a semi-structured interview schedule. The data was analysed using thematic narrative analysis. The results indicated that those who identify as transgender experience extreme forms of prejudice, ostracisation, stigmatisation, marginalisation, discrimination, and varied forms of violence (verbal, sexual and physical), because of their social identities. Furthermore, the participants reported experiencing neglect and being verbally, physically and sexually abused because of not conforming to gender norms. The participants revealed that the perpetrators inflicting these painful experiences were men. These forms of violence ultimately led to them becoming homeless and relying on external structures for support as young and vulnerable children. This had significant implications for the trajectory of those who identify as transgender, placing them at an even greater disadvantage in accessing resources. In conclusion, interventions should focus on psychoeducation and training within the following key systems: family, community, school, healthcare and the legal system. These interventions can help reduce prejudice, ostracisation, stigmatisation, marginalisation, discrimination, and violence (verbal, sexual and physical) based one's social identities. Ultimately, individuals who identify as transgender continue to face harsh life consequences, even under South Africa's new laws that prohibit discrimination based on gender, sex, race and class.

Keywords: transgender, intersectionality, thematic narrative, South Africa, qualitative

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Chapter One

Introduction

Those who identify as a transgender individual[s] face extreme hostility, marginalisation, discrimination, ostracism and financial loss (Kosenko, 2011; Jobson, Theron, Kaggwa, & Kim, 2012; Mizock & Hopwood, 2018). Zimman (2009) suggested that transgender individuals experience different forms of challenges compared to those who identify as lesbian, gay or bisexual. For those who identify as transgender, there are two distinct ways of coming out: 1) before gender affirming surgery (GAS) (for those who intend to undergo GAS), and 2) after GAS which means a change in gender role. Coming out before GAS can be challenging, but coming out after GAS is significantly more difficult, often leading to further isolation, ridicule and stigmatised identities in community-specific ways (Zimman, 2009). It is important to recognise that those who identify as transgender are at a heightened risk of physical and sexual violence, homelessness, harassment, and stigmatisation at the hands of their families, communities and even the health and justice systems. This occurs simply because they do not conform to socially sanctioned heteronormative gender binaries of male and female—depriving them of their basic human rights (Mizock & Hopwood, 2018).

Denying those who identify as transgender access to services increases their risk of mental and physical health problems, as well as violence (Mizock & Hopwood, 2018). The transgender community experiences insurmountable trauma from a society that does not accept or lacks understanding of what it means to be a transperson. Because those who identify as transgender may come out before and after gender affirming surgery, it affects them significantly—mentally and physically.

Greenberg (2016) estimated that approximately 25 million individuals worldwide identify as transgender. Among these individuals, the prevalence of mental depression is up to 60% in some regions, compared to an estimated 5% among those who do not identify as transgender. Globally, the rate of attempted suicide among gender non-conforming

individuals is alarmingly high at 41% in comparison to 1.6% for those who identify with their assigned sex at birth (Greenberg, 2016). Those who identify as gender non-conforming are nearly 50 times more susceptible to contracting HIV due to fear of being victimised when accessing healthcare services, in comparison to those who conform to their assigned sex at birth (Greenberg, 2016). The World Health Organisation (WHO) estimated that those who identify as transgender are 13 times more likely to be HIV positive than those who subscribe to their assigned gender at birth (Greenberg, 2016; World Health Organisation, 2022). The WHO also noted that there are disproportionally high rates of new HIV infections amongst transgender womxn in some regions, such as Latin America (6%), Asia and the Pacific (7%), and the Caribbean (5%) (World Health Organization, 2022). The estimated prevalence of HIV among transgender womxn in these regions is 22.2% in Latin America, 23.7% in the Caribbean, 28.4% in Eastern and Southern Africa; and 13.5% in Western and Central Africa (World Health Organization, 2022). The WHO indicated that there is minimal data available for transgender mxn regarding HIV epidemiology, and even less data regarding the prevalence and incidence rates of sexually transmitted infections (STIs) and viral hepatitis (World Health Organization, 2022). This could be due to a range of barriers when accessing health care services, such as violence, legal barriers, stigmatisation and discrimination (Greenberg, 2016; World Health Organization, 2022).

History of violence against the LGBTIQ+ community in South Africa

South Africa has a history of violence, discrimination, marginalisation, and oppression, particularly at the intersections of race, socioeconomic status, and sexual and gender inequality. Prior to 1994, during the apartheid era, the lesbian, gay, bisexual, transgender, intersex and queer plus (LGBTIQ+) community suffered extreme forms of torture and mistreatment under the system (Jones, 2008; Kaplan, 2004; Massoud, 2003; Wells & Polders, 2006). Homosexuality was illegal in South Africa, and numerous laws deprived sexual and gender minorities—gay mxn, lesbian womxn and those who identify as transgender—access to legal resources when they experienced criminal abuses (Wells & Polders, 2006). Wells and Polders (2006) argue that South Africa is a heterosexist society,

reinforcing heterosexuality as the norm alongside rigid male-female gender binarism. This notion of the gender binary of masculinity and femininity was—and continues to be—reinforced and propagated by institutions such as religion, law, health care, education and the media (Jones, 2008 Kaplan, 2004; Massoud, 2003; Wells & Polders, 2006). Jones (2008) postulated that:

> "Heteropatriarchal views of sexuality supported white male power structures, promoted binary ideas of masculinity and femininity, normalised heterosexuality and determined social roles by biological sex. The state's control over the sexual activities of its population was more than just about controlling sexuality: it sought to limit the practice of interracial sexual intercourse and to retain white political dominance. Ideas about homosexuality threatened the Christian-nationalist procreative ideals of the apartheid government and it increased fears about the perceived moral degeneration of society" (p.398).

Although the gay mxn and lesbian womxn tried to 'conform' and to 'fit' into this heterosexist society, they were still pathologised and their same-sex relationships were viewed as a perversion (Wells & Polders, 2006). As homosexuality was classified as a psychiatric and psychological disorder, the LGBTIQ+ community were subjected to extreme forms of rehabilitation to 'cure' them of their 'disease'. During the 1970s and 1980s, within this highly politicised patriarchal society, psychiatrists from the South African Defence Force Military Hospital violated human rights by utilising hormone therapy, aversion therapy, sex change operations and barbiturates on young white homosexual mxn as a means to 'cure' them of their homosexual 'disease' (Jones, 2008; Kaplan, 2004; Massoud, 2003; Wells & Polders, 2006; Vincent & Howell, 2014). During this period, the gay and lesbian community was increasingly scrutinised by the police, who often raided bars and cruising spots; those caught engaging in homosexual activities were photographed and threatened with publicly outing their sexual orientation which often led to total social ostracism, including job losses (Jones, 2008; Kaplan, 2004; Massoud, 2003; Vincent & Howell, 2014). Even when sexual

minorities were victims of crime, they were often treated as criminals because of their sexual orientation (Wells & Polders, 2006).

The idea of homosexuality challenges traditional gender roles and is seen as a threat to masculinity (Ilyayambwa, 2012; Mahomed & Trangoš, 2016; Massoud, 2003; Reddy, 2006; Sanders, 1997). This, in turn, is often met with violence—whether sexual or homophobic—as a means of exerting control and reasserting power; furthermore, homosexuality is frequently framed as 'unAfrican,' something associated with white culture and Western society (Ilyayambwa, 2012; Mahomed & Trangoš, 2016; Massoud, 2003; Reddy, 2006; Sanders, 1997). On the eve of South Africa's transition to democracy, the Interim Constitution of South Africa, Act No. 200 of 1993, Section 8, introduced an equality provision that outlawed unfair discrimination based on sexual orientation (Gomes da Costa Santos, 2013; Ilyayambwa, 2012; Massoud, 2003; Sanders, 1997; Ward, 2013). Over the past few decades, South Africa has undergone significant socio-political changes, from the 'legal' adoption of apartheid in 1948 to the first democratic election in 1994, followed by the enactment of a new constitution two years later in 1996 (Butler & Astbury, 2005; Gomes da Costa Santos, 2013).

The constitution of South Africa was the first in the world to include a provision protecting sexual orientation and also allowing for the legal alteration of sex description and status (Butler & Astbury, 2005; Ilyayambwa, 2012). It should also be noted that the LGBTIQ+ community played a crucial role in constitutional and socio-political reform (Butler & Astbury, 2005; Ilyayambwa, 2012). Furthermore, Cape Town played a significant role in these changes. Cape Town developed a notable gay culture in the 20th century, but increased visibility often led to police harassment, especially during apartheid (Ilyayambwa, 2012; Mahomed & Trangoš, 2016; Massoud, 2003; Reddy, 2006; Sanders, 1997). The creation of groups like the Gay Association of South Africa (GASA) and the Cape Town Gay and Lesbian Society (CTGLS) in the 1960s and 1970s marked a shift toward greater advocacy for LGBTQ+ rights (Jones, 2008; Kaplan, 2004; Massoud, 2003; Vincent & Howell, 2014). The decriminalization of homosexuality in 1994 was a major milestone after South Africa's move

to democracy. Today, Cape Town has an active LGBTQ+ community with events like the Pride festival, though challenges such as discrimination persist both locally and globally. Overall, Cape Town's LGBTQ+ history is complex, tracing a journey from trailblazers like James Barry through years of organized effort, to current movements for equality and acceptance. The strength and achievements of the LGBTQ+ community continue to influence and enrich the city's social and cultural life, offering ongoing inspiration (Massoud, 2003; Sanders, 1997; Ward, 2013). However, despite these advancements, they continue to face significant backlash in the 'new' South Africa, as the patriarchal dichotomy of masculinity and femininity remains entrenched in the 'othering' of identities that deviate from widely accepted traditional gender norms. Hate speech is often then legitimised and serves the purpose of maintaining a discourse that pathologises same-sex behaviour (Butler & Astbury, 2005; Ilyayambwa, 2012; Vincent and Howell, 2014; van Vollenhoven & Els, 2013). This has led to critical debates regarding transgenderism in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) and the International Classification of Diseases, Eleven (ICD-11).

Critical debates regarding transgenderism in the DSM and ICD

There are many misconceptions about those who identify as transgender. Scholars, such as Thoroughgooda, Sawyera, and Websterb (2017) argue that identifying as transgender has nothing to do with one's sexual preference; rather, it refers to individuals who do not conform to traditional heteropatriarchal gender binary norms of masculinity and femininity or who feel their gender identity does not align with the gender expectations associated with their assigned sex at birth.

However, some medical and psychological discourses on transgenderism continue to reinforce ideas that pathologise those who identify as transgender. Beek, Cohen-Kettenis, and Kreukels (2015) note that many health practitioners in the medical and mental health profession question whether hormonal treatment and surgery are appropriate solutions for those who suffer from gender identity issues. Many in the health profession still view gender dysphoria as an acute neurotic or psychotic condition requiring 'reality testing' and

psychotherapy. This perspective exacerbates the negative experiences of transgenders individuals when seeking medical and mental health care. This issue is further compounded by the fact that transgenderism remains classified as a mental health diagnosis in the DSM-5. With that in mind, it should be noted that the inclusion of Gender Dysphoria 302.85 (F64.9) as a diagnosis perpetuates cultural prejudice and social stigma (Green, McGowan, Levi, Wallbank, & Whittle, 2011).

There has been a call to remove transgenderism as a mental health diagnosis from both the DSM-5 and ICD-11. In the ICD-11, gender incongruence is no longer classified as a mental and behavioural disorder, whereas in the DSM-5, gender dysphoria is still listed as a mental disorder; the main focus in the ICD-11 is the experience of incongruence between one's experienced gender and assigned sex, while the DSM-5 places emphasis on the distress associated with gender identity (Reed, et al., 2016). According to a study conducted by Green, McGowan, Levi, Wallbank, & Whittle (2011), it was argued that the:

> "World Professional Association for Transgender Health (WPATH) recommends a medical diagnosis for those who seek sex affirmation treatment without experiencing confusion about their gender identity, the continued availability of mental health support for those who require it, and the creation of a pathway enabling gender-variant people to be migrated from a mental health diagnosis to a medical one as life circumstances change" (p3).

Furthermore, it should be noted that over the past few decades, the term transgender has evolved in its usage. In both the DSM and the ICD, there have been ongoing critical debates regarding the diagnostic classification and terminology of disorders related to transgender identity (Wilson, Marais, de Villier, Addinal, & Campbell, 2014). These debates have resulted in shifts in the placement and renaming of these diagnoses across various editions of the ICD and the DSM. Over the terminology has changed—from [1] transsexualism, to [2] gender identity disorder, and now [3] gender dysphoria (GD). A defining criterion remains the person's discontent with their assigned gender (Wilson, Marais, de Villier, Addinal, & Campbell, 2014). Moreover, the diagnosis of transsexualism/gender identity disorder/gender

dysphoria has contributed to discrimination, stigmatisation, marginalisation and prejudiced attitudes towards gender-variant people, infringing on their human and civil rights. At the same time, however, it facilitates access to necessary medical treatment (Green, McGowan, Levi, Wallbank, & Whittle, 2011). The position statement taken by the Psychological Society of South Africa (PsySSA) on the other hand, affirms that LGBTIQ+ sexualities and gender identities are normal variations and not causes of psychological issues). It calls for practitioners to understand the impact of societal factors like homophobia, transphobia, and stigma on mental health, while avoiding assumptions about clients' difficulties being related to their identity. Practitioners should be self-aware and unbiased, support the strengths and resources of LGBTI clients, address the influence of society and others, and recognise the harm caused by discrimination, stigmatisation, marginalisation and prejudiced attitudes towards gender-variant people (Psychological Society of South Africa, 2013).

The aim of this research study

This research study aimed to contribute to the growing body of work on those who identify as transgender and address the shortage of research on their lived experiences. This study also sought to provide a more holistic and contextual understanding of the emergence of those who identify as transgender in Cape Town, South Africa, including the intersectional issues and risk factors. This understanding could be significant in informing programmes aimed at fostering sensitivity towards those who identify as transgender. Additionally, the study aimed to educate society and professionals about the needs of those who identify as transgender while exploring their lived experiences in post-apartheid South Africa.

Thesis structure

Chapter One introduces the dissertation and sets the tone for the study. A review of current and pertinent literature related to individuals who identify as transgender will be discussed in Chapter Two, ending with the study's rationale, research question and aims. The theoretical framework, methodology, ethical considerations and reflexivity are addressed in

Chapter Three. In Chapter Four, the findings of this study are discussed and the thematic narratives that emerged are presented. Chapter Five brings the dissertation to a conclusion, with a summary of the research findings, the limitations of the study, as well as recommendations and suggestions for future research on those who identify as transgender.

Chapter Two

Literature Review

This chapter sets out to review previous literature that has explored the lived experiences of those who identify as transgender over the past decade. It conducts a broad thematic analysis of the available qualitative data to develop a comprehensive understanding and general impression of the lived experiences of those who identify as transgender, and the impact of these experiences. First, the chapter explores the experiences of violence among those who identify as transgender, with a subsection on violence experienced during childhood. Secondly, it examines how structural violence manifests in contexts such as homelessness, healthcare and the legal system. Importantly, it also explores the various types of care and support interventions for those who identify as transgender. Finally, the chapter concludes by presenting the rationale for the study, the research question and the study aims.

Transgender experiences of violence

Studies have found that identity factors such as gender, race, and class influence the levels of violence experienced by transgender individuals (Donne et al., 2018; Fernández-Rouco, Fernández-Fuertes, Carcedo, Lázaro-Visa & Gómez-Pérez, 2017; Hereth, 2021; Jauk, 2013; Sherman et al., 2022). A study conducted by Hereth (2021) on 21 Black transgender womxn in Chicago documented high rates of interpersonal victimisation, child abuse and maltreatment, intimate partner violence and sexual assault, and community and bias-related violence. These transgender womxn also reported facing distinctive barriers to help-seeking, such as fear of discrimination, violence by police, harassment, or being outed as transgender by partners, and discrimination by social services for survivors of violence (Hereth, 2021). Another study conducted in New York City sought to address the gap in understanding how men—both straight and gay, as well as cisgender and transgender people—conceptualise, understand, and seek help related to sexual violence. The study found that these individuals were highly unlikely to report incidents or seek support services related to sexual violence (Donne et al., 2018). Violence against those who identify as transgender is an alarming public health concern in the USA (Jauk, 2013). Jauk (2013) conducted an ethnographic study among

a transgender community in Midwest America, revealing that violence diminished the daily quality of life for those who identify as transgender. The study also found that violent harassment most commonly occurred when individuals visibly transgressed gender norms, and that participants responded to such violence in diverse ways (Jauk, 2013). Many of these acts of violence often result in those who identify as transgender becoming homeless at a very young age (de Lind van Wijngaardena, Schunterb & Iqbalc, 2013).

Childhood experiences of violence among transgender people

Over the past decade, literature has documented that many of those who identify as transgender or express non-normative gender identities experience disproportionately high levels of childhood maltreatment, neglect, and physical and sexual violence (Donne et al., 2018; Fernández-Rouco et al., 2017; Hereth, 2021; Jauk, 2013; Sherman et al., 2022). Juárez-Chávez, Cooney, Hidalgo, Sánchez and Poteat (2021) qualitatively explored the various forms of violence experienced by transgender womxn and gay mxn during childhood and adolescence in Lima, Peru, as well as the potential consequences of such violence and sources of protection. Their study identified three main forms of violence: violence occurring in the home or perpetrated by family members, school-based violence and sexual violence.

Many studies have documented that the most common form of violence experienced by those who identify as transgender is sexual violence, frequently occurring during childhood (Donne et al., 2018; de Lind van Wijngaardena, Schunterb & Iqbalc, 2013; Hereth, 2021; Sherman et al., 2022). These acts were mostly perpetrated by men, often as a means of dehumanising male children who presented and appeared feminine (de Lind van Wijngaardena, Schunterb & Iqbalc, 2013). A study conducted by de Lind van Wijngaardena, Schunterb and Iqbalc (2013) revealed that feminised male children face higher levels of violence, stigma and sexual abuse compared to male children who present as more masculine. Their study of 10 young feminised men in Pakistan found that all participants reported being raped during childhood and early adolescence, often on multiple occasions. Furthermore, their first anal sexual intercourse occurred, on average, around the age of 11, and their mothers and siblings were aware of the abuse but secretly supported the violence against

them. Similarly, a study conducted by Fernández-Rouco et al. (2017) in Spain, found a high prevalence of sexual violence experienced by those who identify as transgender during childhood, with many using avoidance as a coping mechanism to deal with these experiences.

Much of the research on sexual violence, and particularly gender-based violence, has focused on female victims, resulting in a significant gap in studies exploring transgender individuals as victims of sexual violence. However, research has demonstrated that individuals who self-identify as members of sexual orientation minority populations are at higher risk of experiencing such violence (Donne et al., 2018). Koken, Bimbi and Parsons (2009) studied 20 transgender women to understand how Black transgender individuals' caregivers experienced them as children. The study was guided by the parental acceptance-rejection (PAR) theory, which suggests that a child's experience of rejection may substantially influence their adult life. Due to the stigma surrounding transgender identities, many transgender women experience abuse or rejection by their parents and primary caregivers during childhood and adolescence (Koken, Bimbi & Parsons, 2009). The findings indicated that the majority of participants encountered aggression and hostility, and they also reported neglect and rejection. Many were forced to leave home as adolescents or chose to leave, which increased their risk of homelessness, poverty, and associated negative consequences (Koken, Bimbi & Parsons, 2009).

Singh and McKleroy's (2011) study consisted of a sample of 11 transgender participants (two multiracial, six African American and three Latina) and explored their expressions of resilience in response to traumatic life events. The study used the traditional research paradigm of phenomenology and applied a feminist theoretical framework to better understand their experience of traumatic life events such as intimate partner violence, hate crimes and child sexual abuse. Through the data analysis process, the following themes emerged: "pride in one's gender and ethnic/racial identity, recognising and negotiating gender and racial/ethnic oppression, navigating relationships with family, accessing health care and financial resources, connecting with an activist transgender community of colour, and cultivating spirituality and hope for the future" (p.34).

Similarly, Alessi, Kahnb and Chatterji (2016) conducted a study involving 26 individuals who participated in life history interviews. These participants had obtained refugee or asylum status in the United States or Canada, and came from diverse regions including Africa, Asia, Eastern Europe, Latin America and the Caribbean and the Middle East. The study aimed to understand the experiences of child and adolescent abuse and its effects on the pre-migration mental health of forced migrants. Findings suggested that the participants experienced severe physical, verbal and sexual abuse during childhood and adolescence, and this abuse occurred at home, in school, and in the community. Moreover, the researchers found that participants left their countries of origin because there was no protection available to them, limited to no resources, and many reported experiences of suicidal ideation and suicide attempts, anxiety, depression and traumatic stress.

Structural Violence

There is extensive research exploring the lack of access to services that individuals who identify as transgender experience on a daily basis. The type of services transgender individuals have limited or no access to include homelessness support, healthcare and legal assistance. All of these services is discussed below.

Homelessness

From the literature gathered, several studies conducted in America used qualitative research methods to explore the lives of individuals who identify as transgender (Castellanos, 2016; Alessi, Kahnb & Chatterji, 2016; Perez-Brumer et al., 2018; Kosenko, 2011). For these individuals, coming out to their family or simply expressing their unique gender can have detrimental consequences. In many instances, it leads to being disowned and ostracised, resulting in homelessness and having to fend for themselves (Jones, 2008; Vincent & Howell, 2014). The studies cxarried out by Castellanos (2016), Koken, Bimbi and Parsons (2009), Alessi, Kahnb and Chatterji (2016), Perez-Brumer et al. (2018) and Kosenko (2011) focused on Black individuals who identify as transgender, and all employed semi-structured interviews as the method for data collection.

However, Shelton and Bond (2017) conducted a study in New York City to explore the experiences of transgender and sexual-orientation minority youth related to homelessness. The authors placed significant focus on how these individuals understood the pathways to their homelessness. Castellanos (2016), also in New York City, worked with 14 young Latino LGBTIQ+ participants and found three distinct pathways to homelessness: 1) disruption in placement within state systems, 2) family conflict arising from their sexual and gender expression, and finally, 3) adolescent development and disclosure of their gender identity or orientation, which exacerbated pre-existing conflict. Transgender individuals are often marginalised within mainstream society due to structural barriers such as limited access to employment, education, public accommodation (shelter), and health care. Additionally, they often experience discrimination and prejudice within their families and communities (Shelton & Bond, 2017).

Healthcare

Most transgender participants and healthcare experts reported significant transgender-related inequalities in the healthcare system, including stigma and discrimination, exclusionary and culturally incompetent services and limited availability of competent healthcare options (Zambezi & Viljoen, 2024).

Many studies on transgender individuals' experiences of accessing healthcare have highlighted the barriers they face due to their gender identity. Many report experiencing discrimination and marginalisation by healthcare providers. Spencer, Meer and Muller (2017) conducted a study in South Africa and found that only a small number of healthcare providers offer care to transgender individuals, and these services are often provided in a private capacity, unsupported by wider healthcare systems and institutions. Access to health care for transgender individuals is dependent on finding a sympathetic and knowledgeable healthcare provider. In a recent study, Holt et al. (2019) explored the interactions transgender and gender nonconforming (TGNC) individuals had with mental healthcare systems, which are fraught with barriers to care. They conducted 10 qualitative interviews with mental health providers to ascertain how these professionals sought cultural competency and approached working

with their TGNC clients, keeping in mind the barriers to care. Their findings revealed that working with TGNC clients posed challenges as these individuals often experienced marginalisation, stigma, and financial and structural barriers. Holt et al. (2019) further suggested that TGNC clients need individualised care to help them manage stigma and build resilience. In summary, the findings suggest that service providers need to educate themselves about TGNC issues, even if they have experience working with marginalised groups (Holt et al., 2019).

A study similar to that of Perez-Brumer et al. (2018) was conducted by Boycea, Barrington, Bolanos, Arandi and Paz-Bailey (2012), who also investigated barriers to sexual health care with a sample of 29 individuals. This study reported that participants experienced distrust in the healthcare services because of violations of confidentiality and experiences of discrimination. It also found that transgender individuals felt more accepted at clinics where they experienced a sense of belonging. Boycea et al. (2012) concluded that there is a need to strengthen public clinics that treat transgender persons so that they can address the multi-layered stigma and discrimination these individuals face. A similar study by Chakrapania, Newman, Shunmugam and Dubrow (2011) investigated barriers to antiretroviral treatment (ART) for people living with HIV in India. This study used four key-informant interviews and six focus groups. The study reported that the key barriers to ART access were linked to rejection by family, fears of social isolation, eviction from home, loss of income and maltreatment.

Several studies have explored how those who identify as transgender experience interactions with the healthcare system, with particular focus on barriers to accessing HIV-related care (Perez-Brumer et al., 2018; Boycea, Barrington, Bolanos, Arandi & Paz-Bailey, 2012; Chakrapania, Newman, Shunmugam & Dubrow, 2011). Perez-Brumer et al. (2018) and Boycea et al. (2012) conducted their studies in America, while Chakrapania, Newman, Shunmugam and Dubrow (2011) conducted theirs in India. The commonality among these studies was the use of in-depth interviews to explore barriers to healthcare. Perez-Brumer et al. (2018) worked with 14 participants with amean age of 23.3 years, exploring access to

healthcare. Their findings indicated that HIV care was the primary entry point for healthcare needs. Furthermore, the study highlighted the transgender individuals' concerns about access to gender-affirming treatments, mental health care and substance use support (Perez-Brumer et al., 2018). Transgender individuals reported that stigma and discrimination were common in healthcare settings, with many relying on online resources and or social networking for support (Perez-Brumer et al., 2018). Overall, the findings highlighted key social factors that impact transgender individuals' access to healthcare, particularly regarding gender identity, race and pervasive marginalisation (Perez-Brumer et al., 2018). The study also emphasised the importance of addressing transgender health needs holistically, extending beyond a narrow focus on HIV prevention and care.

The law

In the new South Africa, where everyone has been liberated from the chains of apartheid and can move freely with equal rights for "all" South African citizens, there still seems to be a hegemonic power struggle targeting gender and sexual minorities (Gilles 2011; Nath, 2011). While the new South African Constitution does not discriminate based on the intersectional identities of gender and sexual minorities and provides for equality, many vulnerable groups continue to suffer the effects of heteropatriarchal discrimination, which upholds only the masculinity and femininity binary (Gilles, 2011). This subjugation of gender and sexual minorities leaves this vulnerable group susceptible to violence based on their gender identity and sexual orientation.

Transgender individuals experience gender-based violence (GBV) on a daily basis. GBV does not only refer to violence perpetrated by men against women; rather, it is embedded in gender-based power inequalities and discrimination (Gilles, 2011). It is important to note that GBV directed at transgender individuals is a serious concern that is often ignored or overlooked; transgender individuals are particularly at risk because challenge traditional gender roles and norms (Gilles, 2011).

A report by Nath (2011), which focused on Black lesbians and transgender men within socioeconomically marginalised Black communities, including informal settlements,

rural and peri-urban areas, and townships, highlighted that these groups are more likely to experience marginalisation and are amongst the most vulnerable members of South Africa's LGBT population. The study, which interviewed 121 participants, found that violence committed against Black lesbians, bisexual women and transgender men often goes unreported due to the fear and stigma associated with sexual violence and abuse. Those who do report sexual violence and abuse are met with aggression and discrimination from the South African Police Services (SAPS) and other service providers (Nath, 2011). Furthermore, the study concluded that rigid cultural and social norms regarding masculine and feminine behaviour forced Black lesbians, bisexual women and transgender men to live in fear, often exhibiting hypervigilance. This fear often delayed their ability to complete schooling or maintain employment and exposed them to isolation and ridicule in public spaces and in their homes (Nath, 2011).

Care and Support interventions

Juárez-Chávez et al. (2021) argue that to combat the various forms of violence experienced by both gay mxn and individuals who identify as transgender womxn, within schools and at home and in broader society, school systems must intervene by raising awareness among both teachers and parents about the impact of transphobic and homophobic bullying and violence. They suggest that having gender-neutral bathrooms and promoting activities not grounded in traditional gender roles could be effective in combating and reducing transphobic and homophobic bullying and violence; schools should also facilitate open conversations about sexual violence among students. Their final argument emphasises the need for interventions that address parents' attitudes towards individuals who identify as transgender womxn and homosexual mxn.

Fernández-Rouco et al. (2017) used semi-structured interviews to examine the presence or absence of sexual violence, the nature of such violence, the identity of the perpetrators, coping mechanisms employed by participantsand certain mental health indicators. The authors argue for the need to address the high prevalence of sexual violence within this population by developing educational and clinical intervention strategies.

Furthermore, transgender persons often experience ostracisation from their families due to stigma,which forces them to leave their homes and become homeless, with no way of supporting themselves financially. As a result, many are left with few options, often resorting to using their bodies as a form of agency. Kosenko (2011) and Samudzia and Mannell (2016) conducted research examining the challenges encountered by transgender individuals and the resulting impacts of these experiences.

Both studies utilised semi-structured interviews, however, Kosenke's (2011) study took place in America while Samudzia and Mannell's (2016) study took place in Cape Town. Kosenko's (2011) study had a sample size of 41 self-identified transgender adults and aimed to explore the incidence rates and prevalence of HIV, as well as the high prevalence of high-risk sexual behaviour in the transgender community. Kosenko (2011) suggested that several aspects of their experiences, including financial hardship, sexual objectification, stigma, hormone use, lack of outreach, a second puberty, and gender role issues, created a unique context of risk. The findings suggested that traditional HIV prevention methods might not be effective for the unique needs of transgender adults and that HIV prevention and intervention strategies should be specifically tailored to meet the needs of the transgender community (Kosenko, 2011).

A study conducted in Cape Town, South Africa by Samudzia and Mannell (2016) involved 21 cisgender male and transgender female sex workers who accessed services from the Sex Workers Education and Advocacy Taskforce (SWEAT). They found that social identities enforced upon sex workers exacerbated their exclusion from public, private and geographic spaces. On the other hand, many female transgender sex workers expounded their social identities using positive and empowering language, while the cisgender male sex workers reported feelings of shame and internalised stigma related to their identities. Furthermore, the study also suggested that creating effective health interventions for both cisgender men and transgender women in sex work requires an understanding of the links between gender identities and social exclusion (Samudzia & Mannell, 2016).

In summary, the literature reviewed highlights that the quality of life for individuals who identify as transgender is markedly disadvantaged. They are subjected to various forms of violations, including discrimination, marginalisation, and oppression across all systems (micro and macro) and often experience social exclusion. It is clear from the literature that when transgender individuals express their gender identity, before and after coming out within their family structures, they are met with extreme forms of violence, including verbal, sexual and physical abuse. From that point onward, their circumstances often deteriorate, with many reporting a downward spiral in their overall wellbeing.

Many transgender individuals have experienced early childhood sexual abuse, and physical and verbal abuse from caregivers or others within their proximity. Some have been threatened because of their gender identity. Following either rejection or escape from their homes, they face significant barriers when attempting to access wider support structures such as shelters, employment, healthcare and the legal system. Crimes committed against transgender individuals often go unreported because of fear of further dehumanisation, ridicule and discrimination based on gender expression.

To conclude this chapter, the rationale, research question and aims will now be presented.

Rationale

The research project specifically focused on transgendered individuals and their lived experiences, evaluating the societal impact on the transgender community and how they are perceived within post-apartheid South Africa. There is a shortage of qualitative research in South Africa specifically focusing on the lived experiences of transgender individuals. This study aimed to add to the growing body of qualitative research in this area. It is hoped that the findings will provide a more holistic understanding to the transgender community, showing that there is more to the individual than what is often viewed as a ‘pathology’. Based the findings the researcher made recommendations regarding treatment and standards of care for service providers, with the goal of reducing human suffering as well as economic and public health costs. Additionally, by contextualising these experiences, the study aimed to inform

the development of context-specific intervention and prevention programmes tailored for transgender individuals.

Research question and aims

How do individuals narrate their lived experiences as transgender people in post-apartheid South Africa?

The research sought to address the following specific aims:

1. To explore the lived experiences of transgender individuals in post-apartheid South Africa.
2. To examine how various identities, such as race, class and gender, shape their experiences of identifying as transgender.

Chapter Three

Methodology

Theoretical framework: Intersectional analysis

Transphobic aggression directed towards those who identify as transgender has been well-documented in previous research, which highlights a link between patriarchy and gender inequalities—it is apparent through the intersection of the personal experiences with wider societal, political, economic, cultural and historical contexts in which those who identify as transgender live (Mizock & Hopwood, 2018; Nagoshi, Hohn, & Nagoshi, 2017; Singh & McKleroy, 2011; Williams, et al., 2017). Therefore, with that in mind, it is imperative to acknowledge those who identify as transgender in South Africa and the multiple contexts and gendered dynamics in which transphobic aggression takes place. Moreover, it is essential to structure the study of the lived experience of those who identify as transgender and analyse the findings through the multiple facets and intersections at which transphobia occurs. Therefore, the results of this study will be analysed and interpreted using the lens of intersectionality, as rooted in black feminist thought.

Kimberlé Crenshaw, a legal scholar was the first to coin the term intersectionality in 1989 (Crenshaw 1989; McCall, 2005; Robbins and McGowan, 2016; Shields, 2008). Crenshaw (1989; 1991) draws on examples from legal cases of violence perpetrated against black women to illustrate how intersectionality can be utilised in locating suitable sources and outcomes to overcome a certain issue or problem. The underpinning of intersectionality is that people's lived experiences are shaped by their unique social identities and the interplay of different systems of oppression (Collins, 1990; Crenshaw, 1991; McCall, 2005). More so, at the heart of intersectionality, are race, class, gender, age, ability and sexuality which can be defined as an individual's social identity categories (Collins, 1990; Crenshaw, 1991; McCall, 2005). The social identities of those who identify as transgender intersect in ways that create an interlocking system of oppression (Collins, 1993), which in turn direct impacts their life chances and life trajectory. Furthermore, broadly speaking, there are two systems of intersectionality in operation that will be observed in this research—political intersectionality

and structural intersectionality (Crenshaw, 1991; Chappell, Weldon, & Tripp, 2006; Egumenovska, 2012; Hatzenbuehler, 2017; Vardeman-Winter, Jiang, & Tindall, 2013; Yuval-Davis, 2006).

Political intersectionality highlights how political movements rally attention to pursue justice for various social groups along different axes and intersections of oppression, but frequently often exclude those who identify as transgender (Crenshaw, 1991). Political movements and discourses around racism, sexism and genderism often do not account for the full gravity and extensiveness of these issues when addressing the experiences of Black people and sexuality. If they fail to recognise the intersections of sex, gender, race and class, they overlook the compounded struggles faced by those who identify as transgender in this study, who are subordinated within these three social categories (Crenshaw, 1991). A perfect example, of when a political intersectionality analysis would be useful is the gay pride march, which is often dominated by White participants. While Pride is supposed to include everyone under the LGBTI umbrella, tends to be more focused on those who identify as gay white and affluent, neglecting to amplify the voices and experiences of those who identify as black transgender (Beemyn, 2014; Butler & Astbury, 2005; Divan, Cortez, Smelyanskaya, & Keatley, 2016). As a result of failing to recognise how being transgender intersects with being black and poor, further marginalisation, isolation and ostracisation occur. Structural intersectionality refers to the ways in which social groups organise their social identities, which in turn can lead to harmful effects on the marginalised group (Crenshaw, 1991). An example of structural intersectionality is the experience of ostracised transgender individuals who have been disowned by their families and seek shelter in organisations that offer shelter to destitute people. but ultimately end up on the streets of Cape Town. The trans womxn who end up on the streets are mostly Black transgender womxn who have faced discrimination from shelters because of their gender expression, are survivors of violence, and are often unemployed, working-class and lacking job skills (Castellanos, 2016). Crenshaw (1991) would argue that this violence experienced by those who identify as transgender is an immediate outcome of the subordination they face. For those who identify as transgender and

end up in a shelter and ultimately on the streets, this also reflects the intersection of race, class and gender oppression, where underprivileged black transgender womxn face the greatest difficulties in accessing employment, housing, and support from their communities, which are also more likely to experience unemployment and housing instability (Crenshaw, 1991).

Systems such as gender, race and class intersect and converge in transgender experiences, especially, those of black transgender people—numerous forms of oppression are interlocked, which then produce injustice (Collins, 1990). Patricia Hill Collins (1990, p7) suggested "that people experience oppression according to their location within a matrix of domination". Therefore, within this matrix of domination, the systems of race, class and gender overwhelmingly affect black transgender women (Collins, 1990); these forms of oppression do not occur along one axis or system of oppression, but in an interlocking matrix-like manner (Collins, 1990; Crenshaw, 1991). Based on previous research, one of the most consistently marginalised groups of people in South Africa are those who identify as transgender (Jobson, Theron, Kaggwa, & Kim, 2012; Nath, 2011; Samudzia & Mannell, 2016; Spencer, Meer, & Muller, 2017; van Vollenhoven & Els, 2013; Wilson, et al., 2014). Therefore, this study investigates the social identities of those who identify as transgender and how these intersect to create inequalities, marginalisation and discrimination. These experiences are situated within an interlocking matrix of domination and subordination, ultimately leading to transphobia and gender-based violence for many who identify as transgender in South Africa. Therefore, it is appropriate and imperative to frame this study through the lens of intersectionality, in conjunction with narrative analysis. This approach serves as an essential foundation for analysing the lived experiences of those who identify as transgender in Cape Town, South Africa, as it captures their lives in a holistic way and contextualises their lived experiences.

Study Design

This research study employed a critical qualitative methods approach as the researcher was interested in the lived experiences of those who identify as transgender and how they

narrate their lived experiences in post-apartheid South Africa. Critical qualitative methods are concerned with social justice (Denzin, 2017; Flick, 2017) and are committed to challenging all forms of poverty, human oppression, inequality and societal injustice (Hardcastle, Usher, & Holmes, 2006). It has been further postulated that critical qualitative inquiry research has a focus on critiquing and exposing inequality and discrimination that is in operation daily; further, it is rooted in creating awareness by giving voice to groups that are least advantaged in society (Denzin, 2017; Hardcastle, Usher, & Holmes, 2006). Denzin (2017) postulated that making use of critical qualitative methods/inquiry is to "create an ethically responsible agenda" (p.9), which places the oppressed voices at the centre, exposes areas that need change and uses the research to support activism. This approach aims to ensure that critiques are heard by policymakers to influence social policy, effect meaningful change in the life of the inquirer, and, finally transform the lives of those who are socially oppressed (Denzin, 2017; Flick, 2017; Hardcastle, Usher, & Holmes, 2006; Korth, 2002; McCabe & Holmes, 2009). It also allows for the violence to be understood within the historical, cultural and social context in which it occurs (van Niekerk & Boonzaier, 2019).

Critical qualitative methods allow for the exploration of the experiences of those who identify as transgender; along with all the complexities and violence surrounding their intersecting identities. Employing critical qualitative methods is in line with the aims and objectives of this research study, especially, since there is a history of violence, marginalisation, discrimination and oppression towards those who identify as transgender (Gomes da Costa Santos, 2013; Ilyayambwa, 2012; Massoud, 2003; Mahomed & Trangoš, 2016; Reddy, 2006; Sanders, 1997; Ward, 2013). This approach also facilitates better understanding of the social phenomena and to aids in understanding the broader social world, shedding light on why things are the way they are (Creswell, 2007; Denzin, 2017; De Vos, Strydom, Flick, 2017; Fouche, & Delport, 2005). Since South Africa has a history of discrimination, especially based on race, gender and sexual orientation (Gomes da Costa Santos, 2013; Ilyayambwa, 2012; Massoud, 2003; Mahomed & Trangoš, 2016; Reddy, 2006; Sanders, 1997; Ward, 2013), this method allows for an examination of transgender

individuals' experiences of violence, marginalisation, oppression and discrimination in every day contemporary life. his remains the case despite the new South African constitution which is supposed to protect those who identify as transgender. Therefore, this method was employed to address the inequality and social injustice that are core to the lived experiences of transgender individuals (Butler and Astbury, 2005; Denzin, 2017; Flick, 2017; Gomes da Costa Santos, 2013; Hardcastle, Usher, & Holmes, 2006; Ilyayambwa, 2012; Korth, 2002; McCabe & Holmes, 2009).

Research context and sample recruitment

The sample size for this study was 15 individuals who identified as transgender, and were 18 years of age and older. It was anticipated that this sample size would provide rich data for a more expansive analysis, including solidifying the scope of applicability of the results of the study. Furthermore, participants who presented solely as gay, lesbian bisexual and intersex were excluded from the study, with the focus being limited to those who identified as transgender. This study made use of homogeneous sampling, a type of sampling that brings together people of similar backgrounds and life experiences (Bryman, 2012; Patton, 1990; Robinson, 2014). This approach was chosen because the research study had a specific interest which could only be explored by sampling and studying a particular group of people (Patton, 1990). The purpose of homogeneous sampling is to strategically select a small sample to describe and focus on a particular subgroup in-depth, and to gain in-depth information about a particular subgroup (Patton, 1990). This sampling technique reduces variation and simplifies analysis (Patton, 1990). As this study explored the lived experiences of those who identify as transgender and focused on a specific subgroup within the LGBTI community, homogeneous sampling was employed to recruit participants.

This study gained access to the sample of transgender individuals through one of Cape Town's LGBTI organisations that provides social support and health services to the LGBTI community. Having a working alliance with this organisation made access to the sample easy and convenient within the time and resource limitations of this study. However, there are a few limitations which will be expounded in a section later. This study sampled 15 participants

from this organisation and each participant was interviewed once, making the total number of interviews 15. Furthermore, these fifteen participants provided rigour and produced a thick amount of data for analysis, enhancing the transferability and generalisability of the findings. All interviews were conducted by the researcher himself.

Sample description

The demographics of the sample: the age of the fifteen participants ranged between 23 and 50 years old. All fifteen participants identified as transgender womxn[1]. In terms of race, one participant identified as White, one as African Black, one as Indian and twelve identified as Coloured[2], making the study predominantly comprised of Black[3] transgender womxn. The white transgender womxn also identified as a transgender lesbian womxn, while the rest of the transgender womxn identified as straight womxn. All fifteen participants had at least reached Grade Seven, with some fortunate enough to have complete tertiary education. Fourteen of the participants described their financial situation as poor and struggling, with unemployment being a common thread amongst more than half of the fifteen participants. Two had part-time employment and one was employed full-time. However, fourteen of the fifteen participants were living on the street, relying on food parcels from the LGBTI organisation and soliciting money on the street. One of the fifteen participants described herself as divorced with two adult children, another as widowed, and the rest as being in a long-term relationship with their partners. A detailed demographical sketch of the participants is available in Table 1:

[1] The term "Womxn" is an alternative spelling of “woman” intended to include trans and non-binary individuals. It emphasizes gender diversity and the varied effects of patriarchy, misogyny, and sexism, while also acknowledging past issues in feminism such as racism, transphobia, and binary perspectives on gender (R & Thomas, 2021).

[2] The term ‘Coloured’ refers to people of mixed race (Seirlis, 2004)

[3] In this study, the term ‘Black’ is be used in its broader sense to include, Coloured, Indian and African Black people living in South Africa.

Table 1: Demographic Sketch [4]

N	Name	Age	Race	Highest Level of Education	Employment	Religion	HIV/AIDS Status
1	Amanda	35	Coloured	Grade 11	Sex Worker	Christian	Positive
She lives between the streets of Cape Town and staying at home. She is single and struggles to make a living.							
2	Zoey	28	Coloured	Grade 7	Casual/Sex Worker	Christian	Negative
She ran away from home and currently lives on the streets of Cape Town with her partner. She sometimes works as a cleaner in the homes of people in the surrounding area but mostly works as a sex worker. She is a substance user and her preferred substance is cannabis.							
3	Channel	29	Coloured	Grade 8	Sex Worker	Christian	Positive
She was rejected and ran away from home, and now lives on the streets with her partner. She is a substance user and her preferred choice of substance is crystal methamphetamine (Tik).							
4	Diana	29	Indian	Grade 12	Sex Worker	Hindu	Negative
She is originally from Durban and when her father rejected her, she ran away and now lives on the streets of Cape Town. She is in a long-term relationship with her partner with whom she shares a good understanding. She is also a substance user and her preferred choice of substance is cannabis.							
5	Jenny	23	Coloured	Grade 7	Sex Worker	Christian	Positive
She ran away from home when her family rejected her. She is single and lives on the streets in Cape Town. She is a substance user and her preferred choice of substances are crystal methamphetamine and sniffing glue.							
6	Monique	35	Coloured	Grade 9	Sex Worker	Christian	Negative
She ran away from home because of family conflict and rejection of her transgender identity. She is single and the substances she makes use of are crystal methamphetamine and alcohol.							
7	Bianca	32	Coloured	Tertiary	Sex Worker	Christian	Positive

[4] Pseudonyms have been used for all of the participants

She lives on the streets of Cape Town. She was married but her husband died in a horrific way making her a widow. She is a substance user and her preferred choice of substances are crystal methamphetamine (Tik) and methaqualone (Mandrax).

8 Barbara 44 Coloured Grade 9 Sex Worker Christian Positive

She still lives in the family home with her two sisters and their family in the same community. She is single and makes use of alcohol.

9 Mariam 32 Coloured Tertiary Sex Worker Muslim Negative

She was disowned by her family and now lives on the streets of Cape Town. She is single and does not make use of any substances.

10 Martha 35 Coloured Grade 12 Sex Worker Christian Positive

She was disowned by her family because of her identity as a transgender womxn. She is single and her choice of substance is crystal methamphetamine.

11 Natasha 45 Coloured Grade 12 Sex Worker Christian Positive

She was rejected by her family for identifying as a transgender womxn. She currently lives on the streets and struggles to meet her basic needs. She is in a long-term relationship and identifies as being in a heterosexual relationship. She is also a substance user and her preferred substances are methamphetamine and alcohol.

12 Wadia 31 Coloured Grade 12 Sex Worker Muslim Positive

She was rejected by her family because of her transgender identity as it goes against their religious belief. She and her partner live on the streets of Cape Town. She makes use of substances such as crystal methamphetamine and mandrax.

13 Tandiwe 28 Black Grade 10 Unemployed Christian Positive

She lives with her mother in a low socioeconomic community and she struggles to afford the makes a living.

14 Deborah 28 Coloured Grade 8 Sex Worker Christian Positive

She was rejected by her family for identifying as transgender and currently, she and her partner reside on the streets of Broader Cape Town with her partner. She and her partner are both substance users and their preferred choice of substance is crystal methamphetamine (Tik).

15	Kelly	50	White	Tertiary	Call Centre	Christian	Negative

Before coming out, Kelly was married and had a wife and two sons. She and her wife are currently living separate lives, but are not formally divorced. Kelly rents a house and is financially stable. Her eldest son does not acknowledge her presence as a transgender womxn, but the youngest son does. She also identifies as a lesbian and is single.

Data collection

The researcher obtained ethical approval from the University of Cape Town's Psychology Department Ethics Committee and the University of Cape Town's Humanities Faculty Board. Since the researcher already had a working alliance with an LGBTI organisation in Cape Town, it was easy to gain access to the clinical social worker and those who identified as transgender. The clinical social worker was the link between a Hospital's Transgender Unit and the LGBTI organisation in Cape Town, as he runs a support group for those who have been diagnosed with Gender Dysphoria and who identify as transgender. After gaining ethical approval, the researcher contacted the clinical social worker and forwarded the information sheet to him (see Appendix A). The clinical social worker then posted the information sheet on a closed group on social media—Facebook—and those who were interested in participating in the study could contact the researcher.

Thereafter, the researcher was contacted either via telephone calls, emails or WhatsApp messaging. All participants were contacted individually via telephone before the interviews were set up to discuss and give brief information about the purpose of the study. During the telephonic discussion, the researcher explained to the participants that whether they chose to participate or not, there would be no no negative consequences for them with the LGBTI organisation. The researcher also informed the participants to take a few days to reflect on their participation in the study, and once they confirmed of their participation in the study, the researcher contacted the LGBTI organisation to set up a private room to conduct the interviews.

After getting confirmation of participation in the study and arranging a private room to conduct individualised interviews, the researcher began the process of interviewing. The

study made use of English as the primary medium of interview, but some participants also replied in Afrikaans, which was translated to English by the researcher. At the very onset of each interview the researcher read and explained the consent form to the individual participants (see Appendix B). Right after getting consent from the participant, the researcher explained again the purpose of the study and the risks and benefits of participation and that the interviewee could, at any time of the interview process opt-out without any negative consequences. After that, the researcher started with the demographic form (see Appendix C). The researcher verbally asked the questions on the demographic form and all verbal responses were recorded on the form. This was a good place to start building rapport with the participants by asking questions and allowing them to respond openly. Thereafter, the research commenced and the researcher followed a guided interview schedule (see Appendix D).

Semi-structured interviews were employed to collect the data as they provide reliable and comparable qualitative-rich data, especially when the researcher is only interviewing the participants once (Madill, 2012). Using semi-structured interviews allowed the researcher to create a list of questions before the interview; this also helped the interview process and aided in answering the main research question and aims. Semi-structured interviews make use of open-ended questions to avoid diversion from the research questions and to gather sufficient data to address the research aims (Bryman, 2012; Madill, 2012). Due to flexibility as an interview instrument, it allows the researcher to probe and ask follow-up questions based on things said by the participant (Bryman, 2012). This is because semi-structured interviews allow the participant to freely express their lived experiences, while the researcher actively listens to how they regulate the information and maintains structure in how they present their responses (Bryman, 2012; Madill, 2012; Whiting, 2008). Semi-structured interviews are a dialogue between the researcher and the participant, thus, making it conversational (Madill, 2012)

Participants in this study were all interviewed face-to-face once for 60 minutes as the aim of this research was to gather rich and in-depth information about their lived experiences

as transgender individuals. The interview explored their lived experiences, and the way they narrated these experiences took up the full length of the interview. The interview explored their family background, early childhood, adolescence, education, support systems and their current living experiences. All interviews were digitally audio-recorded to capture the data; thereafter, all data were transcribed by the researcher and the transcripts were then analysed by the researcher.

Data Analysis

Data analysis and transcribing began soon after every interview was conducted. Before transcribing the interviews, the researcher first engaged with the data by familiarising himself with it by listening to the recordings once, twice or thrice. Listening to the recordings of each interview while transcribing is the first and foremost important step to become familiar with the data (Braun & Clarke, 2006; Riessman, 2005). A commonly used method in analysing lived experiences has been identified as narrative analysis (Riessman, 2001). Prior to data collection, the proposed method of analysis was identified as narrative analysis. Furthermore, as familiarisation with the data occurred, a thematic narrative analysis became more obvious, as several common identifiable themes emerged from the narratives of the participants. Data analysis for this study made use of Braun and Clarke's (2006) six-step thematic analysis and Riessman's (2008) thematic narrative analysis, incorporating certain techniques from narrative analysis.

Data analysing, for identifying themes is the first step in both thematic and thematic narrative analysis approaches (Braun & Clarke, 2006; Riessman, 2008; Tuckett, 2005). When analysing qualitative data for themes, Braun and Clarke's (2006) method was used for identifying themes. These themes emerge from more than 300 codes that went through the phases suggested by Braun and Clarke (2006). The analysis process began by familiarising myself with the data through listening to the recordings, transcribing the data and reading the transcripts several times. This was followed by generating initial codes, arranging and searching codes for relevant and potential themes, reviewing significant themes and then defining and naming the final selected themes with the most noteworthy narratives (Braun &

Clarke, 2006; Tuckett, 2005). This process captured the variation and range of significant and comprehensive patterned responses across the stories of participants (Riessman, 2008).

In thematic narrative analysis, emphasis is placed on what is "voiced" that is within the narratives, with less focus on the choice of language and structure, and how the narratives are constructed (Riessman, 2008). Therefore, in the results and discussion chapter, the excerpts presented have been "cleaned up" to make "the told" more noticeable and easily legible. Moreover, once the data was analysed, triangulation was employed to enhance the credibility of the findings (Carter, Bryant-Lukosius, DiCenso, Blythe, & Neville, 2014; Patton, 1990). Employing this method made the findings reliable and validated what was said by the participants. The researcher went over the findings followed by the research supervisor, and finally to validate the accuracy of the findings, the participants read over the findings. The researcher met with each participant individually, to give the participant space and time to process what was said and if there was any changes needed. With that said, while thematic narrative analysis allows room for the interpretation of language choice, symbols and metaphors assist in conveying the underlying narrative (Riessman, 2008; Zinkhan & Delorme, 1995).

Frequently, symbols and metaphors, the interpretation of language choice in narratives are those of the researcher and should not be anticipated to be implanted within the narrative (Murray, 2003; Riessman, 2008). Although in the interpretation of the narratives the researcher's presence is noticeable in the creation of these narratives and their meanings, this is in keeping with the traditional narrative analysis approach where the narratives and their meanings between participant and researcher are co-constructed and quite prominent (Riessman, 2008). The focus in thematic narrative analysis emphasises the content and the purpose of the narrative rather than how the story is being told (Riessman, 2008). However, it is one of the critical qualitative research objectives and strengths in foregrounding participants' subjective and personal meanings and experiences (Denzin, 2017). Furthermore, a traditional narrative analysis is able to encapsulate subjectivity by paying meticulous attention to the participants' storytelling and their meanings (Riessman, 2008). A narrative

analysis offers essential tools which focus on the subjectivity and agency of a participants' narrative and clearly allow the voices and viewpoints of participants to emerge (Denzin, 2017; Murray, 2003; Riessman, 2005).

Furthermore, employing narrative analysis techniques allowed for the subjective voices and interpretations of participants' stories to be heard and analysed within the contexts in which their narratives occurred. Meticulous attention to the analysis participants' words enables the contextual nature of the experiences and stories of those who identify as transgender to materialise (Riessman, 2001; Zinkhan & Delorme, 1995). The personal experiences and viewpoints of those who identify as transgender as well as the environment of their life was the focus of this research study, and thus, the features of narrative analysis stated above were drawn upon in the analysis of the data. Table 2 presents the main thematic narrative themes and sub-narratives that emerged through the data analysis process which will be discussed in detail in the analysis and discussion chapter:

Table 2: Thematic categories

Category 1: Contextualising early beginning instability: Gender Non-Conforming and Violence	➢ Low Socioeconomic Household and Community violence ➢ Alcohol as a precursor to neglect and abuse ➢ Early experiences of Gender Based Violence ➢ Othered and "Feminised" work
Category 2: Structural Violence	➢ Homelessness: The cost of searching for belonging, acceptance and survival ➢ IPV and GBV: Normalising victimhood ➢ The impact of traumatic experiences ➢ Invisible: On the extreme margins of marginalisation and discrimination – sub-narratives below: • Gender–affirming surgery (GAS) and race • Religion and GAS

	• Accessing healthcare • Visible – "I feel seen"

Ethical Considerations

In this section, the researcher explores the ethical issues considered for this project, such as the informed consent, confidentiality and anonymity of the participants and ends with the risks and benefits of participating in this research study.

Informed consent. Working alliances were established with the LGBTI organisation, the clinical social worker and by providing information about the study and its purpose to the transgender participants who showed interest in participating. Thereafter, the participants met with the researcher for the interview in a privately arranged room at the organisation. The consent form (see Appendix B) was read and explained to ensure participants understood the process of providing informed consent. Each participant was given a few minutes to reflect and process the information on the consent form and to ask clarifying questions about the study and consent. On the consent form, it also stated that participants gave the researcher authorisation to audio-record the interviews and to utilise the interview data for academic purposes, including sharing the data with the research supervisor. Furthermore, each participant was informed that they could skip any questions they felt were too intrusive or did not feel comfortable answering, and that they could withdraw from the study at any time with no negative consequences. Moreover, participants were also informed that their decision to participate in this study or withdraw would not affect their relationship with or the services received from the organisation.

Confidentiality and Anonymity. Due to the nature of this study, assurance of confidentiality to participants was of utmost importance as it dealt with extremely personal and sensitive information. Identifying data was changed in the transcripts to maintain anonymity and confidentiality—pseudonyms were assigned to all participants to write up the study. However, it should be noted that in qualitative research, there are limits to maintaining confidentiality. Therefore, confidentiality and anonymity are very closely related, but with

significant differences between them that must be noted (Bryman, 2012; Creswell, 2014). Anonymity conceals any personal identifying data of participants, while on the other hand, confidentiality conceals all the information of the participants—making confidentiality a higher standard than anonymity (De Vos, Strydom, Fouche, & Delport, 2005). If this study gets published, maintaining participant confidentiality and anonymity will be prioritised, as data from this research has been quoted in the results and discussion chapter.

All interviews were conducted in an enclosed therapy room at the organisation. Recordings and transcripts were all password-protected, and physical records such as the consent forms and field notes were all locked and filed in a filing cabinet, which can only be accessed by the researcher.

Risks and benefits. It is anticipated that the data and findings of this study will be beneficial in informing more context-specific intervention and prevention programmes for those who identify as transgender in South Africa. However, the participants of this study may not directly and immediately benefit from these programmes, but the role each participant played in making any significant change in the behaviours and attitudes in which those who identify as transgender are perceived and managed can never be unnoticed. Informing participants of the results of this study would be beneficial, including any publications, changes and implementations that will be informed by the project outcomes.

Participants in this research were given R50 to cover travelling costs to and from the organisation.

The participants did become emotional at specific points of the interview, but the risks of participating in this research were minimal. There were moments of difficulty when reflecting and speaking through painful experiences of their lives, however, the participants did not express marked emotional and psychological distress, despite moments of painful reflections. All participants found the interviews to be beneficial to them. They thanked the researcher after the interview was completed. Furthermore, the participants requested to see the researcher again after the interviews, but because it was a study, further communication was not recommended because the researcher was not in the capacity of a counsellor but a

researcher conducting a study. For all participants in this study, traumatic life experiences seemed to be a given. Where participants showed some distress, the researcher proposed that the interview be stopped for a while and continue again or they could withdraw. However, no participant opted to withdraw from the study but instead said things like, “let’s take a minute or two and ask the next question”. At the end of the interviews, the researcher asked each participant if they would like a referral to see a psychologist. None of them expressed a need for counselling sessions. The researcher also provided a resource list of other organisations which provide counselling and information about identifying as transgender (See Appendix E). No further cost to the participants was noted.

Reflexivity

Reflexivity is a crucial component the of the qualitative research process and can be understood as the researcher’s constant analysis and understanding of their influence in the research study.. The depth of reflexivity depends upon the type of theoretical and methodological approaches used in the study (Berger, 2015). Recognising and reflecting on the researcher’s contextual and subjective factors which may have an impact on the research process is a fundamental facet of qualitative research (McCabe & Holmes, 2009). Doing qualitative research, especially critical qualitative research, requires the researcher to be more involved, attuned, attentive and slow to respond, as the researcher is dealing with sensitive information (Berger, 2015; McCabe & Holmes, 2009).

In qualitative research, especially interviews, the process consists largely of a dialogue between the researcher and the participants, where the researcher plays an active role in the data production from the interviews (Palaganas, Caricativo, Sanchez, & Molintas, 2017; Riessman, 2008). This process can be seen as a dance between the researcher and the participants—where both are co-constructing a narrative (Probst, 2015; Riessman, 2008). Through reflexivity it becomes pertinent for the researcher to acknowledge their identity and subjectivity throughout the research process; as much as the researcher tries to bracket him/herself, the researcher is somewhat influenced by the interview process—which in turn guides and structures the interviews (Patnaik, 2013). Therefore, it can be argued that the

qualitative researcher has an active presence and can be seen as part of the co-construction of the research findings (Rettke, Pretto, Spichiger, Frei, & Spirig, 2018). It is imperative that this research includes a reflexivity section because this study made use of a narrative analysis approach and therefore, the data analysis should acknowledge the presence of the researcher mutuality and co-construction of the participants' narratives as well as meaning-making that both the researcher and participants made within the narratives (Berger, 2015; McCabe & Holmes, 2009; Patnaik, 2013). Finally, the subjectivity and reflections of the researcher play an integral part in the research process (McCabe & Holmes, 2009).

My social identity as a coloured mxn, along with my class, gender and sexual orientation, culture and religion came to the fore during a few of the interviews. This may have influenced the dynamics of some of the interviews, as well as the co-construction of the narratives of those who identify as transgender. At first, I thought my assigned gender at birth as male would impact how the interviews would play out. However, my sexual orientation as a gay mxn seemed to make the interviews feel seamless and effortless, allowing the participants to share their most explicit narratives confortably. Although, my sexual orientation was not explicitly divulged or mentioned to the participants, reference was made to my sexual orientation by the participants in the interviews. When they referred to my sexual orientation—by trying to include me in their experiences—with the assumption that I might have experienced similar experiences as them, I responded with phrases, such as "Yes", "Okay", "Yeah" or simply said "Mm", and found myself at times agreeing with what they were saying, because 'we' share similar experiences. However, when they shared experiences that were challenging to them, I would still make use of those phrases, even if I had never experienced them myself. I think that it might have been because they had shared their vivid, and most importantly, their realities of violent experiences. tI was concerned that challenging their perceptions of these experiences might cause a disruption in the rapport I established with the participants. Excerpts from my interviews with Natasha and Barbara provide examples of such occurrences:

Jaymion: Tell me about you and your partner's relationship?

Natasha: ...jy weet ons moer mekaar en maak dan op... (you know we fight and then we make up) jy weet dit is normal (you know that it is normal) [laughs…]

Jaymion: Okay.

Natasha: ...hy moer my as ek hom nie clock gee nie… (he hits me if I do not give him money)

Barbara: All men hates us… us gays and trans people always get moered (beaten) by guys. My pa het my ge moer toe ek klein is omdat ek trans is… (My dad would beat me as a child because I am trans) "kom hier jou foken moffie" (come here you fucken faggot) and then he would hit me lights out, my mom could say nothing…

Jaymion: Mm.

Also, reflecting on when Natasha spoke Gayle[5], her assumption was that I understood the Gayle language. Yes, I understood her when she said clock. I did not ask her to explain to me what she meant because at that moment it might have felt pointless.

In reflecting on my race and ethnicity, culture and religion as a coloured mxn, I thought about how it might have influenced the co-construction of the narratives in this study. The majority of the participants in this study were Black (Coloured, African and Indian) which made it easy for the participants to frame their experiences through the intersection of race and gender. At times, it felt as if participants expected me to understand and come to an agreement with them when they spoke about Black transgender individuals' experiences. An excerpt from my interview with Tandiwe provides an example of such an occurrence:

Tandiwe: ... for us Black, Indians and Coloureds we have to work hard, we have to break boundaries to be heard and accepted not like White transwomen communities…

Jaymion Batts: Yeah…

[5] Gayle is a language spoken amongst the LGBTIQ+ community. It consists mostly of female names and was used during the apartheid as a coded way of communication to exclude straight people and the anti-homosexual system (McCormick, 2009)

I think the above excerpt from Tandiwe could be interpreted as to her feeling comfortable in narrating her life to me, because of our shared experiences of being Black. She comfortably shared her narrative of feelings and experiences of racial discrimination in accessing the wider communities as well as social support. For some participants, culture and religion play a fundamental role in Black communities and thus have significant ramifications for them. Based on their gender identity and expression, they are marginalised and treated prejudicially, because of their cultural and religious upbringing. Reflecting on my own experiences of culture and religion and being a gay mxn, I acknowledge that coming out to my family was not an easy task. Coming from a very strong patriarchal and religious standing evoked anxiety about being ostracised by my family and potentially being kicked out of the house. So, when the participants spoke about how their families reacted to them coming out made me reflect on my own experiences and the difficulties around it. Some of the participants were told that they were going against "our" culture, that it is only for the Whites, and that the Bible says that they were going to burn in hell as their body is the temple of God. In some instances, some of the womxn who identify as transgender straight out said that they will not go for gender reassignment surgery because this body is what God gave them, and it would not be right—they do not want to burn in hell. An excerpt from my interview with Monique provides an example of such an occurrence:

> *Jaymion: Tell me would you go for surgery?*
>
> *Monique: Transgender surgery... my family is very religious and I don't want to cross boundaries. God only gave the ability to go that far…*

When reflecting on our differences, there are three significant differences between myself and the participants— our gender identity expression, class and educational background. When some of the transgender womxn narrated about their lower educational levels of attainment, and their class and financial challenges, the differences became pronounced, which made me feel guilty for the privileges that I sometimes take for granted in having more access to finances and educational opportunities. Asking the participants about these challenges made me very uncomfortable because the majority of the participants were

homeless—at some point, it felt like asking a silly question when you already know the answer. It also became uncomfortable for the transgender womxn to narrate about how they sustain themselves and in turn made me feel uncomfortable. An excerpt from my interview with Jenny and Natasha provides examples of such occurrences:

Jaymion: What is your highest level of education?

Jenny: …I wanted to be like you educated and dressed up when I was young. Life would have been different for me then (crying)

Jaymion: So, tell me what do you do for a living?

Natasha: …God [laughter] ek is 'n jintoe (God, I'm a sex worker)

Occurrences such as these, made me realise that my responses to the participants were very short , especially when issues around class, education and employment were raised. This could be interpreted as a defence or anxiety for both myself and the participants by becoming uncomfortable; in some instances some participants laughed or cried. However, although there were moments of discomfort around the discussion of economic and financial standing, it could have opened up more of a space to explore what having a higher level of education and employment might have meant for the participants in relation to GBV and IPV, as well as life in general. It could have also opened up more discussion or dialogue about where education and employment intersect with their experiences of their current living situation. Reflecting on my own experience of education, not long after my interviews with the participants, I became ill and one day after being on campus, I went to Groote Schuur Hospital where I know someone in trauma. Walking into trauma with my student card around my neck and asking a nurse where the person in charge was, the nurse assumed I was a doctor—just by having my student card around my neck. My educational association provided me with further special privileges. This also made me reflect on the challenges those who identify as transgender face in accessing adequate care within health care systems.

Finally, reflecting on the time frame and limited scope within which this study had to be concluded, it might have impacted both consciously and subconsciously the depth of my

questioning or probing into some of the narratives the participants presented. I consciously felt mindful of the time and whether or not the participants had given enough data to answer the research question. In some instances, I would not interrogate the participants in-depth after asking a question and would go straight to the next question, leaving loose ends in a previous narrative, because I felt that by asking the next question, I would get 'relevant' data. In the conclusion chapter, I will provide important recommendations for conducting research linked to this final reflection as well as the limitations posed.

These reflections are crucial in recognising and understanding some of the significant limitations of the researcher. The process of being reflective has fostered a new consciousness—especially for a new researcher like myself—of the importance of qualitative researchers understanding and acknowledging the impact or influence their identity and subjectivity have on the research, as well as the very active role they play within the research process.

Chapter Four

Analysis and Discussion

This chapter presents the lived experiences of transgender individuals through thematic narrative analysis. This analysis aims to answer the main question of how transgender individuals make sense of and narrate their lived experiences. This saw the development of important themes and subthemes from their narratives. In this chapter, the captured narrative themes and subthemes will be presented in detail, following the sequential development of the participants' lives. This will highlight the progressive unfolding of significant narratives and events that shaped the participants' experiences. Each presented theme and subtheme is interlocking and cannot be seen as a different or standalone theme and subtheme. The themes and subthemes that are presented in the chapter were analysed using Riessman's (1993; 2008) understanding of narratives and narrative analysis, and thematic narrative analysis by Braun and Clarke (2006). Through the analysis process, the following themes and sub-narratives emerged: *Contextualising early beginnings of instability: Gender Non-Conforming and Violence* with sub-narrative*: Low Socioeconomic Household and Community violence, Alcohol as a precursor to neglect and abuse, Early experiences of Gender Based Violence and Othered and "Feminised" work.* The structural violence theme saw the formation of the following themes*: Homelessness: The cost of searching for belonging, acceptance and survival; IPV and GBV: Normalising Victimhood; The impact of traumatic experiences*, and concluded with the final theme, *Invisible: On the extreme margins of marginalisation and discrimination,* with the following accompanying subthemes *Gender–affirming surgery (GAS) and race, Religion and GAS, Accessing healthcare and Visible – "I feel seen."* These thematic narratives will be discussed in this chapter.

Contextualising early beginning instability: Gender Non-Conforming and Violence

Contextualising the early beginning of life for the participants in this study is paramount, as it can be described as experiencing extreme forms of suffering from within the home and the community they reside[d] in, as the womxn is this study described their early

experiences of violence and instability. The violence that these womxn who identify as transgender described included verbal, physical, emotional and sexual abuse, as well as witnessing their mothers being abused by their fathers. Furthermore, all the womxn described early experiences of extreme othering for diverting from the heteronormative gender binary norms—masculinity and femininity. These painful experiences left them feeling isolated and alone, ultimately manifesting in feelings of neglect and abandonment with no one to share, eventually resulting in them becoming self-sufficient and learning to survive the harshest of circumstances.

Fourteen of the fifteen womxn—the then young girls—who identify as transgender, identified as black womxn and narrated their experiences growing up in low socioeconomic status (SES) communities, which put them at a disadvantage socially and economically due to historical political and structural forms of oppression. Moreover, these types of communities are marked by community violence, substance abuse, extreme forms of poverty, rape, human trafficking, intimate partner violence (IPV), and gender-based violence (GBV) and are notoriously well-known for gangsterism (Bandini, et al., 2011; Craig, et al., 2020; Malone, 2017; Riley, Clemson, Sitharthan, & Diamond, 2013; Sanders-Phillips, 2009; Seekings, 2010; Williams, 2018). Furthermore, these communities have a high unemployment prevalence rate. The participants' narratives and experiences contributed to the theme of contextualising the early beginning: gender-based violence and instability, which ultimately began with a violent and hostile childhood (Bandini, et al., 2011; Craig, et al., 2020; Malone, 2017; Riley, Clemson, Sitharthan, & Diamond, 2013; Sanders-Phillips, 2009; Seekings, 2010; Williams, 2018).

It has been theorised globally and in South Africa that those who identify as transgender are at much higher risk for adverse childhood experiences (ACE) and abuse due to their gender expression (Bandini, et al., 2011; Craig, et al., 2020; Heusser & Elkonin, 2014; Riley, Clemson, Sitharthan, & Diamond, 2013; Traub, 2017). The most common and severe forms of ACE and abuse these transwomxn in this study spoke about facing as children were verbal and physical abuse, sexual abuse, coming from dysfunctional homes and

communities, and being othered. Eight of the fifteen womxn described being verbally and physically abused by their mothers. Furthermore, all the womxn described being physically and sexually abused by men during their childhood, either by a father-like figure (biologically or step-father), a family member (uncle) and a member of the community (neighbour). Such violent childhood narratives brought about different meanings with similar outcomes for the womxn in this study. These included narratives linked to childhood experiences of violence and their own experiences of GBV, dysfunctional and unstable homes, poverty and becoming responsible from a young age as well as learning to survive life. These thematic narratives and meaning-making will be discussed in this theme as well as the next theme.

As previously stated, all of the transwomxn who were abused as children in this study were abused by men. A significant theme in these transwomxn's narratives was the ability to link adverse childhood experiences to adverse adulthood experiences (AAE), especially those related to GBV. Furthermore, during the process of narrating their experiences of violence, the womxn directly understood their experiences of childhood abuse and how these were connected to their later experiences of GBV. The following subthemes will be discussed in detail: *Low Socioeconomic Household and Community violence, Alcohol as a precursor to neglect and abuse, Early experiences of Gender Based Violence and Othered and "Feminised" work.*

Low Socioeconomic Household and Community violence

It was particularly challenging for the participants in this study to narrate their violent childhood experiences. For fourteen participants in this study, it is noteworthy to understand the communities they grew up in. For example, Amanda, who is a coloured womxn aged 35, comes from a socioeconomically deprived background and narrates her experiences of living in such a community:

Interviewer: What was it like growing up there?

Amanda: For me, it was mostly ghetto, even now gangsterism is 99%, people is dying every day, according to shootings, during the day and night anytime. You must be alert for gunshots. As a child how can I explain it...gangsters all my life.

Interviewer: mm…

Amanda: …Growing up in a gangster community…is not a rich community - it is very poor…

Here, Amanda came to the realisation that she never had any prospects in life as she was already at a disadvantage. As she narrated, growing up in a "*very poor community*" filled with "*99% gangsterism*" already puther at a disadvantage socially and economically due to historical political forms of oppression. Notwithstanding, this form of community violence gives some form of indication of the vulnerability and disposition children are placed in, making them susceptible to child neglect, and being physically, emotionally and sexually abused. Meinck, Cluver and Boyes (2015) postulated, that abuse inflicted on children by adults typically occurs within the child's own network, with 74.6% of all physical and emotional abuse taking place within the home of the child. In many cases, the abusers are parents or relatives. It was further suggested that an estimated 40 million children under the age of 14 years are victims of abuse and neglect worldwide, with children in the sub-Saharan African region suffering from particularly high rates of abuse. Moreover, Meinck, Cluver and Boyes (2015) postulated that some causes of child abuse can be attributed to "poorly developed child protective systems, modernisation and negation of traditional values, large numbers of orphaned children, and disruption of community structures and social norms" (p.10). It was not always easy exploring early traumas from childhood for most of the participants in this study, such as in the case of Natasha, a 45-year-old coloured transwomxn who grew up in a community that was socioeconomically deprived. She narrates her early childhood experience:

...she was thrown outside of the house when she was pregnant with me, she struggled with her pregnancy with me...I was born outside...I was 3 years old when my mom got a job and boyfriend...we went to his mom's place...we had trouble and she left me there...I stayed there, till I went to school. My mom's bf died...his mom looked after

me... in primary school, his mom died...My mom took me again after 2 kids...they used to sell wine...my mom left and left us behind…

Here it became apparent to Natasha as she was narrating that she never had a good relationship with her biological mother and that the boyfriend's mother was a mother to her. When her mother (the boyfriend's mother) died, her life was again uprooted, just when she thought she had some stability in her life. Then her mother left her behind again. This would explain her mistrust of people and her hypervigilance when wanting to explore her childhood experiences. When asked to explore more about her childhood, she became very upset and did not want to explore it further. As time passed in the interview, the question about childhood was revisited and rephrased; she became very angry and said, "*I told you that I don't want to talk about that! You ask the same question differently.*" The topic of childhood made her very attuned to what was being asked of her own childhood. It was clear that exploring her childhood was traumatic and still very painful. Not only was she abandoned by her mother, but she also did not have any secure attachment to her mother, and her mother left her with deep emotional and psychological pain. Her abandonment by her mother left her at an even more unstable place where alcohol was being sold. She appeared to reflect and make meaning of it, saying "*it was there that my life went bad and had no future. If only that lady was still alive, I would not be here*". The following sub-narrative will be discussed: *Alcohol as a precursor to neglect and abuse,*

Alcohol as a precursor to neglect and abuse

Many participants in this study reported that alcohol was linked to neglect and abuse, as in the case of Chanel, a 29-year-old who also grew up in impoverished circumstances and experienced instability as a young child due to parental neglect. She narrated:

Interviewer: What was the household like?

Chanel: It was very hard...my mother would start drinking...at the end, I`m sleeping on the stairs outside…

Here, Chanel understood that alcohol was the reason she was neglected by her mother. Numerous studies have demonstrated that there is a link between alcohol and child neglect and abuse (Jarvinen & Bloch, 2017; Pirskanen, Holmila, Kataja, Simonen, & Tigerstedt, 2017; Tedgard, Rastam, & Wirtberg, 2019; van Niekerk & Boonzaier, 2019). Natasha and Chanel shared similar experiences of extreme poverty and being neglected as children due to maternal absenteeism. Their mothers both suffered from alcohol dependency and they also "*never knew who their fathers*" were. This made it particularly difficult for them, as there was no alternative caregiver to care for them. They were either stuck with an alcoholic parent or no parent at all. Like Natasha and Chanel, Barbara, a 44 year-old and Diana a 29-year-old, both also grew up in a low socioeconomically disadvantaged household and had to experience living with an alcoholic parent, where they were not only exposed to alcohol misuse but had to live through the violence and its effects:

> *I come from a very abusive family. My father was very abusive. He would smash all the windows every weekend. He would come home with oomtas (this is a cheap alcoholic beverage) wine. He would throw his food against the wall and smash the kitchen cupboard. He would hit mummy for no reason… Then we would sleep in someone else's yard… Every Monday mummy had a blue eye. I told my mommy that this was abuse. (Barbara)*
>
> *Diana: My father was an alcoholic and a drunk...weekends he use to come home at 2 or 3 in the morning. Then he used to abuse me... dad was the sole supporter for us*

Diana's father's alcohol abuse had a huge impact on her. It also led to her being raped at the age of 12-year by a 26-year-old man from whom they sought help when they had no place to go. This was when the father damaged the house and had his abusive rages.

> *Barbara: …ek was 12 toe naai die man vir my. Ek het ge sê nee, en toe druk hy sy piel in my, ek het stil gelê… ek kannie op staan nie, my gat het gebloei (I was 12 when I was raped by a man. I said no, then he shoved his penis in my bum. I could not stand. My bum was bleeding.)*

Barbara witnessed her mother being physically abused and she was also painfully sexually violated by a neighbour. She also interpreted that if she told her mother what had happened to her, then they would no longer have a place to sleep when the father had his alcoholic rages. What was supposed to have been a safe haven away from her father's abuse, became her worst nightmare every weekend. There is a direct link between alcoholism, poverty, child neglect, child abuse, and the environment in which the child is raised (Myhra, Wieling, & Grant, 2015; van Niekerk & Boonzaier, 2019). Martin et al. (2011) suggested that the aetiology of childhood sexual abuse (CSA) has a direct link to socioeconomic status and microsystem components such as family, neighbourhood, and schools. They also found that maternal marital circumstances especially being divorced or separated, are associated with increased risk of CSA in the offspring, and often in conjunction with the presence of a non-biological male in the household. Parental substance/alcohol abuse has been identified as a risk factor in families reported to child protective services. Furthermore, there is a significant increase in the risk of exposure to sexual abuse, especially with parental substance misuse (Martin, et al., 2011; Myhra, Wieling, & Grant, 2015). It has been well documented in research that alcohol also acts as a precursor for neglect, abuse, witnessing IPV and sexual violence (Myhra, Wieling, & Grant, 2015; van Niekerk & Boonzaier, 2019). The next subtheme will be discussed: *Early experiences of Gender Based Violence.*

Early experiences of Gender Based Violence

As demonstrated in the previous sub-narrative how *alcohol was a precursor to neglect and abuse*, socioeconomically disadvantaged households and communities may cause poor parent-child communication, which may in turn lead to increased exposure to sexual abuse in childhood (Martin, et al., 2011; Myhra, Wieling, & Grant, 2015). Diana, a 29-year-old Indian trans womxn from a low socioeconomic household in Durban, who ran away from home at the age of 15 to live on the streets in Cape Town narrates about the rape she experienced:

Interviewer: At the age of 7 you were raped by your father; would you like to speak about that?

Diana: My mother died when I was 6

Interviewer: What else can you say?

Interviewer: How old was your dad?

Diana: He was still very young - 30 years old, my mom was 26 when she died...

Interviewer: How many siblings do you have?

Diana: It was me and my brother (he was younger than me...about 8 months old)

Interviewer: Who did you live with at that time?

Diana: My granny (she was on pension); my father did the supporting of the house...at 13 I pushed him...because I was "gatvol" (fed up) now.

Interviewer: Do you think that if you did not push your father away that night, would it still have continued?

Diana: Yes, I had enough... (crying…)

It was very painful for Diana to narrate her childhood experiences. She experienced not only the loss of her mother at a tender age in her life, but her father abused her sexually for six years. She also felt that she could not speak up about the abuse because her father was the sole provider, and they lived with the paternal grandmother who was a pensioner. Diana felt a sense of responsibility because she lost her mother at the age of six and had an eight-month-old brother who was still very young and needed his father. A similar case was that of Tandiwe, a 28-year-old black transgender woman who also grew up in a poor community who narrates about her sexual assault:

Interviewer: Would you like to talk about your sexual assault?

Tandiwe: Yes. Um…okay I was raped by my mother's ex-boyfriend when I was something like 8. That was the first one…yeah…

Interviewer: Tell me more…?

Tandiwe: Yeah, because like… um, I was 8 and I was so scared if I say something I was going to be in trouble and if I speak I'm going to be in trouble and my mom and I going to be homeless we live with him…his house.

Like Diana, Tandiwe was also sexually abused and had to make a decision to remain silent about the abuse, otherwise they would be homeless. Kelly, a 50-year-old white, upper-middle-class transgender woman shares similar early childhood sexual experiences. She also experienced sexual assault from a very young age and never saw it as such until she was made aware of it by her psychologist. She narrates her experience of sexual assault:

Kelly: An uncle, I was 5 and he came to my room and said it was natural. I did not understand. I was not raped but it was not consensual, he's a grown man and should have known better.

Kelly: I was in Standard 5 (Grade 7); it was molestation…

What was profound is that Tandiwe, at the age of eight recognised the disadvantage she was placed in and chose to keep quiet as she also feared her mother who *physically and verbally abused* her as a child. The final subtheme *Othered and "Feminised" work* to the main theme is discussed below.

Othered and "Feminised" work

Many of those who expressed their gender in an effeminate way were often assigned "feminised" tasks within the household they resided in. The consequence of the trauma led to further vulnerabilities. Not only were they being abused, but gender minorities, such as transgender individuals also suffer insurmountable forms of discrimination and oppression, because of their gender expression. Due to their gender identity, they further experience lifelong oppression making them particularly vulnerable to all forms of systemic oppression, including limited access to or no support. These forms of violence also made them vulnerable

to being othered by the men in their lives for departing from the heteronormative gender norms.

Barbara: He would always come for me… because I am a "moffie" (faggot) and would call me that and say I am not his son.

Natasha: … always got the word moffie (faggot) from my mom's boyfriend I lived with…

Like Barbara and Natasha, Jenny, is a 23-year-old womxn who also comes from a disadvantaged community. She narrated her experience of being othered from a young age:

Jenny: From a small age...from a small age I was called a "moffie" I knew that I wanted to be a girl.

Interviewer: What age?

Jenny: At 5 or 6…

In these shared stories these womxn narrated how they were othered by the men closest to them. This form of othering also acts as a form of oppression towards the then-young girls. In the case of Natasha who, like so many other transgender womxn in this study, displayed feminine characteristics and was oppressed and forced to do traditionally female chores.

Natasha: As ek uit die skool kom daan moet ek die kinders se klere was … Jy wil mos 'n tief is soe jy sal tief werk doen… As die vriende kom dan moet ek tea maak... jy wil mos die 'n vrou wees. (When I come from school then I must wash the kids cloths… you want to be a bitch so you will do bitch work… when their friends came over, I had to make tea… you want to be a lady)

She experienced being othered by her a father-like-figure, her mother's boyfriend. She was made aware of her powerlessness from a young age by the person who was supposed to love her unconditionally, but because she is a *moffie*, she is worth nothing. This further made

her feel isolated and fearful of men and their power. Here, what made her particularly vulnerable was that she was not blood-related to him, and she displayed effeminate behaviour, which made her a subject of violence and beratement. Research has shown that male children who display feminine characteristics are at high risk of different forms of violence and othering (de Lind van Wijngaardena, Schunterb, & Iqbalc, 2013).

The then-young girls in this study were not fully aware of their own gender expression, other than their interest in expressing themselves as the opposite sex. *I knew that I was different around 6 or 7 years old, I don`t understand what it was like I grew up I knew. Prior to going to school, it was normal for me. It was normal for me to walk around in my mother's shoes. Maybe I did not look the part of wearing dresses as such, but I knew that there was something.* Not only were their gender expression and departure from heteronormative gender norms a concern, their background and their race—as fourteen identified as black—mattered. This created a quadruple oppression for the transgender womxn in this study. Hereth (2021) and Sherman, et al. (2022) argued that black transgender womxn are tenfold more likely to experience violence and victimisation. Robinson (2018) reiterated that black transgender womxn were more likely and more vulnerable to experience victimisation in comparison to white middle-class transgender womxn. A study conducted by Nath (2011) found that black lesbians and transgender individuals living in socioeconomically marginalised black communities such as informal settlements, rural and peri-urban areas, and townships are among the most vulnerable members of South Africa's LGBT population and experience profound levels of marginalisation.

Furthermore, Hereth (2021) found that transwomxn reported a high prevalence of sexual assault, maltreatment and child abuse, and fear of discrimination when attempting to report harassment or violence to the police, like in the case of Tandiwe, where she felt that she would not be taken seriously if she reported her rape. The notion of gender diverse children being raped or experiencing sexual assault still seems to be a taboo within society and much of the research only focuses on women and girls who are victims of sexual violence. This makes it particularly difficult for young boys to report these incidences

because of the misconception that men cannot be raped, highlighting how the patriarchial system acts as a barrier to help-seeking. Moreover, despite South Africa being considered the rape capital of the world, limited research in gender and sexual minorities is available (Donne, et al., 2018). Additionally, a study by de Lind van Wijngaardena, Schunterb, & Iqbalc (2013) found that when a young boy presents as feminine he is more likely to face a high level of stigma, violence and sexual abuse. Their sexual/rape encounters during childhood and early adolescence often continue multiple times. This is similar to Diana, Kelly, Barbara and Tandiwe's experiences of sexual violence which continued for many years with the same perpetrator. de Lind van Wijngaardena, Schunterb, & Iqbal (2013) also stated that at times, the mother and siblings are aware and condone the rape directed at their feminised child and sibling. Jauk (2013) commented that these acts of violence have a significant impact on the quality of life for transgender individuals' daily functioning. Furthermore, de Lind van Wijngaardena, Schunterb and Iqbal (2013) and Jauk (2013) noted that this violence occurs most when the transgender visibly transgresses heteronormative gender norms and responds to this violence in a variety of ways, such as running away from home.

These narratives detailing experiences of extreme forms of violence and neglect throughout their childhood presented a way to analyse the complexities and intersectional dynamics that were presented in their lived experiences, especially how their families were responded to them for departing from heteronormative gender norms—male and female and expressing feminine characteristics. These expressions were met with othering, physical and sexual abuse, as well as discrimination, marginalisation, and ostracising those who identify as transgender. In the meantime, the male perpetrators got away with dominating and asserting their power towards the powerless young children. This social power is afforded to men under a patriarchal system. These experiences of violence and neglect began a cycle of snowballing effects of instability in the lives of the transgender womxn in this study.

Structural Violence

Many of those who identify as transgender were either disowned, rejected or chose to leave their family of origin as was discussed in the previous theme and subthemes of the analysis and discussion: *Contextualising early beginnings of instability: Gender Non-Conforming and Violence* and subthemes*: Low Socioeconomic Household and Community violence, Alcohol as a precursor to neglect and abuse, Early experiences of Gender Based Violence and Othered and "Feminised" work.* It was not an easy decision for all participants, and many did not have any say. There were compounding factors that forced them to leave their family of origin, as illustrated in the previous theme and subthemes. This theme which focuses on the structural violence, will discuss how those who identify as transgender are treated within the broader spheres of society within a given context, through an intersectional lens after either being disowned, rejected or choosing to leave the family of origin and their family's community. The structural violence theme saw the formation of the following themes*: Homelessness: The cost of searching for belonging, acceptance and survival; IPV and GBV: Normalising Victimhood; The impact of traumatic experiences*, and concluded with the final theme, *Invisible: On the extreme margins of marginalisation and discrimination,* with the following accompanying sub-narratives *Gender–affirming surgery (GAS) and race, Religion and GAS, Accessing healthcare and Visible – "I feel seen"*these said thematic narratives will be discussed in this section.

Homelessness: The cost of searching for belonging, acceptance and survival

Research has demonstrated that those who identify as transgender, black, and predominantly come from low socioeconomic households and communities are at a much higher risk for homelessness when compared to those who identify as white and middle class (Alessi, Greenfield, Manning, & Dank, 2021; Jobson, Theron, Kaggwa, & Kim, 2012; Koken, Bimbi, & Parsons, 2009; Kosenko, 2011; Mizock & Hopwood, 2018). As discussed in the previous theme, those who identify as transgender endure extreme forms of violence from a young age because of their feminine gender expression and for departing from heteronormative gender norms. In this study, this violence also included members of the

community in which they resided. Moreover, they were discarded, disowned, rejected and some ran away trying to escape the various forms of violence and pain they were subjected to (Dempsey, Parkinson, Andrews, & McNair, 2020). More than half of the participants in this study were disowned and rejected for their effeminate gender expression and for expressing their unique self–transgender, which exacerbated multiple forms of oppression, especially being marginalised and ostracised by the very people who were supposed to love and accept them 'unconditionally'. All of the participants in this study felt that there was something '*wrong*' with them from an early age, and while reflecting on the traumas inflicted, they came to the understanding that all they ever wanted was to be loved and accepted for their uniqueness. However, this was met with deep and long-lasting pain, making most of them feel ostracised, like they do not belong and never feel accepted. Therefore, this theme of homelessness refers to the cost of searching for belonging, acceptance and survival.

For many participants in this study, choosing to put their own needs first had huge ramifications. This was the case for Beyoncé and Wadia who shared a similar narrative of the cost of putting themselves and their own needs first in order to survive:

> *Interviewer: Why does your uncle blame you?*
>
> *Beyoncé: ...So my uncle blames me because of my dad who is dead because he never accepted me. I was at my father`s funeral, but it felt like...I was driving with family...even though my mom arranged the funeral. My name was not on to say anything or to carry the body...all my life my name was on as a pallbearer and on eulogies, but Dad no. I was supposed to do the tribute to Dad, but last minute it was changed. I felt out, I feel empty inside.*
>
> *Wadia: I could not attend my father's Janazah (funeral) because I was not accepted*

Both Beyoncé and Wadia shared a similar experience of loss when their father died. They were not accepted nor were they acknowledged. This left them feeling even more ostracised by being marginalised by their own family. Although Beyoncé attended her father's funeral, Wadia was not allowed to attend her father's funeral. This left them both

with a deep sense of loss, not being able to pay respect to their fathers for the last time. Beyoncé also has to live with the guilt that her uncle placed on her, as he blamed her for her father's death. While Beyoncé had some form of closure by attending her father's funeral, Wadia was not allowed because she was not accepted. Their identities as transgender womxn had a direct impact on their inclusion and exclusion within the family system; choosing to put themselves first and escape the abuse of their families came at the cost of being excommunicated from the family system (Castellanos, 2016).

Many of the participants felt a deep sense of ostracisation, marginalisation, stigmatisation and discrimination from their family of origin and community. Amanda, who currently alternates between living on the streets and living at home, based on her appearance, narrates what it means to her to identify as a transgender womxn and how it was received within her family and community:

> *This is me, and it is me for 35 years. So, being transgender, for me, means being in a woman's body, not being in a man's body. So I don't know otherwise but, I feel like I am a woman, and I accept myself a long time ago for what I am. At home I am not 100% accepted, my mother gave birth to a man, and my family does not accept the transgender ways, but it's not easy in the community, because people are always discriminating, or don`t accept you. for instance, using the woman's toilet, they would ask are you a woman...for me, it was never easy to just being yourself. At this age and stage in life, I have learnt a lot... I am much stronger and more confident in myself. (Amanda)*

Here, she makes meaning that if she plays the part of her assigned gender at birth she is welcomed at home, but if she portrays her true self-identified gender as transgender she is rejected. Interestingly, she makes reference to her mother giving birth to a man and that is what the family will see when they see her. It seems like Amanda is playing a dual role or living a double life with her family's demands and their rules. She also understood that her transgender identity was the direct link between her being discriminated against, and not

being accepted in her family or community. However, for many other participants in this study, it was not easy to portray a dual role, as many of the participants in this study ended up on the streets, homeless.

The pathways to homelessness for those who identify as transgender vary, unlike in the case of Amanda, who alternates between living on the streets and at home. It has been documented that those who identify as transgender often end up homeless and living on the streets due to their gender expression, coming out, abuse, family conflict due to their identity, and their rejection m (Ream & Forge, 2014; Robinson, 2018; Zimman, 2009). This was the case for twelve of the fifteen participants in this study, who currently live on the streets broader Cape Town. They take shelter and cover under one of the bridges in broader Cape Town. Like many, Zoey is a 28-year-old transgender womxn who currently lives on the street in Cape Town; she comes from a Christian household. She narrates her coming out story:

> *Zoey: Everything was fine...when I came out of the closet things went bad*
>
> *Interviewer: How old were you?*
>
> *Zoey: I was 12 years. old, that was the time I decided to come out […] I was looking older in my body...I was allowed into clubs. One night I came back, and someone opened the door for me. In my room, my grandfather was suspicious so he came in, and asked what is going on. He came and saw me in ladies' clothes. He beat and smacked me and said that is not the way he raised me. I ran away from home…*

Zoey understood that her effeminate behaviour and her transgender identity had a direct link and consequence to the violence she experienced from her grandfather, and she chose to escape the violence by running away from home. This was also the case for many other participants in this study who ran away from home due to the constant physical abuse by their fathers. Wadia, Deborah and Miriam narrated similar stories on how they ended up living on the streets:

> *Interviewer: What was it like being at home as a child?*

Wadia: I was in Grade 10 when I ran away from the abuse… He would hit me like he is hitting a grown man… I would faint from the pain, my body would be black and blue and I couldn't go to school… it was bad (crying)… I got on a train and did not know where I was going and I ended up in Cape Town

Interviewer: Any family issues
Deborah: Yes, a big issue between me and Daddy. I could not handle his consistent abuse. I ran away and ended up on the street.

Mariam: At first, before I lived on the streets, I was at home wanting to be a singer, afterwards things did not work out because of my gender, started discriminating against me. I came out of the closet, and they rejected it...told myself if they don`t take me as I am, then they were not worth being in my life. Left home and came to Cape Town [CBD]...at that time I did not know what transgender means, and I met another transgender. That is the way I meet people and friends. They love you for who you are not what they want you to be. I am still with them...

Wadia and Deborah clearly stated that they could not handle the physical abuse inflicted on them by their fathers and made the decision to run away from home,while Mariam left home because her family rejected her and started to discriminate against her. All three womxn were denied the right to express their identity as transwomxn. These womxn clearly understood and drew links that being physically abused and outright rejected by their caregivers was a direct result of their gender non-conforming identities. A study conducted by Koken, Bimbi and Parsons (2009) focused on black transgender womxn to explore how caregivers experienced them as children, which was guided by parental acceptance-rejection (PAR) theory. It should be noted that the PAR theory indicated that a transgender child's experience of denunciation may have a substantial influence on their adult lives. Due to the stigma associated, many transgender womxn experience abuse or rejection at the hands of

their parents and primary caregivers as children and adolescents (Koken, Bimbi, & Parsons, 2009). The findings suggested that the majority were met with aggression and hostility, and they also reported neglect and rejection, which was common as many were required to leave their homes as adolescents or some chose to leave, increasing their risk of homelessness, poverty, and associated negative consequences (Koken, Bimbi, & Parsons, 2009). The findings of Koken, Bimbi and Parsons's (2009) study are very closely linked to the experiences of the participants in this study and how they have ended up homeless and living on the streets.

Diana explains how she ended up homeless and living on the streets of Cape Town:

> *Diana: I come from a staunch Hindu background...my ex-boyfriend from Durban was in the closet...that time I had short spikes and stuff. because I was trying to respect them, this guy took nude pictures and sent them to my dad, so my dad saw the pictures. My step-mommy told my daddy that we can't have this gay things in the house, and that's the time he rejected me, I came to Cape Town.*

In the excerpt above, Diana described what and who made her father reject her for being gay. As she stated, the step-mommy was not happy with the idea of having a gay step-son in the house and the father was also upset that he received naked pictures of his "son". These compounding factors contributed to Diana being rejected and leaving her family of origin. Many of the participants in this study left home at vulnerable ages. They were still in their teens and early adolescence when they left home. Both Jenny and Bianca shared their experiences and age when they started living on the street of Cape Town:

> *Jenny: I was 11 years old when I came to Cape Town…looking for people who look like me…*

> *Bianca: I wanted to belong to people I identify with…I was 11 years old...we came to Cape Town new, and a guy came to me with a knife. He kept the knife against me and*

kept me around my neck like a couple. I must not try to open my mouth, I was scared and did not know what to do. He told me not to open my mouth, and at the train station he abused and rape me.

Jenny and Bianca were both aged 11 years when they ran away from home with the hope of finding people whom they could identify with and who looked like them. This is considered to be normal human behaviour, to seek out belonging and forming relationships with those who look and identify with you, especially in new environments (Alessi, Greenfield, Manning, & Dank, 2021). However, this was not the case for Bianca, as she was raped by a man as she stepped out to her new possibilities and new-found 'freedom'. Now that the participants were homeless and underage how were they going to provide for themselves and survive? Jenny and Natasha clearly narrate that they had *no money* when they came to Cape Town to live on the streets:

I had to make money for myself. I saw sex work was the only way...years went by and I`m still here. (Jenny)

Interviewer: So, tell me what do you do for a living?

Natasha: …God [laughter] ek is 'n jintoe (God, I'm a sex worker)

Both Jenny and Natasha engage in sex work in order to survive and make a living for themselves. Studies have shown that those who identify as transgender and who become homeless often engage in sex work in order to survive (George, et al., 2019; Kattari & Begun, 2017). However, this can be very risky and dangerous for the transwomxn. In South Africa, sex work is illegal and this puts sex workers at a greater risk of running into contact with the law (Huschke & Coetzee, 2020; Shannon, et al., 2018). Additionally, this opens them up to further victimisation and discrimination from the authorities, such as the police. Natasha who had a run-in with the police, narrated her experience of contact with Serve and Protect:

Natasha: …n policeman het my verkrag (a policeman raped me)… Hy het my op die pad gesien en gearresteer (He saw me on the road and arrested me). He put me in the van en toe naai hy my (and then he raped me)… no condom…he was very rough. I was bleeding…

This interaction clearly demonstrates the abuse of power and the dominance the policeman had. The level of violence Natasha had to endure as he forcefully raped her, left her bleeding. Thus, this further put her at a disadvantage because the South African law states that sex work is illegal. In essence, therefore it could be interpreted as abuse of power. Natasha did not make a case—who would believe a sex worker over a policeman? What further oppresses her is her identity as a transgender, being Black and poor. As she previously articulated, "*God [laughter] ek is 'n jintoe (God, I'm a sex worker)*", clearly refers to her understanding of her position in society and the risks associated with it. A study by Krusi, Kerr, Taylor, Rhodes, &Shannon (2016) argues that the criminalisation and stigmatisation of sex workers undermine their active right to protection as citizens, which marginalises them and puts them at an increased risk for violence and poor health conditions. As a sex worker, many clients are aware that it is a criminal offence to be a sex worker and take advantage of these womxn. Many sex workers are unable to negotiate condom use with clients; in cases of having rough sex and the condom tearing, the sex worker might not be able to insist on using a new condom because the client might become violent (Huschke & Coetzee, 2020; Shannon, et al., 2018). However, some clients may offer the sex worker more money to have sex without using a condom (Huschke & Coetzee, 2020). This was also linked to this study, as narrated by Jenny who is a sex worker—"*Sex with clients without condoms for more money*". This is also about the context in which these womxn operate, which inevitably influences their negotiation to use a condom, increasing risky sexual behaviours—it is an economic monopoly, and whoever controls the money controls the sex worker (Shannon, et al., 2018).

Reflecting on this theme, it is evident that the various forms of violence these transgender womxn experienced from early childhood had a profound impact, ultimately

contributing to their experiences of homelessness. This theme also attempted to link the consequences that came with becoming homeless and how it had an impact on the transwomxn. Dempsey, Parkinson, Andrews, & McNair (2020) indicated that the risk of this group becoming homeless is high as it stems from multiple childhood disadvantages such as poverty and experiencing family conflict, and sexual and physical abuse within the family home, thus leaving home in their early teens, as was demonstrated through Jenny and Bianca's narratives. Koken, Bimbi, & Parsons (2009) would argue that their identity as transgender womxn had a direct link to experiencing aggression and hostility from their fathers, which eventually led to them to becoming homeless. Robinson (2018) would agree with Koken, Bimbi, & Parson's (2009) argument and add to it by stating that existing literature on this vulnerable group has identified family rejection as the primary pathway to homelessness and that their findings would indicate that the majority of the youth who identify as Black comes from already low socioeconomic communities and households and are more prejudiced than White, middle-class households and communities. Koken, Bimbi, & Parsons (2009) would further suggest that their caregivers' rejection of them would also have a direct negative impact on their future trajectory as adults.

Although many of the participants sought out help from shelters within Cape Town, many were denied access. Once they were identified as transgender these shelters refused to allow them back in. Natasha stated that the shelter told her "*the people don't feel safe with her kind of people around, because I'm transgender*". This highlights systemic and structural oppression and the enactment of transphobia. It is also a clear demonstration of how hegemonic masculinity is often normalised in shelters, which creates substantial obstacles to safe, accessible, and supportive services for transgender womxn (Abramovich, 2017). This can be attributed to bureaucratic regulations and the absence of essential guidelines incritical areas which play an important role in creating the disjuncture experienced by transgender womxn in shelters (Abramovich, 2017; Ecker, Aubry, & Sylvestre, 2020).

Studies have illustrated that those who identify as transgender, Black and come from poor households and communities are at a significantly higher risk of engaging in sex work in

order to survive when they become homeless (Abramovich, 2017; Alessi, Greenfield, Manning, & Dank, 2021; (Kattari & Begun, 2017). As demonstrated in this study, this was the case for many of the participants and can be linked to their narratives. Jenny stated that she wanted to be a *singer*, but due to her identity, she left home with *no money* and saw *sex work* as her only way to survive. This was also the case for Natasha, who became a sex worker. There are many more, in fact, fourteen of the fifteen participants in this study became sex workers. Many of the womxn in this study had no option other than becoming sex workers in order to make a quick living. It was difficult for them to find employment due to being treated with prejudice. Also, many of them left home when they were still in their early teens, and in South Africa, the legal age to enter employment is 16 years old. King, et al. (2019) argue that the only reason they engage in sex work is due to the lack of employment, which aligns with experiences of the participants in this study. This further exacerbated their oppression, creating a deprivation trap for them. Not only are they stigmatised and discriminated against for their transgender identity, they also face structural and systemic oppression, and they are homeless and appear unkempt. However, the compounding factor of sex work that these participants engaged in for a living made them particularly vulnerable to multiple forms of violence, as was demonstrated by Natasha's experience. As sex work is illegal and criminal, this puts these womxn at a further disadvantage, opening them up to be dehumanised and taken advantage of (Samudzi & Mannell, 2016).

Furthermore, King, et al. (2019) articulated that this group is particularly vulnerable to experiencing stigma from health services providers, further compounding their already marginalised status, which eventually has a huge impact on their health— such as the high HIV acquisition. This then becomes multifaceted, as engaging in sex work means having intercourse with multiple partners in one night (King, et al., 2019; Richter, Chersich, Temmerman, & Luchters, 2013; Shannon, et al., 2018). Jenny narrated: "*I got HIV from sex work… we had sex talk and I got tested and it came back a positive status*". Similar to Natasha who stated: "*ek is n jintoe*".

Despite the constant challenges and hardship these womxn described, such as experiencing homelessness, victimisation and discrimination, they still continue to endure, which led to the development of the next theme *IPV and GBV: Normalising victimhood*.

IPV and GBV: Normalising victimhood

Growing up in a heterosexual household with heteropatriarchal ideologies greatly impacted the lives of those who identify as transgender womxn in this study. From early childhood, they witnessed their mothers being physically abused and silenced by their fathers. They themselves being abused sexually and physically by the men (fathers, father-like-figures, uncles and mother's boyfriend) in their lives, and being othered by the men in their lives for their gender expression and departure from heteronormative gender binary has made violence a 'normal' occurrence in their lives. For the participants in this study, IPV and GBV have become normal, something that they have come to expect. IPV and GBV among those who identify as transgender is as much of a reality, as it is in a heteronormative relationship. Many of those who identify as transgender try to emulate a heteronormative gender binary relationship in their daily lives, and thus, operate like a 'normal' heterosexual relationship with one being masculine and the other being feminine. In this way, they also perform the roles that are expected of the assigned gender roles of masculine and feminine (Wells and Polders, 2006). Even though they themselves are biologically male and in a relationship with another man, they themselves still see themselves as less than the 'manly' man. In this way, much emphasis is placed on the patriarchal systems ideologies of what a relationship should emulate. In the excerpt below Natasha narrated her experience of being in a relationship with her partner:

> *Interviewer: …Tell me about your and your partner's relationship…*
>
> *Natasha: …jy weet ons moer mekaar en maak dan op... (you know we fight and then we make up) jy weet dit is normal (you know that it is normal) [laughs…]*
>
> *Interviewer: Okay.*
>
> *Natasha: …hy moer my as ek hom nie clock gee nie… (he hits me if I do not give him money)*

Here it is clear that Natasha has normalised being physically abused by her partner and sees nothing wrong with this abuse when she does not give him money. After a physical fight the couple often rekindle their relationship as if there was no physical altercation. This is quite a 'normal' phenomenon one has come to observe in a low SES community, where the man would physically abuse his wife and later make up as if it did not happen (Boonzaier & van Niekerk, 2018). IPV has become the 'new norm' within certain communities where there would be bystanders and not even intervene when it occurs (Salter, et al., 2021). Furthermore, another thing one has been observed living in a low SES community is that it is 'normal' for the man who is the head of the family to be unemployed while the women are employed providing for the family basic needs. However, from the excerpt above, it is clear that one plays the more dominant role in the relationship and asserts his dominance. This makes Natasha the supposedly submissive gender role in their relationship. Wells and Polders (2006) would comment and say that this is not a new behaviour for those who identify as transgender or among those who identify as gay/lesbian to 'conform' and to 'fit' in with a heterosexist society. Furthermore, this phenomenon of conformity complicates and adds to the complexity of those who identify as transgender, wanting to emulate a heteronormative relationship and gender binary of masculinity and feminity. More so, this makes it more complex for those who identify as transgender to seek help because of their assigned gender at birth and this makes them normalise being a victim of crime. As Natasha described "*jy weet ons moer mekaar en maak dan op... (you know we fight and then we make up) jy weet dit is normal (you know that it is normal) [laughs…]*".

However, Guadalupe-Diaz and Jasinski (2017) would argue and postulate that those who identify as transgender face distinct help-seeking barriers when it comes to IPV, firstly, they struggle with gendered notions of being the victim which makes it difficult to identify that they are being abused, and secondly, the challenges they will face when having to access and navigate inclusive resources. So based on these factors, these womxn normalise the abuse

and it goes unreported. Guadalupe-Diaz and Jasinski's (2017) argument can also be linked to what Tandiwe narrated in her excerpt below:

Tandiwe: Yes…yeah… so, since then every rape that was happening I didn't regard it as rape because I was actually, I was actually like um… a victim of… okay… I didn't report it… I was going to go to the police station then they won't take me seriously…

What Tandiwe is narrating is the realization that there is no support for violent crimes, and that even if she goes to the police station to report the violence, she will not be taken seriously." . So, therefore, after multiple acts of violence, these womxn have come to learn to accept that it is part of their journey that they will just be victims of violent crimes. This was also illustrated by Martha's narration of othering where she said:

Interviewer: How does it make you feel you feel being called a "moffie"?

Martha: It is something old, I don`t take note of...I am so used to people calling me that

Based on her gender she was called moffie over and over throughout her life where she has come to learn to normalise it. She no longer takes note of this anymore. These forms of gender-based violence have huge impacts on those who identify as transgender and yet it goes unnoticed by the affected. Kelly narrates her experience of gender-based violence:

Kelly: ...it was cool there was no pain. It wasn't rape in my eyes; it was "shit" that happened. The other one was 5 hours, with a group of guys, they took turns. I was in Port Elizabeth alone. The only way to get through the night was to let them do whatever they want to.

Interviewer: It must have been very difficult for you.

Kelly: There was no pain, it was fine, was not violent assault, I let them do what they wanted to do…

Interviewer: May I ask why you say, "I let them do what they wanted to do"?

Kelly: I did not have a choice at that moment, otherwise they would've been violent or even kill me.

Kelly was gang raped by men for five hours, but she does not describe it as rape. She states that it was not painful, and it was just a bad thing that that happened to her. This works as a coping mechanism to protect Kelly from distressing thoughts associated with rape ordeal.. In that moment she realised her vulnerability as a transgender and the power these men had over her – this can also be interpreted as a self-preservation or self-protecting mechanism. Barbara narrated a similar experience of being gang raped:

> *Barbara: I was raped... I was raped! My friend and I ended up in an argument. I don`t want to sleep here, I would rather go home. I was standing at the train station going home, it was the last train going home. It was three guys, the one choked me...the other one was holding my mouth closed and the other pulling my jeans off. They were busy with me, there was a train coming from Town… So I don`t know if God was with me...don`t know if the people were seeing. Just a few seconds, I heard Yas (hey) stay as you are… staan stil julle (stand still you) it was the police. I said oh thank you, mister, they started sodomising me. They put them in a van and me in front. We went to Tygerberg Hospital and I alerted my mom.*

While she was narrating her gang rape experience, it was as if it was the first time that Barbara came to the realisation that she was raped, as she repeated it twice '*I was raped*', confirming it to herself the violence that she experienced. Bianca's experience of being gang raped:

> *Bianca: They were two guys who broke into our house and robbed and murdered my husband (crying…), they shot him three times and he fell in my arms… (crying…). They raped me after that and forced me to have oral sex on my dead husband (loud screaming and crying uncontrollably)*

At the moment of narration Bianca, for the first time came to the realisation of that night and the impact of that violent night. She became extremely overwhelmed by the

narration that she could not control and contain herself. She gave off a loud scream while crying inconsolably as if she was reliving that horrific night of violence she had to endure. This speaks to the extent of overkill and extreme form of showing aggression towards those who express their gender as unique from the gender norms. The violent killing of her husband and inflicting that extent of dominance speaks to the level of hate the men displayed towards them for departing from the heteronormative gender binary. This can also be linked to what Barbara narrated:

> *Barbara: All men hate us… us gays and trans people always get moered (beaten) by guys. My pa het my gie moer toe ek klein is omdat ek trans is… (My dad would beat me as a child because I am trans) "kom hier jou foken moffie" (come here you fucken faggot) and then he would hit me lights out, my mom could say nothing…*
>
> *Interviewer: Mm.*

In this excerpt, Barbara, clearly states based on her experience so far that "*all men hate us gays and trans people*" which was quite interesting because up until now they have always experienced extreme forms of violence at the hands of men. In her narration she reflects and realises that it all started with her father being the perpetrator inflicting these violent crimes. The extent of her father's violence would leave her unconscious. This could also be seen as her father trying to assert dominance by correcting what he believes is a behavioural problem and by using extreme force and violence she would 'conform' and 'fit' the heteronormative gender binary.

In South Africa, especially among men, violence is used as a form of resolve and a form of dominance over the submissive to get those who identify as transgender to subdue to the manly power. There is copious research that has demonstrated the power afforded to men and how they assert their power directed at those who identify as transgender and the sexual-orientation minorities. They often express their power in the form of sexual and physical violence (Ford, Slavin, Hilton, & Holt, 2013; Peitzmeier, et al., 2020). Therefore, when reflecting on these violent crimes inflicted on the participants in this study, is mind-baffling

that it goes unreported more so in a country like South Africa, with one of the most progressive constitutions on the African continent and in the world. This happens especially, with regards to the rights and the protection of those who identify as transgender (Govender, 2023). However, it makes sense that it goes unreported because as Tandiwe stated "*I was going to go to the police station then they won't take me seriously*", as many who identify as transgender fear being further victimised. Another factor to consider is that South Africa is considered to have the highest prevalence of violence especially, IPV and GBV in the world. However, most of the IPV research focuses on women and children in South Africa, neglecting to take into account for those who identify as transgender and sexual-orientation minorities. Furthermore, Peitzmeier and Colleagues (2020) have found (and can be linked to this study) that there is not an extensive difference in any IPV, physical or sexual IPV prevalence between those who have been assigned-female at birth and those individuals assigned-male at birth, nor in physical IPV prevalence between heteronormative binary and those who identify as transgender individuals. Furthermore, Hereth (2021) has linked childhood abuse, maltreatment, witnessing domestic violence and IPV to later on in life experiencing IPV, and sexual violence experienced by those who identify as transgender. Hereth's (2021) understanding of IPV and violence experienced in childhood and later on in adult life can be linked to the participants' life stories in this study, as demonstrated throughout Barbara and Natasha's narratives.

More so, Govender (2023) argues that GBV and IPV is a result of patriarchy, culture and traditions in South Africa and that the structures of South Africa are dominated by a patriarchial society. Therefore, based on this power afforded to men within South Africa, they have this entitled stance of exerting power over the vulnerable. Therefore, it is not surprising that those who identify as transgender experience extreme forms of violence by men due to their gender identity expression. The impact of the violence affect those who identify as transgender in different ways mentally and have to seek different forms of coping. Therefore, this brings us to the next theme: *The impact of traumatic experiences.*

The impact of traumatic experiences

Trauma can be a single or multiple events that occur over a period of time, such as rape, physical abuse, and neglect that causes emotional distress for the individual experiencing the traumatic event[s] (Jones & McNally, 2021). This theme will look at the impact of traumatic events that have occurred and that have been inflicted on those who identify as transgender in this study. As all the participants in this study have experienced extreme forms of trauma over the course of their lived realities. These traumatic events were narrated by the participants and impacted them severely. It is also important that it gets acknowledged and trace the traumatic events. Moreover, what made the womxn in this study particularly vulnerable to these forms of traumatic experiences, can be linked to their transgender identities. For many transgender individuals, especially those in this study, their painful and traumatic experiences left them with deep and lingering emotional and psychological effects. All of the participants, from childhood, had to endure extreme forms of violence because of their gender expression. They had to leave home because of their identity as transgender in their early teen years. This decision exposed them to more forms of violence. The psychological fallout had different effects on the participants. All of the participants in this study have experienced being raped, which had a huge impact. - Lisak (1991) once postulated that "survivors of rape often experience acute posttraumatic reactions and may suffer severe bouts of depression, anxiety, and fear as well as impaired social functioning" (p. 238). Diana narrates the feelings and the impact the sexual violation had on her and her relationship with her partner:

> *Interviewer: What do you make of 7 to 13 years old?*
>
> *Diana: It scared me for life...you don't want to go back when it's time for me to have sex then I can't*
>
> *Interviewer: When you have sex what do you remember?*
>
> *Diana: I think about my father and what he used to do...anal sex... dirty feelings… I feel dirty… (crying…)*

Diana: I don't sleep with my partner, cause my father raped me when I was 7 years old… One day I opened up to him about my dad...he understood, and I just thank God for that… we have a strong relationship.

For Diana, being raped by her father scarred her in a different way. Whenever she and her partner want to be sexually intimate, the overwhelming feelings of shame and guilt paralyses her to a point where she cannot engage with her partner sexually, "*it is like he is doing it again to me*". Every time she becomes intimate with her partner she is reminded of what her father did to her. she associates sex with dirty feelings and that she feels dirty. Not only does this have an impact on her sexual relationship with her partner, but it also impacts her profession as a sex worker, her only source of survival. Natasha on the other hand is unable to narrate her painful traumatic experience:

Natasha: …When his guy friends came… he called me to give wine and they smoke dagga, then the things happened… (crying)
Interviewer: I'm so sorry… I can see that this is difficult for you. Let's talk about what made you feel so sad, what then happened?
Natasha: Nothing happened! (angry) I don't want to talk about that kak (shit) happened and that's it.

For Natasha, the pain or shame is so raw that she cannot express it. This is common coping defensive mechanism among individuals who have suffered extreme forms of trauma, and who did not receive adequate psychological intervention to process the trauma (American Psychiatric Association, 2013). For many other participants in this study, the traumatic experience can become extremely overwhelming, as in the case of Kelly and what she narrated about what she felt like when it became too much for her to contain herself, she "*attempted to commit suicide twelve times*" and according to her:

Kelly: ...why do I self-destruct. I wanted to figure out what is going on with me. Through that, I'm being diagnosed with multiple personalities. I always joked that I had 3 personalities.

Through her process of seeking professional help, she was able to identify what was making her self-destruct and was diagnosed with Multiple Personality Disorder. Kelly further explains her process in seeing a Clinical Psychologist and her personality aetiology:

It was 2011...I always joked because I have 3 personalities and I am a Gemini. A fourth personality came out. It was not a personality. There was definitely a behaviour structure behind each one of them. 3 males and 1 female, but I did not know who was. There was no voice change...there were only behaviour changes. But effectively people always tend to tell me I am switchy. They don`t understand me at all. we worked out that I need the 3 boys to function. I always knew that I wanted to be a girl. Something that my generation doesn`t talk about. When I got my first internet in 1999, I googled men and women, that was the first when I heard the word transgender. Before that I did not know what, it was. It intrigued me, but I would not follow through. Prior to 7 years, I had no recollection of my life. It is as if I was born...through counselling we found the main personality. The way my psychologist worked out...which was a natural swing, and which is not. By firing lumber Jackman, we got 2 personalities. Finally, the woman personality came out. I needed all 3 personalities to function for the female. Each one had a different role to play in my life. It was a year after counselling, we went for counselling and trauma. So, the trauma is gender-related, my first experience of sexual assault was in primary school. (Kelly)

What was significant and profound about Kelly's narration here in this excerpt was that she could link with the help of a psychologist her trauma and when these personality structures started to develop. Also, she linked it to her transgender identity, when she was in primary school when the sexual violation started. This is a common defence mechanism

especially for children between the ages of three and six, of the brain to protect itself from the trauma, it starts to develop coping mechanisms, in order to protect the psyche (American Psychiatric Association, 2013). In clinical psychology and psychiatry, this would be what was previously known as Multiple Personality Disorder (MPD), now known as Dissociative Identity Disorder (DID) (American Psychiatric Association, 2013).

Unlike Kelly not every participant in this study could afford to see a Clinical Psychologist for treatment. The majority of the participants in this study had to find different forms of coping with their inescapable trauma. Many of the participants resorted to substance abuse to numb the pain of past and continued traumatic experiences. In the case of Natasha, Diana, and so many more who abuse alcohol, and methamphetamine (tik) – Deborah narrated that she uses a mixture of Mandax and Cannabis, which is called "*bombastic*". Jenny also indicated that she "*sniffs glue*" to make her feel high. However, studies have linked glue sniffing, especially for those living on the streets and who are homeless, to help suppress their hunger (Shikololo, 2021).

The point of this theme is not to link or indicate in any way that those who identify as transgender aredisordered, but merely to clearly demonstrate that those who identify as transgender are highly more at risk of being victims of crimes inflicted against them, and the psychological fallout thereof. In the case of Kelly, it is clear that the precipitating factors such as rape and violence she had to endure from childhood were the aetiology for her to develop DID (American Psychiatric Association, 2013). Dissociative Identity Disorder and its aetiology have been well documented and studied for many years, and therefore, this study is able to draw the links to what Kelly narrated. She was taken advantage of as a child by a grown man who forcefully went against her will and sexually violated her body because she looked and expressed differently from what was expected from her assigned sex at birth. That pathological and criminal violence had a negative impact on her future life trajectory.

In South Africa, and especially among Black (Coloured, Indian and African) people there is a saying that seeking out professional help such as from a psychologist and psychiatrist, is something that 'White' people do and if you do consult a professional you are

considered ‘abnormal’. Mental health is not something spoken about within these communities. This generalised opinion then creates a barrier for those who identify as Black. Fear of being considered ‘abnormal’ makes it even harder to seek out support and thus suffers psychologically. Now when adding the layers of identifying as transgender and living in a low socioeconomic household/homeless, coupled with their mental health inflictions because of the violence they had to endure creates an interlocking system of oppression and triple jeopardy for those who identify as transgender (Crenshaw, 1989; Collins, 1993). The majority of the participants in this study are Black and living on the street/homeless makes it difficult for them to access the necessary professional support needed. In the case of Diana, it would be difficult for her to access a professional that might be sensitive or well-informed about gender identity and especially transgender specifically, without being stigmatised and being treated without prejudice (Ferguson & Maccio, 2015; Ream & Forge, 2014; Robinson, 2018). Duncan and Olawale (2022) have argued that interventions are paramount to reducing transphobic violence perpetrated by healthcare providers, to create and promote safety, health and well-being for all.

Like Natasha and so many other participants in this study that make use of substances will experience further violence shaped at their intersection of stigma, marginalisation and discrimination against them. However, in order to understand their substance use, Sherman and Colleagues (2022) have argued that making use of substances for those who identify as transgender is a coping mechanism to deal with the violence they have experienced throughout their childhood and currently still experiencing. They have also linked their argument to this study and postulated that the most preferred choice of substance that Black transgender womxn use is alcohol. In this study, reference to crystal methamphetamine and mandrax were highlighted as preferred choices.

Ferguson and Maccio (2015) and Sherman and Colleagues (2022) argue that for trauma-informed mental health interventions to promote resilience, strength and capacity

building among Black transgender womxn, through integrative training among healthcare providers.

Furthermore, it becomes imperative to look at early interventions for those who identify as transgender to minimise the psychological fallout and violence inflicted against them (Duncan & Olawale, 2022). Ferguson & Maccio (2015) argued that studies have identified integrative reciprocal learning programmes between those who identify as transgender and heterosexuals to be effective, which include families, health providers, mental health carers/substance use, legal, education and social workers/case management involved. This will minimise homelessness, substance abuse, discrimination, sex work, and the high prevalence rate of HIV and suicidality (Ream & Forge, 2014; Robinson, 2018).

This brings us to the final theme in the results and discussion chapter as well as this section. Where do those who identify as transgender get support from within a system that makes them feel *Invisible: On the extreme margins of marginalisation and discrimination.*

Invisible: On the extreme margins of marginalisation and discrimination

Many, if not all who identify as transgender are considered invisible within a particular context. Thus, this makes it extremely difficult for those who identify as transgender to access spaces within the public domain or in private domains. They are constantly being harassed, discriminated against, marginalised, and stigmatised. These forms of violence have made those who identify as transgender to become fearful of being victimised, as time has proven to those who identify as transgender that they are not safe. When those who identify as transgender do interact with the broader social structures, they are met with extreme forms of violence, prejudice, stigmatisation, marginalisation, and discrimination. As the previous themes and sections have demonstrated and illustrated that those who identify as transgender are not safe inside the home as young children nor are they safe when they seek support from systems outside the home. In a country such as South Africa, where one cannot be discriminated against based on gender, sex, sexual orientation, race, ethnicity, birth, and nationality, as stipulated in Section 9 of the South African

Constitution (van Reenen, 1997). However, these forms of structural oppression still occur within the South African system as these sub-narratives aim to demonstrate*: Gender–affirming surgery (GAS) and race, Religion and GAS, Accessing healthcare.* With the exception to the final sub-narrative: *Visible – "I feel seen",* where the participant described feeling seen. The sub-narrative will be discussed in detail below: *: Gender–affirming surgery (GAS) and race*

Gender–affirming surgery (GAS) and race

The issue of race and how it has an impact on those who identify as transgender was a concern as all of the participants in this study mainly identify as Black womxn. The participants felt that they did not have the same opportunities in life when compared to those who identify as White transgender womxn. The excerpt below narrated by Tandiwe a Black transgender womxn demonstrates this concern:

> *Tandiwe: …for us Blacks, Indians and Coloureds we have to work extra hard, we have to break boundaries to be heard and accepted not like White transwomen communities…*

For Tandiwe she believes that her race has an impact on the quality of her life and the kind of privileges or the lack thereof she is afforded within the South African system. She narrated that those who identify as Black have to *work extra hard* to be acknowledged and to receive the support needed. This speaks to how Black people within the South African system were once oppressed and marginalised because of their race and treated with prejudice under the apartheid regime and pushed to live on the outer banks of the city centre. So, therefore, this can be interpreted as those who identify as Black are still on the margins of the receiving end within this context. These privileges also play out around concerns specific to transgender individuals, such as gender–affirming surgery (GAS). The majority of Black people cannot afford to have the surgery and that if they do have the surgery they are not supported within their community and are met with extreme hostility and experience violence for departing the heteronormative gender binary system. A clear illustration of this kind of

privilege that Tandiwe is referring to is the case of Kelly a White transgender womxn who could afford to consult with multiple doctors regarding her gender-affirming surgery, making use of private professionals.

> *Kelly: I went to a private hospital, saw a psychologist and she diagnosed me and referred me to doctor McCall he put me on blockers as well, I could not afford it. I started looking at getting medication from the State.*

However, the transition for Kelly was not a smooth process from a private to a government hospital. She experienced multiple forms of human rights violations such as being discriminated against based on her gender and her sexual orientation by a medical professional. The very individual who took the oath to not harm. Kelly explains in this excerpt:

> *Kelly: I felt like a female didn`t know why....in the sessions I explained to her, it was not an option for me, it raised flags for her, so she sent me off to a Professor at Groote Schuur. The professor opened his door I walked in ...turned around and told me I would never be a woman; you are too masculine to be a woman...consider being bisexual. He diagnosed me within 30 sec. I walked out of that room broken...who am I to argue.? I`m grateful for the advances now then me going to Groote Schuur all the time. The current professor is great, I met him, I enjoy him, and the previous one...who am I to argue? I don`t know what was happening to me. Forget about it, I was never interested in boys. He only diagnosed me...I was already broken. I tried to understand, but society did not. At my age and generation, it is really difficult...this is my story in a nutshell. He seemed to be the person in that profession. The first time I went there he made weird measurements. Measuring my penis soft and erect and how thick it is. I felt violated but said nothing because he is the doctor. I explained to him it hurts, and I`m experiencing pain and discomfort. Then he got "gestuck", by the fact I'm still into women. Why am I changing into a girl if I'm into women? If I want to have sex with a woman why do I want my penis removed? Literally, he could not get past that point. He made me feel*

so small in that room, he misunderstood me. you EXPLAINING THINGS to a room of people, that got to me. I explained everything to a psychologist now I must explain everything to an endocrinologist, your job is for me to get to the line as quickly as possible and that I stay healthy. Not to psychologise me, because it's not your job. Endocrine is like the biggest gatekeeper. The reason why I am doing this to my body is that you can accept me. …this is a journey that I hope has an end date for me…

In this extract, Kelly realised that she is powerless and is totally dependent on the health system in order to achieve her goal of transitioning so that society can accept her as a woman. She endured feelings of shame and discomfort while the doctor examined her physically. Additionally, the doctor could not fathom that she wanted to transition but was still interested in women. He then indicated that she should be bisexual and not remove her genitals. This form of lack of knowledge about gender and sexuality within the health system can exacerbate the transgender experience of prejudice, discrimination, stigmatisation and marginalisation, ultimately becoming invisible within a system. Kelly also realises that the process of transitioning is long and does not have the time for a doctor to be fixated on her intersections of gender and sexuality. She understands that the psychologist and endocrinologist referral will get her closer to her goal of achieving her full transition. This was documented in a study conducted by Wilson, Marais, de Villiers, Addinall, & Campbell (2014) who found that the transition process can take between 15 – 20 years which creates extreme distress for those who identify as transgender. Groote Schuur Hospital Transgender Unit, can only perform between 2 – 3 gender-affirming surgeries annually due to limited resources and some medical doctors not wanting to perform these types of surgeries because it goes against their religious belief system (Boumana, et al., 2014; Luvuno, Ncama, & Mchunu, 2019; Wilson, Marais, de Villiers, Addinall, & Campbell, 2014). The next sub-narrative discusses the impact religion plays in those who identify as transgender and gender-affirming surgery – *Religion and GAS.*

Religion and GAS

This sub-narrative presents not all participants felt that they wanted to have the gender-affirming surgery due to religious reasons and interestingly from the very organisation that ostracises them for being transgender. Monique and Amanda explain why they would not prefer to have the surgery:

Interviewer: Tell me would you go for surgery?

Monique: Transgender surgery... my family is very religious and I don't want to cross boundaries. God only gave me the ability to go that far…

Interviewer: What are your views on sex change?

Amanda: As I said I am much in tune with my sexuality...I can`t afford surgery… I don`t think my mother would approve while she is still alive. I don`t prefer surgery. I want to be the person god created.

Interviewer: May I ask why not?

Amanda: As I said I want to die as God created me…

What was significant about this narration was that both Monique and Amanda did not want to have gender-affirming surgery due to religious reasons and that they come from religious upbringings. This can be interpreted as what gets preached to individuals that one is created in the image of God as both in so many words indicated that they do not want to cross boundaries. This can be linked to a study that found that those who identify as transgender struggle with merging these two social identities which causes an internalised form of transphobia and God's perceived disapproval of their gender identity (Campbell, Hinton, & Anderson, 2019)

Accessing healthcare

However, coming back to the health system and how those who identify as transgender are treated. In this narration by Diana, a Black transgender female who was raped

and sought help from the health system but was denied her basic human right to health. Diana explains her experience with the health system:

Interviewer: Sexual assault, like rape?

Diana: Yes

Interviewer: Do you want to talk about your sexual trauma?

Diana: I was raped not far from home, I showed them where the toilet is, it's a busy pub...one said we must go that side, so the one pulled out a knife and the other stood by the door. I was crying as I get into the busy pub, I looked for Claire and she took me to the hospital.

Interviewer: Then what happened?

Diana: We went to Mitchell`s Plain Hospital, then to Heideveld Hospital ...and back to Mitchell`s Plain again, they gave nothing for the pain. They said I was not raped. I was bleeding and had evidence on me.

Interviewer: How do they know you weren't raped?

Diana: Claire got everything

Interviewer: How did it make you feel?

Diana: I was with a girl who was also raped...she got injections and tablets...we sat on a couch. The doctor was from Nigeria or something...

Interviewer: What hospital was this?

Diana: At Heideveld Hospital, I told the doctor when I am on my feet then I will get you

Diana: I had blood and semen on and in me. He did not look at me or examine me for rape, the doctor said you don`t want to make a case. You weren't raped is what he said. We left with all the evidence.

This narration of Diana is significantly interesting as she realises and compares that her needs were not met by the doctor and that the system does not recognise her as a 'real' female. This narration also speaks to how those who identify as transgender are not treated with the same respect and dignity as a female, which can have a huge impact on the lives of

those who identify as transgender and the health system itself. Due to the doctor's discriminatory and prejudiced behaviour and by saying that she was not raped without doing an internal examination, collecting evidence and giving her medication puts her at a high risk for HIV/STI. The impact of discrimination, stigmatisation and marginalisation was documented in these studies and can be linked to this study that those who identify as transgender experience sexual violence from an early age and throughout their lifetime (Craig, et al., 2020; de Lind van Wijngaardena, Schunterb, & Iqbalc, 2013; Jobson, Theron, Kaggwa, & Kim, 2012; Perez-Brumer, et al., 2018)

As this theme has demonstrated and illustrated to this point and throughout this analysis, those who identify as transgender experienced extreme forms of discrimination, marginalisation, stigmatisation and being treated as if they were invisible within a particular system because of their gender expression. The next sub-narrative explored how those who identify as transgender narrated how they felt *visible – "I feel seen"*.

Visible – "I feel seen"

This excerpt below by Amanda and Jenny both Black transgender womxn narrates how they were treated within a male's prison system:

> *Nothing else, possession of drugs, when I came to prison ...to survive by being me so that people would know I am not a number. They would keep an eye on me ...they know I am different, they looked out for me...they put me in a room with no gangsters. There are no numbers in jail, I came out ... I was given the privilege to wear make-up, earrings, and jewellery they accepted it. They let me in with my missy (wig)...I was given the privilege to work in front as a receptionist... because they know I am trans. As long as I know the house rules, where the number is concerned I am safe. I have the right to say no if I don't want anybody touching me... It's not a forced matter. They don't allow men to sleep with men....rules of the number. If anyone forces, you there are people you can see. Even if you are in a relationship, keep it discreet for no one to*

see. The wardens keep us safe. According to our medication and treatment...get our monthly supply. (Amanda)

Jenny: If you like beautiful ...most guys want to talk to you because you are beautiful. Say you are a girl with only men around and you are beautiful. I did not come to prison for men, I came to finish my sentence. I did have a boyfriend, Mec, being released today. At first, it was tronk (prison) stories you just do things for fun in prison. So I started developing feelings for him. Every day there come in beautiful, sexy guys. He was working and was nice, and made me feel like a woman. He was shocked that I had feelings for him. There were rules in the room, no sex...no trunky (underpants) to the bathroom, they found a girl and her friend having sex they were put out of the room. It was great in prison. When I came out and that was the sad part and also the happy parts.

As Amanda and Jenny narrated their experience in prison was as if they had a new realisation that prison was the only place that made them feel like they were important. Both Amanda and Jenny narrated about the privileges they received while in prison. For Jenny and Amanda it was their beauty that provided them a sense of safety and protection. Their experience as transgender womxn in a male prison is also something unexpected as research around transgender womxn in prison are treated violently by men (Brömdal, et al., 2019) A study conducted by Brömdala, Mullens, Phillips, & Gowd (2019) found that those who identify as transgender and gender-diverse indicated that they experience an array of challenges such as sexual assault, harassment stigma and discrimination, and mistreatment of their HIV/STI status.

As this theme demonstrated that race has an impact on accessibility and the tolerance level towards those who identify as transgender womxn. As narrated by Tandiwe Black transgender womxn have to work hard to be acknowledged in comparison to those who identify as White transgender womxn. As demonstrated in a previous theme: *Homelessness:*

The cost of searching for belonging, acceptance and survival where more than half of the participants in this study are unemployed and reside on the streets. As a way to generate an income many of transgender womxn have to do sex work to sustain themselves, with no support from society and the government. However, in the case of Kelly a White transgender womxn who has experienced extreme forms of violence still has the privileges of having a job and having access to private healthcare. Furthermore, of all the participants in this study Kelly was the only one who is currently active in the process of transitioning. This can be linked to a study conducted by Wilson, Marais, de Villiers, Addinall, and Campbell (2014) which found that more than half of those who identify as transgender at the Groote Schuur Hospital Transgender Unit are White, 10% Black and 40% coloured. The authors further postulated that this is not a true reflection of the South African demographic and that the level of education, access to information, and cultural and religious proscription on gender affirmation have an influence. Religion can also be linked to this study as in the case of Monique and Amanda's narration. Amanda narrated further that she cannot afford gender-affirming surgery which in linked to the study conducted by Wilson, Marais, de Villiers, Addinall, and Campbell (2014) who demonstrated that the level of education and access to information is limited or non-existent within the Black community. This also speaks to how resources and knowledge were communicated during the apartheid era and how it became intergenerational. This then makes those who identify as Black transgender womxn susceptible to further marginalisation, stigmatisation, discrimination and ultimately leading them to become invisible within a given society.

However, discrimination and marginalisation has no race as in with what Kelly experienced when she accessed the Transgender Unit at Groote Schuur Hospital. What added to the complexity was that her sexual orientation as a lesbian transgender womxn and the doctor's lack of tolerance made her feel more invisible. The feeling of invisibility was also experienced by Diana when she was raped and went to Mitchell`s Plain Hospital and the doctor discriminated against her saying that she was not raped. In both these narratives narrated by Kelly and Diana their gender identity had had an impact on the quality of the

service they received. A study found that those who identify as transgender experience hostility and discriminatory behaviour by healthcare workers (Luvuno, Ncama, & Mchunu, 2019). The study conducted by Luvuno, Ncama, & Mchunu (2019) further argues that training among healthcare workers is needed to reduce stigma and discrimination by making healthcare workers competent to provide quality care for those who identify as transgender, which will improve the health of the transgender population. This will also reduce the burden placed on the health system and HIV incidences (Ream & Forge, 2014; Robinson, 2018).

The majority of the participants in this study live under bridges in an urban area near the CBD and are sex workers. *Deborah: ...onder die brug is ons lodge (under the bridge is our home), they chase us away from our home the neighbourhood watch. Spray us in our eyes with pepper spray and kick around our belongings screaming "ons wil nie moffies hier hê nie. Julle is jintoes" (we don't want to faggots here. You are prostitutes).* The neighbourhood watch would further treat them in a discriminatory manner and ostracise them from their living place. Making use of words that you are moffies and jintoes, you do not belong here. This type of discriminatory behaviour from the neighbourhood watch can be linked to a study that found that those who identify as transgender and who are sex workers are considered risky for the community and that police would take swift action in the removal of these transgender womxn (Krusi, Kerr, Taylor, Rhodes, & Shannon, 2016). Furthermore Krusi, Kerr, Taylor, Rhodes, & Shannon (2016) postulated that this put them at an increased risk for violence and poor health outcomes.

What was profoundly interesting was the positive experience Amanda and Jenny had while they were in prison. A prison filled with "masculinity" is where they feel seen and protected. They were treated with respect and dignity. One would assume that those who identify as transgender womxn would be treated harshly and with violence, but they were given special duties and gifts from their partners in prison. This makes one question why they cannot be treated with respect and dignity outside of prison.

In the final chapter, the following will be discussed: a summary of the research findings, limitations of the study, recommendations and directions for future research based on the findings and a short conclusion will be provided in the next chapter.

Chapter Five

Conclusion

In this final chapter, the following will be discussed: a summary of the research findings, limitations of the study, recommendations and directions for future research based on the findings and limitations, and concluding remarks.

Summary of findings

This study was conducted through a feminist theoretical approach – intersectionality, to capture the participants' lived experiences. Not many studies have used intersectionality as a theoretical framework to capture the lived experiences of those who identify as transgender. Hence, this study offers a unique methodological contribution to a growing body of work and an understanding of the lived experiences of those who identify as transgender in Cape Town, South Africa.

The findings of this study of the lived experiences of those who identify as transgender were discussed through five main thematic narratives. Each theme was structured in a snowball and progressive fashion to better describe their gender expression as transgender womxn's difficulties from early childhood to their present lived experiences. Making use of a qualitative methodology through semi-structured interviews and allowing the participants to freely associate, and articulate their lived realities proved to be enriching as it also allowed the womxn to narrate a holistic and comprehensive account of their lived experiences as transgender womxn and what the consequences were for them expressing their gender or identifying as transgender, living within the South African context post-apartheid.

Through the narrations and analysis of the participants' early childhood lived experiences saw some early identifiable risk factors for GBV. These included being neglected, witnessing domestic violence, being abandoned, witnessing substance abuse, being sexually and physically abused, being othered for departing from the heteronormative gender binary and experiencing poverty. This is significant as such reported narratives of adverse experiences have been theorised to be risk factors for GBV (Duncan & Olawale, 2022;

Robinson, 2018). The early childhood adversity of the participants was the beginning of them experiencing race, gender, sex, socioeconomic oppression and GBV, which was also often experienced by their mothers. This points to the reality of the 'quadruple oppression' that this research demonstrated that not only poor Black women are subjected to, but also poor Black gender-diverse children (Boonzaier & van Niekerk, 2018; Govender, 2023; Salter, et al., 2021). This was a significant finding as one begins to understand that young Black transgender girls are at early risk for GBV and oppression and the impact of a patriarchal society such as South Africa, where their experiences were framed by structural systems of domination and power of men over those who identify as transgender womxn (Govender, 2023). The impact of early experience with GBV was evidenced in the narratives of the participants as they were forced from an early age to find ways and means of surviving extremely harsh childhood violence, poverty, and not having a place or a sense of belonging and acceptance. This was a significant finding as it demonstrated that the violence was rooted in an intersection of structural and identity-related issues and inequalities linked to experiences of GBV. The findings demonstrated that the young transgender children as well as their mothers were often dependent on men for survival and safety, a situation that continued into adulthood. This can be linked to previous research findings which illustrate that GBV cannot be examined without acknowledging and understanding the power and control men hold within the South African context (Boonzaier & van Niekerk, 2018; Govender, 2023; Salter, et al., 2021).

These findings speak to the need for early intervention and prevention of othering, physical and sexual violence against gender diverse children as it could reduce the risks associated later on in life for these transgender womxn. Also by having early interventions and preventative measures in place, may have allowed these womxn to have finished their schooling, giving them more options in life.

After many years of experiencing extreme violence throughout their early childhood within their home context by men, many of the participants were either disowned or runaway from their gender expression or coming out as transgender – which ultimately lead to them

becoming homeless in their early teens. Therefore, the second theme emphasises how those who identified as transgender womxn experienced the broader social systems outside of their 'protective' home context. It demonstrated how patriarchal ideologies were reinforced in shelters when accessing safe havens for the destitute. Their search for belonging and acceptance was met with further victimisation and isolation. This led to them becoming homeless and further experiencing discrimination, marginalisation and stigmatisation based on their gender identity.

This can be a point of intervention and prevention to have skilled social workers involved in the prevention of homelessness. Having trained social workers skilled in working with those who identify as transgender will prevent the furthering of the snowball effect that those who identify as transgender experience. With nowhere to go and no sense of belonging and acceptance, transgender womxn often have no other choice but to resort to sex work. This also exacerbated their experiences of GBV and other health concerns. Such interventions could prevent them from becoming transactional sex workers at a very young age and eliminate the burden of them having to use their body for survival. This could also prevent further victimisation and discrimination. As documented by Duncan and Olawale, (2022), interventions for those who identify as transgender womxn are urgent to reduce violence in childhood and young adulthood to both proactively and responsively promote their safety, health and well-being.

The third theme conveyed the intersections of the social identities (race, sex, gender and class) of past experiences and the contextual factors surrounding early exposure and their continued vulnerabilities to GBV and IPV to the forefront. This theme also emphasised the impact of witnessing domestic violence from a young age and and how they learnt to normalise their own violence as adults.

The fourth theme brought to the fore their lifelong traumatic experiences and how they had to find mechanisms to cope with the psychological pain. Many of those who identify as transgender in this study have experienced extreme forms of violence throughout their childhood and continue to experience violence on multiple levels. Thus many of the

participants in this study suffer from mental health issues due to how they have been treated and met with hostility. Many of the participants in this study are substance use sufferers as a form of dealing with the psychological pain they experienced. Seeking support for those who identify as transgender and being considered a substance use abuser put these participants at a further disadvantage to being marginalised, stigmatised, and oppressed by the very support services needed. It is important to highlight that being transgender and having mental health issues should not be conflated in ways that pathologize transgender individuals. These narratives of fear, of being stigmatised, marginalised, and oppressed by those in support services exacerbated those who identify as transgender experience of isolation and having to seek other forms of mechanisms to cope. This speaks to having professionals trained in dealing with those who identify as transgender and their specific mental health concerns, especially clinical psychologists. This will aid in the prevention of being stigmatised, marginalised, and feelings of isolation. Ferguson and Maccio (2015) and Sherman and Colleagues (2022) argue for trauma-informed mental health interventions to promote resilience, strength, and capacity building among Black transgender womxn, through integrative training among healthcare providers.

This brings us to the final theme, which emphasised how the social identities of those who identify as transgender (race, gender, sex, class, sexual orientation and religion) interact with the broader civil society and mediate their access to support services. It also emphasises how those who identify as transgender are treated invisibly and on the extreme margins of being marginalised and discriminated against for their gender expression.

Limitations

There were several limitations to this study. The timeframe of this study was constrained as it only allowed for one interview session with each of the 15 participants. This limitation might have had an impact on the generalisability of this study due to the sample size. However, the goal of qualitative research methodology is not to obtain generalisability which makes it an inherent limitation of qualitative methods. Instead, qualitative methods are

used to understand certain social phenomena of a specific population and to give a thick and rich understanding of these experiences and events, that would not otherwise be available in a quantitative study that involves participants selecting from pre-identified options (Juárez-Chávez, Cooney, Hidalgo, Sánchez, & Poteat, 2021). Furthermore, this study only interviewed male-to-female transgendered individuals and so, therefore, cannot speak or make generalised statements which include all transgender individuals. This study only interviewed participants over the age of 18 years and older, hence, excluding those who identify as transgender below the age of 18 years.

Finally, these lived experiences are only limited to those residing in Cape Town and cannot draw conclusions that will include other provinces within South Africa and internationally. Another limitation of this study was that all participants were from one LGBTI organisation within Cape Town, the other organisation did not get back to the researcher. A final limitation was finding research with a specific focus on IPV on transgender individuals globally and locally. Intimate partner violence is as highly prevalent among the LGBTI population as it is in heterosexual relationships and yet research is needed to examine the severity to which survivors can access assistance and safety as it is also poorly understood and documented (Ford, Slavin, Hilton, & Holt, 2013; Kurdyla, Messinger, & Ramirez, 2021).

Recommendations and directions for future research

This study was able to accumulate a substantial amount of pertinent lived experiences by those who identify as transgender. However, it is recommended that many more hours be invested in the interviewing process for future research on those who identify as transgender, especially to better understand and explore their lived experiences and to fully capture the complexities surrounding their various multi-layered forms of violence perpetrated against them and how these become normalised in their daily lives. However, making use of a qualitative methodology and narrative analysis approach has proven to be a strength of this study, which allowed for a deeper understanding and meaning-making for the participants

and researchers. This deeper meaning-making and understanding of their lived experiences would not be otherwise captured in a quantitative study (Juárez-Chávez, Cooney, Hidalgo, Sánchez, & Poteat, 2021).

Another recommendation would be that future research explores intimate partner violence (IPV) among those who identify as transgender specifically in the South African context. This type of research is poorly documented both internationally and locally. However, there is also a need for research that explores sexual violence in young feminine boys. I only found one such study that documented sexual violence directed at these young feminine boys (de Lind van Wijngaardena, Schunterb, & Iqbalc, 2013). Furthermore, sexual violence and support service research have been well documented with a specific focus on female victims, globally and locally (Donne, et al., 2018). This, makes it particularly difficult for straight men, sexual orientation minorities and transgender individuals to report sexual violence, because such incidences are not 'normal', and yet it is an occurrence (Donne, et al., 2018). When they do report or access support services they experience fear of being further victimised, discriminated against, harassment, or violence by police, being outed as transgender by partners, and discrimination by social services (Hereth, 2021). Maybe this is a call for further research that speaks to systemic and structural forms of oppression. Another recommendation would be to make use of the minority stress model as a theoretical framework.

A final recommendation is that those in the medical profession and allied professionals be supportive of and inclusive of diversity. Their main oath is to not harm. So, maybe further research needs to be conducted within these fields especially qualitative research.

Conclusion

In summary, framing the lived experiences of those who identify as transgender through the intersectionality lens has proven to be fruitful in capturing their social identities and how it created a cycle of oppression and subordination for the transgender womxn in this study. The

transgender womxn were able to share their personalised stance and experiences of what it meant for them to identify as transgender through a collective thematic narrative analysis. Due to their individualised narratives, this study was able to shift and frame their explorations, understandings and meaning-making of ostracisation, marginalisation, discrimination, stigmatisation and prejudice, and violent encounters based on their gender expression to an expansive social context in which these forms of oppression emerged, by covering their early childhood to their present life experiences. Furthermore, for the participants in this study, narrating about their lived experiences gave them new insights and understandings of their experience and making sense of their stories was significant. This process of narrating their lived experiences, allowed them to actively participate in the process, which also made them feel seen and heard often for the first time. Many participants in this study felt that the process of narrating their lived experiences was cathartic. Therefore, this study proved to be impactful to those who identify as transgender and their lived experiences, especially research within the South African context.

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Appendices

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Appendix A: Information sheet to transgender individuals

Research on lived experiences of transgender individuals

You are hereby invited to participate in a research study about the lived experiences of transgender individuals

If you decide to participate in this study, you will be asked to do the following:

Have one audio-taped interview about your experience as a transgender individual. The duration of the interview should take no longer than 60 minutes.

This research will give you an opportunity to share your lived experiences to improve our understandings on transgender in Cape Town, South Africa.

Any questions, concerns or complaints about the study?

Please contact:

Researcher:
Jaymion Batts on 076 776 1521 email at battsjaymion@yahoo.com

Researcher's Supervisor:
Shose Kessi on 021 650 2837 or email at Shose.Kessi@uct.ac.za
OR
Another contact person:
Rosalind Adams on 021 650 3417 or email at Rosalind.Adams@uct.ac.za

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Appendix B: Consent form for interviews with transgender

The Lived Experiences of Transgender Individuals Living in Cape Town, South Africa

1. Invitation and purpose

You are hereby invited to participate in a research study about the lived experiences of transgender individuals. I am a student researcher from the Department of Psychology at University of Cape Town.

2. Procedures

If you decide to participate in this study, you will be asked to do one face-to-face interview with me. The interview will be focused on your lived experience as a transgender individual. The interview should take no longer than 60 minutes.

3. Inconveniences

If at any point of the interview you feel anxious or distressed, you can choose to stop at any point and that no penalty will result should you withdraw from this study. The interviews will be conducted at the organisation you attend or at a convenient meeting place. The most convenient time for you and the researcher will be arranged.

4. Benefits

You are given an opportunity to share your views and experiences and your information will contribute to the larger purpose of understanding of transgender people.

5. Privacy and confidentiality

Interviews will be conducted in a private room to ensure confidentiality. The interviews will be tape-recorded. The researcher will take strict precautions to safeguard your identifying information throughout the study. Your information will be kept on a password-protected device and in a locked file cabinet without your name and other personal identifiers. Once the study is complete, your tape-recorded information will be stored for a further 5 years and after this period it will be destroyed.

While this research will be used for educational purposes, there is a chance that this work might be published in an academic journal. In this case, your identity will still be kept confidential.

6. Money matters

You will be reimbursed for any transportation costs incurred to and from the research venue.

7. Contact details

If you have questions, concerns or complaints about the study, please contact the

Researcher:
Jaymion Batts on 076 776 1521 email: battsjaymion@yahoo.com

Researcher's Supervisor:
Shose Kessi on 021 650 2837 or email at Shose.Kessi@uct.ac.za

Another contact person:
Rosalind Adams on 021 650 3417 or email at Rosalind.Adams@uct.ac.za

8. Signatures

(Participant's name)_____has been informed of the nature and purpose of the procedures described above including any risks involved in it performance. He/she has been given time to ask any questions and these questions have been answered to the best of the researcher's ability.

_____

Researcher's Signature Date

I have been informed about this research study and understand its purpose, possible benefits, risks, and inconveniences. I agree to take part in this research as a participant. I know that I am free to withdraw this consent and quit this project at any time, and that no penalty will result should I withdraw from this study.

_____

Participant's Signature Date

PERMISSION TO TAPE-RECORD INTERVIEWS

I understand that the interview will be audio-recorded and that the researcher will take strict precautions to safeguard my personal information throughout the study. I consent to having my interview(s) audio-recorded.

_____

Participant's Signature

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Appendix C: Resource list

ORGANISATIONS OFFERING HELP TO TRANSGENDER INDIVIDUALS

1. *Triangle Project*

Physical Address: 2nd Floor Leadership House, Corner Burg and Shortmarket Streets, Greenmarket Square, Cape Town

Telephone: 021 422 0255

Fax to email: 086 776 6974

Email: info@triangle.org.za

2. *Gender DynamiX*

Physical Address: Unit 21, Collingwood Building, 10 Anson Street, Observatory, Cape Town, South Africa

Telephone: 021 447 4797

Email: info@genderdynamix.org.za

3. *SWEAT*

Physical Address: 19 Anson Street, Observatory, Cape Town

Telephone: 021 448 7875

Helpline: 0800 60 60 60

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Appendix D: Identifying Data

Name		**Surname**	
Age		**Date of birth**	
Sex		**Gender**	
Level of education		**Self-identified gender/ Sexual orientation**	
Relationship Status		**Living conditions**	
Race		**Religion**	
Email		**Telephone number (C) (H)**	
Address		**Next of kin (name)**	
		Next of kin Telephone numbers (C) (H)	
		Next of kin (email)	
Date Interviewed		**Organisation**	

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Appendix E: Semi-structured Interview Schedule

1. Tell me about yourself.
2. Where did you grow up? What was your household like? What was it like growing up there?
3. I am now going to ask you a few questions about your views and experiences as a transgender person – if you feel uncomfortable answering any of these questions, let me know – you don't have to answer anything you don't want to. How would you describe/understand being transgender?
4. When did you first realise that you are transgender? Probing questions: can you remember how old you were? How was it growing up for you as a transgender person?
5. What are your experiences as a transgender person?
6. What is it like living in SA as a transgender person? Probing questions: How do you think society perceives you and how does that impact on you?
7. What are some of the challenges and benefits – if any – as a transgender person living in SA? Why? Probing question: Do you feel as though you have support and equal rights as a transgender person?
8. If you could change anything, what would it be? Why?
9. Is there anything you would still like to add that you think could be of value and that I have missed?