

TransOhio -- Partners -- Statewide Needs Assessment

1. TransOhio -- Partners -- Statewide Needs Assessment

Thank you very much for taking the time to be a part of this very important needs assessment survey for partners of the Ohio transgender community.

All PDF versions of the assessment can be mailed to:

TransOhio
Attn: Needs Assessment
1160 N. High Street
Columbus, OH 43201

Please complete this needs assessment to help TransOhio take a snapshot of the needs & climate of Ohio partners of Trans-identified individuals in our state.

TransOhio serves the Ohio transgender and ally communities by providing services, education, support and advocacy which promotes and improves the health, safety and life experience of partners in the Ohio transgender (individual and overall) community.

For the purpose of this survey, LGBTQIA is defined as: Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex and Ally. In this survey, we've abbreviated "Transgender" to "Trans".

Participation in this survey is completely voluntary. Some questions are personal in nature, if you feel uncomfortable answering a question you may skip it.

Please be as honest as possible. All answers are anonymous.

Results of this survey will be used to help TransOhio collect information about the diversity of Ohio Transgender community, and guide future policy, programmatic, educational, outreach and support decisions.

If you have any questions regarding this needs assessment, please call TransOhio at 614-441-8167 or email TransOhio at transohio@transohio.org.

2. Demographics

The initial part of the survey will ask for demographic information. We understand that all categories are limiting, but these categories will ultimately help us understand the needs of different segments of our community.

1. Do you currently reside in Ohio?

Yes

No

2. What is the current city / postal code / state you reside in?

City/Town:

State:

ZIP:

Country:

3. Do you have a Religious affiliation that you identify with? If so, what is that affiliation?

4. What is your race/ethnicity? (Mark all that apply.)

White

Asian or Pacific Islander

Black or African American

Arab or Middle Eastern

American Indian or Alaska Native

Multiracial or mixed race

Hispanic or Latino

Other (please specify)

5. What is your age?

under 18

31-40

18-21

41-50

22-25

51-60

26-30

61 or over

6. What is the primary language that you speak?

- English
- Spanish
- French
- Somali
- Other (please specify)

7. What is your current relationship status?

- Married
- Single
- Dating/Co-habitation
- Divorced
- Separated
- Other (please specify)

8. Do you have children under the age of 18 years?

- No children.
- Biological
- Step-child/Step-children
- Adoptive
- Foster
- Guardian/Ward
- Other (please specify)

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9. Have you ever experienced any form of Domestic Violence? (This would include physical, emotional or verbal abuse.)

No

Yes. (Please explain)

10. What is the highest degree or level of school you have completed? Mark ONE box. If you are currently enrolled, please mark the previous grade or highest degree received.

Elementary and/or junior high

Associate degree

Some high school to 12th grade

Bachelor's degree

High school graduate - high school Diploma or the equivalent (GED)

Master's degree

Technical school degree

Professional degree

One or more years of college, no degree

Doctorate degree

Other (please specify)

3. Sexual Orientation

1. How do you identify your sexual orientation? Please select all that apply.

Queer

Heterosexual

Gay

Pansexual

Questioning

Asexual

Lesbian

Decline to answer

Bisexual

Other (please specify)

2. Is your trans-identified partner Stealth? (The term stealth usually refers to a person who passes as their desired gender and who has broken contact with people who knew their gender history.)

Yes

No

Other (please specify)

3. If your trans-identified partner is Stealth, has this limited your ability to openly seek personal support or resources?

No

Non-Applicable

Yes. (Please explain in what ways.)

4. Employment

1. What is your current employment status? (Mark all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Employed full-time (33-40 hours/week) | <input type="checkbox"/> Not working – on full disability |
| <input type="checkbox"/> Employed part-time (Less than 33 hours/week) | <input type="checkbox"/> Not working – applied for disability |
| <input type="checkbox"/> Working part-time and on disability | <input type="checkbox"/> Not working – looking for work |
| <input type="checkbox"/> On disability – looking for work | <input type="checkbox"/> Not working – volunteer/other |
| <input type="checkbox"/> Student - Full-time | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Student - Part-time | |
| <input type="checkbox"/> Other (please specify) | |

2. What is your current gross income (before taxes)?

- | | |
|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$70,000 to \$79,999 |
| <input type="checkbox"/> \$10,000 to \$19,999 | <input type="checkbox"/> \$80,000 to \$89,999 |
| <input type="checkbox"/> \$20,000 to \$29,999 | <input type="checkbox"/> \$90,000 to \$99,999 |
| <input type="checkbox"/> \$30,000 to \$39,999 | <input type="checkbox"/> \$100,000 to 149,999 |
| <input type="checkbox"/> \$40,000 to \$49,999 | <input type="checkbox"/> More than \$150,000 |
| <input type="checkbox"/> \$50,000 to \$59,999 | <input type="checkbox"/> Decline to answer |
| <input type="checkbox"/> \$60,000 to \$69,999 | |

3. Have you experienced any type of discrimination in the workplace due to your partner's identity and expression?

Yes

No

If yes, please tell us more about that experience

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5. Policy Priorities

1. In your daily life, what policy issues have the greatest impact on you? On a scale of 1 to 7, with 7 being the most important, rate the following Ohio policy issues by clicking on the corresponding numerical circle.

	Not important 1	2	3	4	5	6	Most important 7
Hate crime/bias-motivated violence against transgender/gender non-conforming people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marriage rights for trans-identified individuals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying and harassment of trans-identified/gender non-conforming students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment discrimination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing discrimination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public accommodation discrimination (restaurants, stores, government agencies, hotels, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting rights including adoption and custody	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to healthcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insurance coverage of transgender-related health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health coverage for transgender/gender non-conforming people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV prevention, education, and treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discrimination within the prison system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State document regulation - name change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State document regulation - driver's license	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State document regulation - Ohio birth certificate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Are there policy issues not listed above that impact your life? If so, please explain.

6. Political Process

1. Are you currently registered to Vote?

Yes

No

2. In what ways have you been involved in the political process? Please mark all that apply.

Voted in a local/state election

Member of a political advocacy organization

Voted in a national election

Written a letter to or met with a member of Congress

Given money to a political campaign

Volunteered for an organization

Given money to a non-profit advocacy organization

Attended a rally

Written a newspaper editorial

At this point in time, I have not participated in any of these activities.

Attended lobby day/lobbied an elected official

Other (please specify)

3. Are there specific challenges that have prevented your involvement in the LGBTQIA equality movement?

4. Are there specific challenges that have prevented your involvement in the Trans equality movement?

5. Are there specific challenges that have prevented your involvement with TransOhio specifically?

7. Medical

1. Do you have health insurance?

- Insurance through work
- COBRA (insurance through my last employer)
- Private insurance/HMO, not through work
- Medicare
- Medicaid
- Veteran's Affairs (VA)
- County-funded program
- Private pay/out-of-pocket/fee-for-service
- Other (please specify)

2. If NO, do you currently receive any assistance to cover your health care costs?

Yes

No

Other (please specify)

3. What do you consider to be your most important health care need? Describe any barriers that you have experienced trying to receive this care.

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4. How much do you think each of the following factors could prevent you from seeing a doctor, nurse or other health care provider? (Please check the box beside the statement that most describes your experience.)

- | | |
|---|---|
| <input type="checkbox"/> Location of services/ transportation | <input type="checkbox"/> Length of waiting time to get an appointment or see someone |
| <input type="checkbox"/> Days and hours of operation | <input type="checkbox"/> Not able to communicate or interact with the service provider in my preferred language. |
| <input type="checkbox"/> Having to disclose your partner's gender identity | <input type="checkbox"/> Sensitivity of the person or organization providing services |
| <input type="checkbox"/> Concerns about confidentiality | <input type="checkbox"/> Feeling discriminated against by the service provider or the organization providing services |
| <input type="checkbox"/> Lack of health insurance/what services might cost | <input type="checkbox"/> Not getting along with the people providing services |
| <input type="checkbox"/> Feeling comfortable talking about health and sexuality | <input type="checkbox"/> Experience or expertise of the person providing services |
| <input type="checkbox"/> Fear of being reported to immigration or other authorities | <input type="checkbox"/> Lack of professional support to help navigate the health care systems |

5. Have you experienced any type of discrimination when seeking out medical services due to your partner's gender identity and expression?

- Yes
- No

If yes, please tell us more about that experience

	5
	6

6. Have you had any personal experiences with these or other barriers that you would like to share?

	5
	6

7. Do you identify as disabled/differently-abled? If yes, please explain.

- Yes
- No

If Yes, please explain.

	5
	6

8. Are you a veteran of the military?

Yes

No

Other (please specify)

8. Partner/Spouse/SO Questions

This section is for Non-Trans partners (dating, married, co-habitation, etc) only. TransOhio is dedicated to making sure that input and feedback from our Spouse/Partner/SO is incorporated into our strategic planning and programming. Your candid responses are of great importance to us.

1. What kinds of support do you need (i.e. social, family, legal, medical, etc.)? Please explain.

2. Do you feel welcome/safe/comfortable in trans-dominant spaces? Please explain.

3. Have you had any negative experiences with gender therapists?

4. Is your trans person supportive of you getting support and/or finding community?

5. If s/he is stealth, are your issues of identity/community impacted by your partner's choice?

6. If your public sexual orientation has changed as a result of your partner's gender identity, do you get support specifically around that issue?

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7. Are you comfortable getting support for your own issues when other groups (trans people, families of trans, allies) are in the same group?

8. Is there any aspect of trans community that consistently makes you feel pessimistic about staying coupled with your partner? Anything that consistently helps you feel optimistic?

9. Do you feel that sexuality issues are honestly addressed in whatever support spaces you've found?

10. Has your partner's gender identity impacted your own? In negative or positive ways?

11. Do you have children?

12. Have you been able to be open and honest about your Partner/SO/Spouse identifying as Trans?

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13. Please share anything that is important to you as a SO/Partner/Spouse of a trans person.

14. We know that not all questions might pertain to you or your personal experiences.

As a SO/Partner/Spouse/etc, what can TransOhio do for YOU?

9. TransOhio Events

1. Have you attended a TransOhio support group in the last 12 months?

Yes

No

2. In which city did you attend a support group?

Akron

Columbus

Toledo

None of the above

Other (please specify)

3. Which TransOhio events have you attended?

1st Annual Transgender & Ally Symposium (2008)

2nd Annual Transgender & Ally Symposium (2009)

3rd Annual Transgender & Ally Symposium (2010)

2007 - Columbus Pride

2008 - Columbus Pride

2009 - Columbus Pride

2010 - Columbus Pride

2007 - Unity Picnic

2008 - Unity Picnic

2009 - Unity Picnic

2010 - Unity Picnic

Other (please specify)

TransOhio Town Hall Meeting (with Mara Keisling)

Midsummer's Night Panel for Community Leaders

Midwinter's Night Panel for Community Leaders

2007 - Community Thanksgiving Dinner

2008 - Community Thanksgiving Dinner

2009 - Community Thanksgiving Dinner

2008 - Christmas Day Gathering

2009 - Christmas Day Gathering

2009 - New Year's Day Gathering

2010 - New Year's Day Gathering

2010 - SPUDFEST

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4. What other Trans related support or social groups do you belong to, or attend?

5. Please check the TransOhio resources you've used within the last 12 months.

- Our website (www.transohio.org)
- Our web-based resource listings
- Our monthly newsletter
- Our e-action alerts
- Other (please specify)
- Our twitter messages
- Our facebook page
- Our google group
- Our partners' discussion google group

6. How would you rate our online resources on a scale of 1 to 5 being "needs improvement" and 5 being "excellent"?)

	1	2	3	4	5
Our website (www.transohio.org)	jn	jn	jn	jn	jn
Our web-based resource listings	jn	jn	jn	jn	jn
Our monthly newsletter	jn	jn	jn	jn	jn
Our e-action alerts	jn	jn	jn	jn	jn
Our twitter messages	jn	jn	jn	jn	jn
Our facebook page	jn	jn	jn	jn	jn
Our google group	jn	jn	jn	jn	jn
Our partners' discussion google group	jn	jn	jn	jn	jn

7. Any specific suggestions or comments about our online resources?

8. Have you ever communicated with TransOhio via:

- E-mail?
- Snail mail?
- Phone?
- In person?
- Other (please specify)

9. If so, how would you rate our communication on a scale of 1 being "needs improvement" and 5 being "excellent"?)?

	1	2	3	4	5
E-mail	jn	jn	jn	jn	jn
Snail mail	jn	jn	jn	jn	jn
Phone	jn	jn	jn	jn	jn
In person	jn	jn	jn	jn	jn

10. What sort of workshops would you likely attend?

- How to talk to the media
- Know your legal rights
- Transitioning on the job
- How to change identity documents
- What does it mean to be on the board of a non-profit
- Resume writing and interviewing skills
- Advocating for yourself in a health care setting

11. What kind of all day programming would you likely attend?

- Partner Support Groups
- Partner Social Events
- Partner Outreach & Mentoring
- Transgender Youth Summit
- Transgender People of Color Summit
- Other (please specify)
- Transgender Job Fair
- Transgender Health Fair
- Transgender Leadership and Organizing Skills
- Transgender Self-Defense

12. Any specific suggestions or comments about our communication?

10. Tell Us What You Think

1. We felt that it was important to allow a space for those taking the time to participate in this statewide needs assessment to "free-form" their thoughts, feedback and suggestions. Please feel free to share with us anything you feel that we should know about you, where you live and what you need as a Trans identified/Partner/SO/Spouse/Community Ally.

