

Shemya Vaughn
Editor

Transgender Youth



HUMAN SEXUALITY

Perceptions, Media Influences
and Social Challenges

NOVA

HUMAN SEXUALITY

**TRANSGENDER YOUTH
PERCEPTIONS, MEDIA INFLUENCES
AND SOCIAL CHALLENGES**

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**SHEMYA VAUGHN
EDITOR**



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This publication is designed to provide accurate and authoritative information with regard to the subject matter covered herein. It is sold with the clear understanding that the Publisher is not engaged in rendering legal or any other professional services. If legal or any other expert assistance is required, the services of a competent person should be sought. FROM A DECLARATION OF PARTICIPANTS JOINTLY ADOPTED BY A COMMITTEE OF THE AMERICAN BAR ASSOCIATION AND A COMMITTEE OF PUBLISHERS.

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PREFACE

This book was created to give voice to a population being silenced by some caregivers, school officials, religious leaders, and politicians. *Transgender Youth: Perceptions, Media Influences and Social Challenges*, is about the experience of child development, adolescent development and gender identity development and society's positive and negative responses. Written in 2016, *Transgender Youth: Perceptions, Media Influences and Social Challenges* demonstrates that transgender youth have some elements that their 1950s and 1960s counterparts did not experience – hormone blockers, celebrity role models, and social media. As researchers, educators, and clinicians, we hope this book brings the reader closer to empathy for transgender youth and transgender young adults and propels the reader toward action to improve the lives of these exceptional children and adolescents.

The book starts with a narrative to provide one example of how transgender youths experience their world. *Chapter 1* introduces the topic of gender dysphoria and explains various terms important to this conversation regarding gender identity. *Chapter 2* describes the challenges transgender youth experience to include barriers and obstacles not faced by their cisgender counterparts. In *Chapter 3*, transgender Christian youth discuss gender dysphoria, gender identity development, their families' response to their gender expression, and their experiences within their faith communities. *Chapter 4* reviews the literature on transgender youth and the use of sexual activity as commerce. *Chapter 5* summarizes the narrative histories of individuals who identify as transgender or transsexual, starting with their understanding of childhood gender identity experiences. *Chapter 6* discusses transgender youth within the foster care system, and the rejection, bullying, harassment, isolation, and instability they experience. *Chapters 7 and 8*

concern transgender youth athletes and the issues they face in school-based and intramural sports programs. In *Chapter 9*, Christian parents share their experiences and responses to their children disclosing their transgender identity. Lastly, the book ends with *Chapter 10*, which provides concrete ideas for allies to implement as they support transgender youth in their school and communities.

This book would not have been possible without the support of Ashley McClinton, Dr. Elizabeth Bradshaw-Livingston, Paul Livingston, and my parents James and Janice Vaughn. There are numerous women I would like to thank for encouraging me in the editing process: Dr. Jenelle Pitt, Dr. Christie Cruise, Dr. Angela Coker, and Tashiana Cheeks. I would also like to acknowledge my colleagues from Maryville University – Dr. Michael Kiener, Dr. Bob Bertolino, and Dr. Kate Kline. Finally, I want to thank all of the authors who have generously shared their advice, wisdom and experience through their contributions throughout this book.

Regardless of the reason for purchasing this text, read it with care and consider the educators, researchers and clinicians who serve this population. Use your voice to vote for measures that will create a safer community, a more positive learning space and a more welcoming home environment for transgender youth.

Short Commentary

A TRANSGENDER NARRATIVE: “I CAN NOW LIVE MY TRUTH”

Ri Patrick

ABSTRACT

In this narrative, the first author tells the tale of youth transgenderism. Please keep in mind that although some narratives from transgender youth have common threads, “each individual story is different in experience” (Singh, Meng, and Hansen, 2014, p. 216).

I never had to deal with gender issues as a child. I didn't even know there was such a thing as “transgender”. I was told that I was “female” but never had to deal with the consequences of it. I got to play with the boys, explore abandoned buildings, as our neighborhood was full of them, and we liked going through those buildings, climbing trees, and playing sports, while other girls played double-dutch and other 'girly' games, like MASH (which I still don't understand).

My brother and I shared chores, and a room. I didn't feel any different than the boys I played with, except I wore dresses, and my 'downstairs', or private area, was different than theirs. All was well. Then I bled. I was thirteen, and at the end of my eighth grade year when it happened the first time. The only reason I even knew something was happening was because I saw spotting. I

screamed. I was given a pantyliner to go home with. I knew it would happen eventually, but I didn't expect it to change anything. But it did.

First thing that happened is that I went in to a doctor see if I was having sex. I found out later, that my brother never had to do this, even though I was a virgin until I was twenty-six, while he started when he was a teen. He never had to see a doctor about his virginity status because he was a cis male. The next thing is I got a private room, which wasn't bad, but it sealed the fact that I was 'different' from my brother. I was embarrassed as hell in a cold dark space, while being prodded and poked. Also, I had to stop playing with my male friends because I was told: "now that I can 'bleed', I can get pregnant, and all girls have sex, and are easily led by boys".

One year later, I didn't feel like a 'girl,' but not knowing there was any way out of being a girl at fourteen, I accepted this shameful fate. My chores at home and job positions at church changed as well. I now was responsible for dishes, even though I was a lot better at heavy lifting than my brother. Taking out the trash and doing yardwork were once my responsibility, but no, "girls do housework, boys do outside work," my grandma would say. I protested for the longest time, while enduring yell-downs and spankings, before just doing the chores without complaining. At church, my grandma influenced me to join the usher board and the choir at the same time. Skirts became a required thing, and I detested them already as a girl's item, so this made my hatred of them worse. As a teen, I began to hate myself. I ended up in a psych ward for a week before I left middle school because I hated the new, horrible things that were happening, all because I started my menses. When I look back, I realize that if it weren't for my high school friends, I wouldn't have made it out of high school alive.

I didn't identify as a girl, but there was no other option in my eyes. I got dealt a bad hand, and now I was stuck in a life I no longer wanted. Luckily, my voice dropped in ninth grade, so I no longer had to be in the choir at my grandma's church. I was expected to like boys, but I felt like one of them, and dating one of them didn't interest me at all. I didn't tell anyone this though, and romantically stayed to myself throughout high school. There was a "gay table" in my school cafeteria, where the queer kids sat and ate. It wasn't established, but that's where they ended up sitting. I say "they", because to everyone else, I was straight, even though I sat there. I enjoyed the company, and that was the only table that wasn't full of two-faced 'popular' types. One of my best male friends was gay, though I didn't know until I left high school, and was one of the coolest people I knew. Around them, I didn't have to be a girl, or even act like one.

At home was different. All the 'feminine' chores got piled on me. My curfew was enforced, even though I didn't even go anywhere, while my brother did what he wanted. I felt like it was gendered favoritism. Also, I began to hate my reproductive system. All of it. I wanted it scooped out, and replaced with a penis. I hated my breasts, and the way guys looked at them. I hated my voice. I hated the way I was treated. I hated being born. And my uterus hated me too, apparently. My menses were so painful, and made me so sick, that I had to miss school for two days a month, every month, until I got prescription pain pills near the end of my freshman year.

It felt like a rebellion in my body. Rebellion against the gender I was boxed into. But I also didn't feel like a 'boy'. I felt like I was outside of both genders, somewhere closer to the middle, but definitely on the 'masculine' side. Being told, "Well, you're a girl/ young woman" began to irritate me, to the point I would shut down when told this.

I no longer had a psychiatrist, due to not being able to afford one, so I had no one to talk to for the first time in years. Gender and sexuality weren't discussed in our house, and I didn't dare try to bring them up. Nothing else horrible came up until my senior year and prom. I didn't want to go, and protested that it was a waste of money, but I was expected to dress up, get my hair done, and go anyway, because people wanted pictures. I went, but hated it. Luckily, I didn't have a date, so I wasn't required to dance, and I spent most of the night eating and sitting. Graduation wasn't as bad, as I was allowed to wear what wanted, as long as it was dress-casual. I still hated myself, but, I thought "at least I'm an adult now, so I don't have to be bothered by girly stuff anymore."

I first found out about trans people, particularly FTM people, at a youth LGBT meeting when I was nineteen. Until then, I thought "trans" was just gay men cranked to eleven. I didn't identify as trans, but to know it was an option for them, gave me some kind of hope that I would find myself, whatever that may be. I wound up both in residential psych facilities, and homeless as a result of internal and familial conflicts. I couldn't be myself in a home, and couldn't take care of my medical needs in a homeless shelter, so I ended up back at my grandmother's house again and again, still with the same internal gender struggle I started off with.

Relationships didn't last, because I never wanted to play the "woman" role, whether I was with a man or a woman. Coupled with coming out as Pagan, I didn't feel like I belonged in any setting, like I was on an island. This cycle continued for a few years. When I finally got insurance, I saw

psychiatrists and, when I found a good one, she screened me and gave me a diagnosis I won't forget. GID, or Gender Identity Disorder. I didn't consider it a "disorder" but it made sense. Everything I had been feeling now had a name. I was excited, but nervous, because telling family would be disastrous. I kept it to myself until my grandmother died two years later. Then, at the age of 27, I came out as genderqueer, to ease people into my transition. At 28, when I finally moved into my own place, I came out as an FTM trans person, and did the whole 'testosterone, clothing purge, "manly" thing, until I discovered that I didn't identify as a "man" at all, even though I am on the masculine side of the gender spectrum. After a few months, and more discovery, I found the non-binary websites, and my truth. I was, and am, a trans-masculine, non-binary person. I can now live my truth.

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Chapter 1

THE GENDERS WE LIVE: TRANSGENDER YOUTH AND YOUNG ADULTS IN AN ERA OF EXPANDING GENDER PARADIGMS

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ABSTRACT

In this chapter, we explore how the tenor of cultural changes – those in which transgender persons are understood, treated, and summarily protected by emerging discourses – influence the lives of transgender youth and young adults. Transgender-identifying and gender nonconforming persons are situated in multiple cultural spheres simultaneously, cultural forces that – not infrequently – are actively oppositional to one another. We review how transgender as a concept is understood at a point of late capitalism. In some social, medical, and cultural domains, there is an emerging and sanctioned expansion to live outside a gender binary. This experience can be freeing, terrifying, validating and empowering not only for transgender-identifying persons, but also for transgender advocates (e.g., physicians who work with families to block puberty onset) and for persons included in and important to transgender youth and young adults, such as their families,

* Both authors contributed to the development of this chapter. Please address correspondence regarding this chapter to Andrew S. Walters, Department of Psychological Sciences, Flagstaff, AZ, 86011, email: andy.walters@nau.edu.

friends, and romantic partners. Progressive conceptualizations of the gender concept – including, critically, social movements that demand trans persons be treated with inclusion, respect, and dignity, as well as changes in medical and mental health professionals’ approaches toward transgender persons – provide an optimistic view of an expanding gender paradigm. Finally, we append a list of resources for readers to access; these include areas of medical, legal/political, and family/personal support.

Keywords: gender binary, gender discourses, gender nonconforming behavior, transgender identity, transgender youth

INTRODUCTION

Without argument, the conceptualization, classification, and inclusion of “transgender” in (larger) cultural discourses has undergone monumental changes in an exceptionally brief period of historical time. These changes include how medical and psychiatric models position gender and gender variance through culturally powerful tools, such as the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. Because different populations rely on the *DSM* – and because of the cultural weight accorded to professionals who both composed and have the authority to use the *DSM*, such as psychiatrists, physicians, psychologists – changes in the *DSM* may have profound effects on how transgender youth and young adults are understood, validated, and treated. How medical and psychiatric discourses position transgender and gender variant persons have the power to influence parents (who may or may not find a medical community that legitimizes the expressed identity of their child), school systems (where the goodwill of faculty and staff, if it is present, may be eviscerated by a few misinformed or actively transphobic community members or local/state politicians), and insurers (who, based on medical recommendations, can provide benefits to families and youth which facilitate development or, who, fearing what they perceive as prohibitive financial burdens, can work to postpone or delay medical and psychological claims associated with a youth’s care, even when medically authorized).

Running parallel to evolving memes within institutional discourses such as those from medicine (Olson, Durwood, DeMeules, and McLaughlin, 2015; Reardon, 2016; Tishelman, Kaufman, Edwards-Leeper, Mandel, Shumer, and Spack, 2015) and politics (Apper and Kaczynski, 2015; Somashekhar, 2014;

Starr, 2015), there is an emerging cultural revolution about how transgender¹ persons are accepted, legitimized, and validated. This cultural movement has percolated for years, often under the cloak of the gay rights movement. Within that movement, the “T” (for transgender) was often appended to LGBT – and, according to scholars, service providers, researchers, and interventionists, often ignored. For example, some research studies that include the word “transgender” in the title or abstract of a published manuscript have very few, if any, transgender-identifying persons described in the sample (e.g., see Grossman, Haney, Edwards, Alessi, Ardon, and Howell, 2009; Heintz and Melendez, 2006; Keuroghlian, Shtasel, and Bassuk, 2014; Lyons, Shannon, Pierre, Small, Krüsi, and Kerr, 2015; also see McGuire, Anderson, Toomey, and Russell, 2010). Clearly, there are some similarities in how sexual orientation and gender-identity(ies) minorities have been and are treated by segments of the population. In some ways, it is argued, those persons under the umbrella of lesbian- and gay-identifying persons, and those under the umbrella of “T,” have similar but also substantially disparate interpersonal, legal, and medical needs. It is worth noting that persons identifying as bisexual face their own degrees of mistreatment and annihilation attributable to bisexual erasure. Still, progressive movements (Larimer, 2015; Loinaz, 2012; Wulforth, 2015), which have taken pride at creating and witnessing victories for persons identifying as lesbian, gay, and bisexual, see the inclusion of transgender persons as the next frontier (Griggs, 2015) of civil rights. In that way, the “T” has benefitted from the gains – for example, increasing degrees of social acceptance, recently accorded legal protections and rights (Leonard, 2015; Wax-Thibodeaux, 2014) – of other social movements.

Within the past two years, a number of important gains have increased the visibility of transgender persons in the United States. On January 1, 2014, California became the first state in the United States to enact legal structures ensuring transgender students have access to programs and bathroom facilities congruent with their expressed gender identity (Bidwell, 2013). Laverne Cox became both the first openly transgender person to be nominated for an Emmy

¹ In the current chapter, we carefully have selected gender-related terms in order to be aligned with the current literature, and, importantly, to be consistent with the vocabulary that trans persons often use in terms of their own self-referencing and as a marker of shared established discourse. That being said, with the myriad of terms available, we limited our vocabulary to words we believed were most inclusive. Notably, we forewent the use of trans* because, although it has been used with no maleficence by a number of physicians, scholars, and transgender advocates, it often can be perceived as a truncation of transgender, where all gender non-conforming identities are considered to be trans identities, and therefore, lack the ability to remove themselves from or expand themselves to the whole gender spectrum.

Award (for a performance role on broadcast or online television) and the first transgender person to be featured on the cover of *Time* magazine (Gjorgievska, 2014; Steinmetz, 2014). Online television continued to advance portrayals of solid transgender characters, perhaps most notably with actor Jeffrey Tambor in the Amazon Studios' series *Transparent*. Cox's character of Sophia Burset and Tambor's Maura Pfefferman dramatically redirect how transgender persons in television or feature film are depicted. These character shifts – radical in that transgender characters are normatively invalidated through crude humor and frequently are assigned roles limited to victims and, quite frequently, sex workers – are thought to have advanced a broader, less pathological, representation of transgender persons because of the creative freedoms associated with larger, more traditionally based, network studios (Kohli, 2014; Pierce, 2015).

In January 2015, President Barack Obama became the first President of the United States of America to orate the word *transgender* in the State of the Union address (Jaffe, 2015; Steinmetz, 2015). Also in 2015, a former United States Olympian – who, earlier in her (formerly his) life, and exposing a svelte man's athletic physique, served as a cover model spokesperson for a morning breakfast cereal – publicly disclosed an identity as a woman and, shortly thereafter, graced the cover of one of the country's most renown periodicals dedicated to fashion, style, and couture (Bissinger, 2015). In the summer of 2015, Barnard College became the fourth of the traditional Seven Sisters liberal arts colleges to enroll transgender women, joining Mount Holyoke, Smith, and Wellesley (Haberman, 2015). The positive visibility of transgender persons was so palpable in 2015 that it entered, as noted by Griggs (2015), "mainstream consciousness."

The tangible inclusion of supporting transgender persons, and of a larger movement envisioning greater breath and fluidity to the gender concept, has been advanced by younger cohorts of people (Kohli, 2014, Moore, 2015; Singh, 2013). Positive stories populate the internet of young trans persons who feel comfortable with themselves and find romantic partners with whom they build strong relationships (Cliff, 2016). Where there are gains in the progressive movement of accepting and appreciating transgender persons (e.g., Leonard, 2015; Wax-Thibodeaux, 2014), there are, however, also setbacks. When an elementary school planned to read a children's book written by Jazz Jennings, these efforts were halted after the conservative Liberty Counsel threatened a lawsuit against the school (Luckerson, 2015). Thus, despite some gains in terms of cultural recognition and gender validity, transgender persons are discriminated against in large swaths of the country and experience overt

violence, including murder (Brydum, 2015; Ellis, 2016; Grant, Mottet, and Tanis, 2011; Griggs, 2015; Scheller and Love, 2016).

Transgender-related tropes have been folded into political mires often labeled the *culture wars*. National figures have been smug and often disdainful of transgender persons, frequently displaying flippant, condescending speeches about everyday concerns of transgender individuals. For example, in 2015, Mike Huckabee announced his second run for the Republican presidential nomination. In order to drum up a conservative base, Mr. Huckabee likened transgender persons' need to use toileting facilities as voyeurism (Apper and Kaczynski, 2015), a narrative that would be replayed by conservative constituents for months (e.g., Dooley, 2016; O'Connor, 2016; Spear, 2016; this prolonged narrative was replicated largely without Mr. Huckabee, however, who, on February 1, 2016, suspended his presidential campaign, thus failing twice across two primaries to advance within the Republican party as a viable candidate). In spring 2016, the state legislature of North Carolina expedited – in ways most unseemly – legislation that imploded local ordinances of progressive and proactive protections to safeguard the welfare of gay, lesbian, and transgender citizens (Gordon, Price, and Peralta, 2016; Hellmann, 2016; Kopan and Scott, 2016). The backlash against this actively malevolent bill was swift and monumental. Businesses cancelled plans to create or expand jobs in the state, municipalities across the nation and some states banned all non-essential business-related travel to North Carolina, and entertainers cancelled concerts, all as a form of protest. The estimated financial losses to the state of North Carolina were estimated to be, mere months after the back-door legislation was signed, in the hundreds of millions (Bastock and Thomas, 2016; Cohn, 2016). Thus, even persons who seek to posture themselves as stewards of a state or the country appear to feel comfortable diminishing the daily needs of transgender persons if their behavior, while often hypocritical in light of their own documented behavior, can create a laugh, an increase in fund-raising cash, or fodder for a re-election campaign.

To be clear, although there have been noticeable gains in the social recognition of and depathologizing of persons who identify as transgender (or otherwise outside the gender binary), gender variance – including among cisgender, heterosexually-identified persons – is associated with social repudiation, harassment, discrimination, and seemingly unrestrained violence based on hegemonic prejudices of the gender order (Brydum, 2015; Lombardi, Wilchins, Priesing, and Malouf, 2001; Ryan and Rivers, 2003). For example, there are similarities between transphobia and homophobia; compared to

cisgender lesbian-identified women, cisgender gay men are at higher risk for experiencing expressed physical violence (i.e., gay bashing) because it is assumed, wrongly, that all gay men violate a heteronormative gender order by assuming a role where they are penetrated sexually (thus assuming a sexual female role). Both transphobia and homophobia are related to right-wing authoritarianism, hostile sexism, and religious fundamentalism (Nagoshi, Adams, Terrell, Hill, Brzuzy, and Nagoshi, 2008). In at least some documented studies, transphobia is experienced more by persons of color, and among persons who report lower incomes (Lombardi, 2009; Xavier, Bobbin, Singer and Budd, 2005).

Using a path model analytic procedure, Toomey, Ryan, Diaz, Card, and Russell (2010) found that the effect of adolescent gender nonconformity on psychological adjustment – which they operationalized as a composite measure including both depression and life satisfaction – was fully mediated by the experience of victimization. In other words, gender nonconforming behavior was unrelated to either depression or life satisfaction if, during adolescence, individuals did not experience victimization due to poor treatment from others as a result of perceived gender variant behavior. Individuals who experienced violence as a reaction to gender nonconforming behavior (defined by the authors as ages 13-19) experienced both increased depressive symptomatology and reductions in adult life satisfaction. Thus, it is the experience of violence that results from gender nonconforming behavior – not the gender nonconforming behavior in and of itself – that is associated with deleterious psychological outcomes. A similar finding was reported in a large sample of Dutch adolescents (van Beusekom, Baams, Bos, Overbeek, and Sandfort, 2016). The toll of prolonged discrimination and gender-based mistreatment/violence is related to self-injurious behavior among transgender-identifying persons. In their sample of 515 transgender (123 FTM, 392 MTF) persons, Clements-Nolle, Marx, and Katz (2006) reported that 32% of their sample had attempted to end their lives. Gender-based discrimination, gender-based victimization, and a history of forced sex were independently associated with persons' attempted suicide (Clements-Nolle et al., 2006). Physical and sexual violence are common factors in both suicide contemplation and suicide risk among transgender-identifying persons (Malinosky-Rummell and Hansen, 1993; Stotzer, 2009; Testa, Sciacca, Wang, Hendricks, Goldblum, Bradford, and Bongar, 2012).

THE MULTIPLE AND LAYERED CONTEXTS OF BEING TRANSGENDER

There are no large-scale population-based estimates of the prevalence of persons in the United States who identify as transgender. There are likely several reasons for this. First, it is important to keep in mind those persons who self-identify as transgender do so at variable times throughout their lives. Thus, it may be improbable that questionnaire, survey, or interview items assessing gender identities – identities that can be in flux or, literally, in transition – entirely match how participants in a study are likely to identify and respond. Second, survey or interview questions that are meant to query gender identity are often confabulated with a question about birth sex (assigned sex or natal sex are also used within the literature to denote birth sex). Data culled from an item assessing assigned birth sex but used synonymously to represent gender are endemic in research protocols. The assumption that birth or natal sex can be used synonymously to reflect gender is grossly flawed methodologically. This problem is remedied simply by asking two questions, one about natal sex and a different item about gender identity (Chuck Tate, Ledbetter, and Youssef, 2013).

Third, response rates for survey or interview items that are perceived as especially sensitive, threatening – or potentially irrelevant – may be ignored. For example, trans persons who pass exceptionally well may have no interest in identifying as trans because – again, given how strongly they pass – they want to be seen and identified as cisgender. Thus, from the perspective of gleaning accurate information from a research proposal, a segment of the target sample may not self-identify to the researchers as the researchers had planned. Panel or longitudinal study designs, which allow for youths' development to be studied over time, are less common than cross-sectional studies (which are certainly easier to complete with a vulnerable and potentially transient sample), but have the added potential benefit of allowing participants to become familiar with the research team and, in turn, provide more complete information (Ryan and Rivers, 2003). Finally, it should be noted that transgender persons may feel disinclined to trust questions asked of them – even those by well-meaning professionals – when their life circumstances are characterized by social and institutional structures that are, by architecture, designed to diminish, demean, or destroy transgender persons' experiences.

Although there are no empirically established data on the true prevalence of how many persons identify as transgender, some estimates suggest the national number is around 700,000, or about 0.3% of the population (Griggs, 2015; Haberman, 2015; Rivas, 2015). Another report estimates the number of transgender-identifying persons at 1.4 million adults in the U.S., or 0.6% of the nation's population (Holden, 2016). One recent and potentially promising method to estimate the number of transgender- and transsexual-identifying persons is through scanning diagnostic codes in archived or current electronic medical records (Roblin et al., 2016). Zucker and Lawrence (2009) reported increases in clinic-referred younger cohorts of persons seeking information or treatment referred to clinics. It is unclear if these increases were attributable to an increase in transgender-identifying persons (i.e., a higher true prevalence) or if these differences reflected a greater perception among transgender or trans questioning individuals that seeking information or care would be acceptable (Zucker and Lawrence, 2009).

Within empirical literatures of youth, it is standard practice to cite the ages of a study's sample or of the target populations to whom the research or clinical intervention applies. For example, one study might state that their sample was comprised of "teenagers," although 18- and 19-year-olds (both of whom are labeled *teenagers* even if they are considered to be adults by legal status) were excluded from participation in the study. Within pediatric literatures, some samples include only small children, others children and early adolescents, and still other studies include children of all ages up until age 19 if the primary care provider is a pediatrician by training and practice. Characterizing persons as adolescents can be particularly ambiguous, given some persons might draw a parallel to teenagers; others might attribute the period of adolescence as extending to persons in college and, for others, adolescence might denote a transitional period of life unrelated to age (e.g., a time of education and career preparation). The word *youth* – a topical focus of the chapters included in this volume – presents a similar ambiguity. Do we use the word transgender *youth* as a synonym for teenagers or adolescents? In this chapter, we adopt, consistent with other professionals (either investigating the experiences of transgender persons, or providing clinical care for persons who identify as transgender – or other gender variant identities such as trans, gender-fluid, genderqueer, genderfuck), a broader and more developmentally expansive use of the word youth (e.g., Grossman and D'Augelli, 2006; Singh, 2013; Toomey et al., 2010), one that includes both teenagers and traditionally-ascribed adolescents, and also young adults.

Developmental sciences include sociologists, biologists, historians, nutritionists, nurses and physicians, and psychologists. At its heart, the developmental sciences investigate both the changes and the continuities that occur within persons throughout their lives. Both the medical and psychological sciences have a long history of empirically investigating the changes associated with development during adolescence and young adulthood. Genetic epistemology was one of the primary foci of the emerging field of psychology in the latter part of the 1800s; that academic domain is now identified as developmental psychology. Developmental psychology examines human development that is typical for most persons (often referred to as normative development, including taxonomies of development such as standards of physical change as established by Bayley [1993], and Tanner [1990]), and also features of development that characterize individual differences among persons (often referred to as ideographic development). Although enormous bodies of literature exist in the area of gender – including gender roles, gender development, gender identity, the interaction of gender and sexuality – systematic empirical research on transgender-related development is just now emerging.

The small but emerging scholarship either *including* or *dedicated to* transgender development and experience likely is moderated by a historical and cultural period of time which presently allows for the expansion of this research. As disquieting or disappointing as it may be to acknowledge, research often is cloaked under larger political dynamics. For example, other than research dedicated primarily to HIV/AIDS, the National Institutes of Health have funded 0.1% of projects investigating LGBT health and, among all of these studies – that is, the 0.1% – merely 6.8% of funded studies focused on transgender persons (Coulter, Kenst, Bowen, and Scout, 2014). Boehmer found that a substantive majority of research studies with LGBT target samples focused on disease models (e.g., risk of, experience with, and treatment for sexually transmitted infections); clearly, there are health-related arenas of inquiry beyond sexually transmitted infections that could benefit the larger sexual orientation and gender identity minority communities (Boehmer, 2002). Not all research studies require funding, of course, but it would be deeply challenging to create and conduct many large-scale studies without at least some funding, and the level of funding provided by the country's core health agencies may provide a chilling effect to researchers interested in designing and implementing studies dedicated to transgender development and welfare.

Research studies – including medical and pharmacological clinical trials – specifically targeting transgender (or other gender variant identities) are small in number, especially compared to research in the past thirty years on sexual orientation minorities (see, e.g., Ryan and Rivers, 2003). A number of empirical studies on trans persons and populations have emerged in the past fifteen years, however. These studies, taken together, have begun to shape a broader understanding of the circumstances – for example, familial, social, as they intersect with education and employment – transgender persons experience in a decidedly binary-gendered society.

There are several important caveats to this small body of research. First, individuals and teams across multiple disciplines (medicine and nursing, psychiatry and psychology, corporate and business leaders, policy makers and politicians, educators and interventionists) have chosen, sometimes against the counsel of their colleagues or constituents, to dedicate time and resources with the goal of optimizing the lives trans persons. They are to be commended for their courage and their work. Second, because institutional guidelines often categorize persons under the age of 18 as a vulnerable population, some criteria – such as parental consent – may limit the ability of researchers to include younger transgender persons in proposed studies. It is therefore easier to develop studies for persons who are already of legal adult age; consequently, there may be fewer studies on transgender youth, even though there likely are trans adolescents who – apart from constraints impeding inclusion in a study – would be willing to participate in research studies. Third, as with many emerging literatures, there is variability in the methodological vigor of published studies, with many – and for legitimate reasons – using small, convenience samples. For example, both the conceptualization of trans, and the terminology articulated to convey research items, can be enormously variable. Finally, it is worth remembering that transgender-identifying persons – particularly youth and adults – recognize that they exist within intertwining contexts. The social expectations inherent in some contexts demand that transgender persons adhere to the narrative of stereotypical trans persons and their transitions. Davy (2015) refers to this as enacting the “correct trans narrative” (p. 1169). When persons deliberately implement what they see as the correct trans narrative, they assume a script – for example, providing only some details, or perhaps altering details, to a physician or psychologist – which they perceive as (or know to be) necessary to ensure a successful interaction with someone who might have power over them and which, if played successfully, can lead to specific and desired outcomes (e.g., access to hormones).

LIVING GENDERS

One question researchers have explored pertains to the ages at which transgender-identifying persons recognized or began to explore their experience as trans. In their research with 24 Female-to-Male (FTM) and 31 Male-to-Female (MTF) adolescents and young adults, Grossman, D'Augelli, Salter, and Hubbard (2005) found that FTM youth considered themselves transgender at a mean age of 15.2 years (range = 3-20) and MTF considered themselves as transgender at a mean age of 13 (range = 7-18). It is worth noting the variability in the range of ages in which persons considered themselves to be transgender. Both FTM and MTF youth reported feeling different from others at 7.5 years, and over three-quarters of participants reported they either sometimes or always wished that they had been born their non-natal sex. Over half of the participants in the study by Grossman et al. (2005) reported that their parents suggested counseling surrounding gender expression or parental concerns of a potential non-heterosexual sexual orientation.

In another study of transgender-identifying youth who participated in focus groups, Grossman and D'Augelli (2006) found that youth were, on average, just over ten years old when they noticed an incongruence between their assigned biological sex and either their gender expression or their gender identity. In this sample, youth reported that others referred to them as transgender (mean age 13.5 years) nearly a year before they adopted a transgender identity for themselves (mean age 14.3 years). These ages correspond largely with medical options that can either postpone or block the onset of puberty and thus minimize exacerbated psychological distress of more irreversible pubertal effects (Spack, 2013). In another study, the age of social transition as trans was a bit later for both persons birth assigned as females (M age = 20.2, SD = 11.9) and birth assigned as male (M age = 22.0, SD = 13.4), potentially attributable to the fact this same study included persons who identified as transgender or transsexual (Lombardi, 2009). As the broader cultural parameters of gender become increasingly elastic, it is at least plausible that transgender youth will acknowledge and assert their trans identity at younger ages (Olson, Forbes, and Belzer, 2011; Ryan and Rivers, 2003) and seek affirming contexts in which to develop.

Many transgender children, similar to some children who later identify as a cisgender gay male or cisgender lesbian, express gender nonconforming behavior, often from a young age and contrary to the expressed preferences of or directives from parents; outcomes of gender nonconforming behavior often

lead to bullying and diminished social support from peers (Edwards-Leeper and Spack, 2012; Friedman, Koeske, Silvestre, Korr, and Sites, 2006; Grossman et al., 2005; Toomey et al., 2010). Toomey and colleagues (2010) found that transgender adults, retrospectively reporting on their childhoods and youth, reported higher levels of gender nonconforming behavior than did lesbians or gay males. As children, however, children assigned as males at birth, compared to children assigned as females at birth, were victimized more at school for gender nonconforming behavior.

Gender nonconformity is theoretically (but, often, not practically) independent from either gender identity or sexual orientation. Because gender nonconforming behavior is visibly salient to others, and because of the enormous pressures to police and rectify gender variant behavior, segments of both transgender youth and sexual orientation minority youth experience overt and often chronic social repudiation for their gender preference and gender role behavior. Research has shown that the consequences for gender nonconformity are so pervasive that they can be seen as abusive. In a study by Grossman, D'Augelli, and Frank (2011), 80% of parents referred to their MTF children as sissies. Greater levels of gender nonconformity were linearly related to increased parental verbal and physical abuse. Grossman and D'Augelli (2007) reported that 45% of the youth in their study ($n = 25$, full study sample $n = 55$) seriously thought about suicide and, compared to those youth in the study who did not consider ending their lives, the youth who considered suicide reported significantly greater parental verbal and physical abuse.

If the home lives of transgender youth are unsupportive or dismissive, their experiences in schools often are not better and, in many cases, are much worse. Most children and adolescents are enrolled in public or private school systems and an entire body of research has documented for decades the importance of school quality and school effectiveness on both intellectual/academic as well as social and interpersonal development (Mahoney, 2000; Mahoney and Cairns, 1997; Phillips, 1997; Rutter, 1983; Rutter, Maughan, Mortimore, Ouston, and Smith, 1979; Smith and Akiva, 2008; Weinstein, 2008). Several studies document that transgender youth perceived their schools as overtly unsupportive of their gender identities, with some schools perceived as condoning or ignoring hostility and violence perpetrated against transgender students or cisgender students whose gender presentations were not sex-typed (Grossman et al, 2009; Kosciw, Diaz, and Greytak, 2008; Grossman and D'Augelli, 2006; Rivers, 2001; Russell, McGuire, Lee, Larriva, and Laub, 2008; Singh, 2013; Sausa, 2005).

In their study investigating transgender youths' experiences within schools, McGuire and colleagues (2010) reported data from 2560 California students enrolled in middle and high schools, of which just over one-third identified as bisexual, lesbian, gay, or queer, and 68 students identified as transgender. Using both standard regression models and structural path analyses, McGuire et al. (2010) were able to compare the experiences of cisgender and transgender students. In general, most students (60% of the full sample) reported hearing socially repudiating comments about cross-sex gender expression/presentation, but substantively more transgender students (82% of all trans students) reported hearing comments about gender expression. In addition, transgender youth reported hearing negative comments by teachers and staff. Both cisgender and transgender students perceived teachers were unlikely to intervene in situations where negative comments are overheard by teachers. Teacher inaction is particularly disquieting given students are more likely to report feeling safer and connected to their school when they perceive that teachers will intervene (Russell and McGuire, 2008). In the study by McGuire et al. (2010), students identifying as transgender were statistically less likely to perceive that their school was safe for gender nonconforming students and reported less personal safety at school, compared to their cisgender peers.

McGuire and colleagues (2010) conducted a second study wholly comprised of transgender youth. In this study, 36 youth (ages 16-23 at the time of the study) participated in focus groups that focused on their lived experiences within school systems. The sample for this qualitative study included youth identifying as MTF (22%) and FTM (78%) and varied in terms of gender expression. Transcripts were created from the focus groups and then analyses were performed on the transcribed data. Transgender youth organically reported copious levels of harassment from others when in school. Across the focus groups, youth echoed intervention by teachers was rare, with one youth speculating that teachers did not want to intervene because they perceived that they were not paid a high enough salary to risk being hit during an intervention. Although not all school personnel (i.e., teachers were cited most frequently) advocated for these transgender youth, many youth recalled the importance of at least one adult who advocated for them and members of the sample were hopeful school climates could improve for transgender students if teachers and other adults were, for example, provided professional training opportunities about the needs of transgender youth. There are a number of factors that are associated with transgender youth resiliency to the often harsh environments they perceive schools to be (Grossman et al., 2011;

Grossman et al., 2009; Singh, 2013), but teachers and other school personnel must work to ensure that all students, most especially those who at risk of being neglected or actively harmed, are guaranteed a physically safe space in which to master curricular material (Ames, Trucano, Wan and Harris, 1995; Greytak, Kosciw, and Diaz, 2009; Walters and Hayes, 2007).

It might seem to be a reasonable assumption that some of the dynamics that characterize negative middle and high school environments (e.g., gender cleavage, teachers and other adult personnel who fail to intervene in transgender harassment or who work to reduce transphobia) are less salient in college and university environments. Colleges, after all, are perceived, by many, as fortresses of intellectual, social, and sexual freedoms. Contemporary protest rallies such as those originating from the Black Lives Matter movement and the spate of state-sponsored “bathroom bills” (Kennedy, 2015; Koranda, 2016; Richardson, 2016), however, suggest the lived experiences of many college and university students can be characterized by the same systematic and structural impediments found outside the picturesque postcards of manicured campus lawns.

McKinney (2005) asked undergraduate and graduate students to complete a (mostly) open-ended survey; a modified version of phenomenological method was applied to written narratives. Participants obtained access to the survey via a national listserv broadly focusing on LGBT-related issues. McKinney (2005) reported four clusters of responses from students enrolled in baccalaureate programs: 1) college and university faculty were not educated about the needs of transgender students; 2) there was a lack of active trans-specific programming on campus; 3) campuses lacked resources for transgender students; and, 4) campus counseling centers were unhelpful, with counselors or therapists who had no training and were ill-equipped to provide help to transgender students who were in need of mental health support or intervention. Regarding counseling services, one participant wrote, “The one counselor that I talked to said I would be welcomed, but she said I should educate her on trans issues since it was not something she knew anything about” (p. 70).

The graduate students in McKinney’s study (2005) offered a separate set of perspectives about the campus climate for transgender students. Similar to the undergraduate students’ perspectives, graduate students thought that faculty and staff were not educated about the needs of transgender students. One respondent wrote, “Even LGB staff/faculty are largely ignorant – not overtly bigoted, their ignorance takes its toll. Trans issues are still seen as add-ons/expendable as opposed to being an integral part of so-called LGBT affairs

on campus” (p. 70). Graduate students also perceived counseling on their campuses as unhelpful; McKinney reported that, out of 25 graduate students in the study, only one reported a positive experience with campus counseling services (see page 71). Additionally, graduate students also addressed an almost complete absence of relevant health care services for transgender students. Not only were general health care services unavailable or limited due to differential coverage (that is, less covered services provided to them as part-time employees), some students boycotted health services all together to avoid how they were treated by on-campus staff. Others obtained their medical needs from off-campus providers at students’ own expense because the care they needed was not covered by student health insurance plans. Although it would be nice to assume the experience of transgender students on college and university campuses has improved in the time since McKinney’s study was published, in fact, there has been variability in how colleges and universities have worked to weave the inclusion of transgender-identifying students into the campus culture (i.e., see Finkelstein, 2016; Heye, 2014; Jaschik, 2014; Jaschik, 2016).

The students in McKinney’s (2005) study echo narratives from large swaths of trans persons who report endemic challenges in navigating access to competent and affordable health care (Olson et al., 2011; Rachlin, Green, and Lombardi, 2008). Put simply, very little, if any, medical training is dedicated to transgender care. Calls for inclusion of trans- and queer-related medical and psychiatric care into medical training curricula have occurred since at least the era of heightened hysteria following rapid rates HIV seroconversion within these populations (see Garofalo, Deleon, Osmer, Doll, and Harper, 2006). Health care professionals themselves acknowledge they did not receive what they perceived to be adequate medical or nursing training regarding queer or transgender health (Knight, Shoveller, Carson, and Contreras-Whitney, 2014; Vance, Halpern-Felsher, and Rosenthal, 2015). Persons working with trans individuals sometimes must learn about the care they need from the patients they serve (Davy, 2015), clearly amiss from best practices.

CURRENT PSYCHIATRIC AND MEDICAL DISCOURSES REGARDING GENDER VARIANCE

The larger cultural shifts in attitudes about gender, and persons who elect to live their lives unshackled to a historical gender binary paradigm, is

mirrored by rapidly changing discourses within the medical and psychiatric communities. Taxonomies of how gender is expressed and of normative gender identity development are based on assumptions of a hegemonic gender order. A gender structure predicated on chromosomal or anatomical sex allows for a finite taxonomy of gender appropriateness and, contrariwise, produces an avenue by which gender variance can be pathologized. Gender-based pathologies can thence be subsumed under a culturally-sanctioned dominant medical industry. This simultaneously enshrouds gender variance with shame and perpetuates a disease model that can be ameliorated only with access to and adherence with a prescribed psychiatric regimen. Recently, the American Psychiatric Association removed the pathology assigned to trans persons' foundational sense of self. In the *DSM V*, gender identity disorder was replaced with gender dysphoria, a sharp declaration that would – with time, at least – remove the negative associations with transgenderism (American Psychiatric Association, 2013; Davy, 2015).

The processes that underscore how cultural shifts about gender and psychiatric taxonomies of gender variance influence one another are unclear, but it seems quite evident they are symbiotic at some level. Nosological changes in how gender identity and gender nonconforming behavior have undergone substantive changes in the very recent past mirror broadening changes in the social acceptability of gender continua. Criteria imposed on gender performance and identity are tools that regulate what can be or are considered normative, and emerging discourses have interrogated the competing rationales within psychiatry both for maintaining criteria and how establishing any criteria are demonstrably valid and purposeful (Bockting, 2009a; Cohen-Kettenis and Pfäfflin, 2010; Lev, 2005; Zucker, 2010).

Treatment for transgender-identifying persons or for individuals presenting with gender dysphoria is inherently challenging. Treatment intersects with biological development, access to competent and gender-affirming care, and comprehensive mental health services (see Byne et al., 2012). Although some professionals actively acknowledge and disagree with the stigmatizing potentials associated with a diagnostic taxonomy of gender disorders, they simultaneously recognize the concrete and practical purposes (e.g., access to medical coverage, health care reimbursement) for continuing some measure of a medical/psychiatric classification (Vance, Cohen-Kettenis, Drescher, Meyer-Bahlburg, Pfäfflin, and Zucker, 2010). Still, the American Academy of Pediatrics positions the imposition of an immutable gender onto

children as harmful (American Academy of Pediatrics, 2016a; Lopez, 2016; compare with the American College of Pediatricians², 2016; Ford, 2016).

Several studies have investigated psychological outcomes of individuals self-identifying as trans, transgender, and transsexual. The results of these studies have yielded mixed results. A study in the Netherlands compared 25 college female students, 24 psychiatric outpatients (16 females, 8 males), and 29 patients accessing services in a gender clinic (Cohen, de Ruiter, Ringelberg, and Cohen-Kettenis, 1997). The authors described the latter group as comprised of 20 FTMs and 9 MTFs who the authors referred to as transsexuals. However, no information was presented regarding the extent to which these participants had initiated physical changes such as cross-sex hormone treatment or had undergone gender-affirming surgery; thus, it is more likely the case that these participants would be characterized as transgender. In this study and using a Rorschach measure, neither the college students nor the transsexual participants exhibited thought disorders; however, thought disorders were elevated among the psychiatric patients. Similarly, the authors reported no evidence that the transsexual participants' self-images were characterized by perceptions of damage or injury. In summary, Cohen et al. (1997) found no sustained pattern of psychopathology among the adolescent participants in their study who the authors identified as transsexuals.

Using electronic health records, 180 transgender-identified patients were matched with cisgender controls on age, gender identity, and race/ethnicity. The full sample included records of patients between the ages of 12-29 (M age = 19.6 years, SD = 3.0) and with equivalent proportions of races/ethnicities (33% minorities, 43% white, and 24% unknown). Logistic regression analyses were performed on psychological outcomes and risk of self-injurious behavior. There were no significant differences between FTM ($n = 106$) and MTF ($n = 74$) across any of the outcome variables (e.g., depression, anxiety, self-injurious behavior, suicide ideation or attempt). However, transgender youth, compared to the cisgender matched controls, were more likely to have accessed mental health treatment services and had a two- to three-fold increased risk of depression, anxiety disorder, self-injurious behavior, suicide

² The group identified as The American College of Pediatricians is titled in such a way that persons would, quite naturally, assume this organization is an established collection of pediatricians, perhaps a working group sanctioned by the American Medical Association. The American College of Pediatricians should not be confused with the American Academy of Pediatrics, which is a governing body of physicians primarily focused on child and adolescent welfare. As reported by Ford (2016), The American College of Pediatricians, on the other hand, has been designated as a hate group by the Southern Poverty Law Center (Southern Poverty Law Center, 2015).

ideation and attempt (Reisner, Veters, Leclerc, Zaslow, Wolfrum, Shumer, and Mimiaga, 2015). Similarly, using a community sample of youth identifying as LGBT (age range 16-20), Mustanski, Garofalo, and Emerson (2010) reported these youth – compared to other national samples – had higher prevalence rates of depression, posttraumatic stress disorder, and lifetime suicide attempts. Although the full sample included 246 participants, there were only 20 self-identifying transgender students included in the sample (Mustanski et al., 2010). Risks of poorer psychological outcomes may be less attributable to identifying as transgender and more a consequence of minority stress (Bockting, Miner, Swinburne Romine, Hamilton, and Coleman, 2013).

It is certainly reasonable to expect that some parents will be unsure of how to react to a gender nonconforming or transgender-identifying child, although parents – as least those with access to the internet or with a referral to an informed physician or mental health provider – need not feel completely isolated at how to respond (Tishelman et al., 2015, and also see American Psychological Association, 2015). Olson and colleagues (2015) recently reported a study where 73 prepubescent transgender children were compared to a gender-matched control and, where possible, to one of their siblings. A novel and remarkable feature of this study is that the transgender children and their families were included in the same protocol (i.e., parents completed measures assessing depression and anxiety) and that these transgender children were supported by their families in both their identity and their transition³. In this sample, the socially transitioned transgender children did not differ from either their siblings or a matched control sample on depression. Although the transgender children did have slightly elevated levels of anxiety (compared to their siblings or the matched control sample), the degree of anxiety was merely elevated compared to the population average, and did not reach either clinical or even preclinical anxiety levels (Olson et al., 2015). As stated by the authors, the data revealed that children display “novel evidence of low rates of internalizing psychopathology in young socially transitioned transgender children who are supported in their gender identity” (p. 7). Clearly, this study shows the demonstrable effect of parental support on psychological well-being among their transgender children. Similarly, in another study, transgender youth who received interdisciplinary care involving puberty suppression and cross-sex hormone treatment had comparable levels of psychological well-

³ Participants in this study were part of the TransYouth Project, which is a longitudinal study of transgender children’s development; the study includes children from the United States and Canada.

being as their cisgender peers (de Vries, McGuire, Steensma, Wagenaar, Doreleijes, and Cohen-Kettenis, 2014).

Although transgender persons, as we articulated earlier, are often grouped with individuals associated with LGB communities, their processes of identity development and solidification greatly differ. Trans persons' unique circumstances of having a gender identity divergent from their sexes assigned at birth characterizes their coming out process as both an assertion of self and as commencement of bodily and behavioral modification – a far different series of experiences from cisgender sexual orientation minorities (Coleman, Bockting, Botzer, Cohen-Kettenis, DeCuypere, Feldman, and Zucker, 2012; Davy 2015; Spack 2013). The most salient of these discrepancies in queer identity affirmation is the need for medical intervention with gender transition. In order to reach a more concordant and holistic sense of self, many – but not all – trans persons seek some form of medical intervention to help align their socially assigned bodily sex to their personally determined gender identity (Coleman et al., 2012; Rachlin et al., 2008; Spack, 2013). Consequently, those trans individuals who seek out physical transition via hormones and/or gender affirming surgeries inherently are tied to an intricate system of medical and mental health care.

In and of itself, this wedding of trans persons to such systems is not detrimental, for having a support network of physicians, nurses, counselors, caseworkers, psychiatrists, and other providers whose collective goal is to help trans persons achieve a more harmonious pairing of self-identity and social role can be beneficial (Coleman et al., 2012; Edwards-Leeper and Spack, 2012; Sanchez, Sanchez, and Danoff, 2009). Nevertheless, the utility of these endeavors is dependent upon more than efficacy of hormonal interventions, the aesthetics of surgical results, or even the lessening of individuals' psychological distress. In other words, although the associated medical and psychiatric diagnoses of being transgender are important factors for treatment, being transgender is not pathological and, hence, treatment cannot be focused on the diagnosis and eradication of pathology – as, historically, has been the case when using a disease model (Bockting, 2009b; Davy, 2015; Stroumsa, 2014; also see Boehmer, 2002).

Once cleared for medical (that is, physical) transition, there are several options available to trans persons. In youth, medical transition may begin with puberty suppression. In older ages, or in more advanced stages of puberty, medical transition may start with cross-sex hormone therapy, surgery, or other forms of treatment, such as laser hair removal (Edwards-Leeper and Spack, 2012; Reardon, 2016). These interventions are medically necessary, as they

lessen the psychological distress of trans persons that often can lead to adverse mental health outcomes, most frequently depression, anxiety, and life dissatisfaction (Coleman et al., 2012; de Vries et al., 2014). Thankfully, shifting cultural attitudes about trans persons have propelled advances among medical and mental health providers to advance transition-related care. For example, medical gains in the suppression of puberty have moved medical transitions to a less corrective and more preventive realm of treatment.

For some trans youth, puberty is not simply a tumultuous era of development, but rather a terrifying period marked by anguish of robbed bodily integrity. The effects of a discordant pubertal experience can be emotionally agonizing for years, and, before relief is to be found, trans persons must endure contraindicated discomfort from medications and surgeries that are both painful and often scarring. Research on (presumed) cisgender adolescents provides rich description of what youth report experiencing as a result of their pubertal development. Studies have shown that the concerns males and females express, often align with traditional gender social scripts. Females eschew gains of weight and height, often behaviorally diminishing themselves such as with diets and slouching (Rosen, Tracey, and Howell, 1990; Swarr and Richards, 1996; Wichstrom, 1999). Males see weight gains as potentially adding to their athletic prowess and hope that they will become tall (Richards, Boxer, Petersen, and Albrecht, 1990; Simmons and Blyth, 1987). These gender differences are to be expected given the social weight of gender conforming values and behavior in early adolescence and the effort of males and females to differentiate themselves from the other sex (Maccoby, 1998), a finding often referred to as gender intensification. Still, parallel studies have not, to the best of our knowledge, been completed on trans youth. This seems to be a fruitful area of research given the disparate experiences trans youth likely experience from puberty.

Preventive measures in the form of puberty blockers (i.e., puberty suppressors) now exist and offer a means to circumvent some deleterious effects of puberty on trans persons' concept of self. Working within the hypothalamic-pituitary-gonadal axis, puberty blockers serve as agonists to GnRH (Gonadotropin-releasing hormone), which is the initial hormone in the cascade toward the emergence of secondary sex characteristics. Without the presence of GnRH, both LH (Luteinizing hormone) and FSH (Follicle-stimulating hormone), hormones downstream of GnRH, are not released from the pituitary; and this blockage, in turn, suppresses signals to the reproductive organs (i.e., testes and ovaries). That is, because LH and FSH are necessary for gonadal development, their absence prevents the release of sex hormones –

estrogen and testosterone – into the body. Hence, with proper care, puberty comes to a halt (Kumar, Abbas, and Aster, 2012; Marieb and Hoehn, 2007; Vance, Ehrensaft, and Rosenthal, 2014). Using the general rule-of-thumb that hormones give, but do not take away, this stasis ensures that trans persons' bodies remain unaffected by their endogenous hormones, and thereby, keeps trans persons at a foundational level of development. Instead of trying to dismantle prior constructions, puberty blockers buy time until the adolescent is cognitively mature enough to decide whether to acquiesce to the puberty concordant with their natal sex or to proceed with cross-sex hormonal therapy that will bring their identities more in line with their bodies (Edwards-Leeper and Spack, 2012; Reardon, 2016; Vance et al., 2014).

Although it can be argued that the medical model of replacing Gender Identity Disorder with Gender Dysphoria is a step in the right direction, it falls short in that this diagnostic label replicates an iconography of the medical complex imposing power over others and reifies physicians and psychiatrists as gatekeepers of others' development (Davy, 2015; Stroumsa, 2014). Instead of framing experiences of being transgender as a diagnostic toolkit, medical and psychiatric personnel – those holding the keys to unlock the barriers of obtaining treatment, to rectify the inconsistencies in trans youths' lives – may come to conceptualize transgender experiences as orthogonal to indices of maladjustment. While it is true that many trans persons are at elevated risk for a number of psychological morbidities, it seems fair to recognize trans persons' mental health largely is contingent on how they are treated by others and how trans persons experience daily living under vivid scrutiny of a gender policing culture (Bockting, 2009a; Bockting et al., 2013).

Trans care, on the whole, has improved for some persons depending on where they live, what care they have access to, and the attitudes and training/competencies of the persons providing treatment. However, the care and treatment transgender persons receive is policed by cultural howlers who decry queer and trans identities as wholly pathological and degenerative to a civilized society. In more conservative circles, gender is postured as immutable and naturally binary. Positioning gender and gender identities as wholly orthogonal serves the cultural meme of symbolically annihilating a minority population (and thus retaining cultural power to define normality in terms of familiarity and replicated hegemony). Conceptualizing both biological sex and ascribed gender as binary is a simple heuristic, even if it's wrong. Challenging the concept of a binary gender system is particularly threatening to some individuals. Still, trans persons' experiences and needs are contingent upon their unique understandings of themselves and upon their own

stage of development. There is no linear model – medical, sociological, political – that can delineate the needs of such a diverse population. All persons – transgender, trans, gender nonconforming, and cisgender – deserve the right to be both involved and agentic in the care they receive from medical and psychological systems.

CONCLUSION

Forty-three years have passed since homosexuality was removed from the (then current) *Diagnostic and Statistical Manual of Mental Disorders*. The decision to remove homosexuality from a list of mental disorders was influenced by cultural undercurrents that positioned homosexuality apart from a medical or psychiatric disease. This revision to the *DSM* had far-reaching cultural and political implications (e.g., both the rise and the subsequent fall of the *Defense of Marriage Act*, 1996), policy changes (the expiration of *Don't Ask, Don't Tell*), and the day-to-day visibility of gay and lesbian persons who are portrayed not only as non-pathological, but who served as role models for positive and affirming development (*Will and Grace*, *The Out List*, *Glee*, etc.). However, although (many) gay and lesbian persons have achieved remarkable recognition and validation in a brief span of historical time, not all queer persons have shared in the spoils of these victories. Most notably, as we have tried to explicate throughout this chapter, those persons who identify outside the hegemonic heteronormative gender binary have remained ostracized from the crescendo of acceptance that others have experienced. Transgender-identified persons continue to be left behind on the fight toward social justice.

Missteps and backlashes aside – both of which will occur – we remain optimistic that transgender persons increasingly will be afforded new and expansive opportunities to live authentic lives. Multiple contingents, including medical and mental health professionals, teachers, policy makers, and family members, to say nothing of trans-identified persons themselves, have orchestrated a movement – borrowed, in some measure, by concrete and evidenced gains from the gay rights movements – that have expanded conceptualizations of gender and the freedoms by which persons can live within a porous sphere of gender identities. One indicant of such progress is reflected in resources available to assist others in understanding and gaining support for trans and nonbinary gender friends, colleagues, family members and patients; a list of some current resources can be found in Appendix A. Moving forward, we believe individuals, transgender and cisgender alike, will

be able to benefit from paradigmatic and progressive shifts in the gender concept, and if the cultural shifts detailed in this chapter continue, we look forward to seeing a world where genders are normatively regarded as an expansive construction of self.

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APPENDIX A: TRANSGENDER RESOURCES

Trans Students Educational Resources

Website: transstudent.org

Email: TSER@transstudent.org

Transgender Law Center

1629 Telegraph Avenue Suite 400

Oakland, CA 94612

(415) 865-0176

Website: transgenderlawcenter.org

Email: info@transgenderlawcenter.org

World Professional Association for Transgender Health
2575 Northwest Parkway
Elgin, IL 60124
Website: wpath.org
Email: wpath@wpath.org

National Center for Transgender Equality
1400 16th Street, NW Suite 510
Washington, DC 20036
(202) 642-4542
Website: transequality.org
Email: ncte@transequality.org

Transgender Housing Network
Website: transhousingnetwork.com

Trans Youth Family Allies
P.O. Box 1471
Holland, MI 49422-1471
(888) 462-8932
Website: imatyfa.org
Email: info@imatyfa.org

Center of Excellence for Transgender Health
University of California, San Francisco
550 16th Street, 3rd Floor
UCSF Mail Code: 0661
San Francisco, CA 94158-2549
Website: transhealth.ucsf.edu

Fenway Health
Ansin Building
1340 Boylston Street
Boston, MA 02215
(617) 267-0900
Website: fenwayhealth.org
Email: information@fenwayhealth.org

Transkids Purple Rainbow

Website: transkidspurplerainbow.org

Email: info@transkidspurplerainbow.org

Trans Youth Equality Foundation

P.O. Box 7441

Portland, ME 04112-7441

(207) 478-4087

Website: transyouthequality.org

Email: contact@transyouthequality.org

Gender Spectrum

Website: genderspectrum.org

Email: info@genderspectrum.org

IMPACT the LGBT Health and Development Program

625 N. Michigan Avenue Suite 2700

Chicago, IL 60611

(312) 503-6509

Website: impactprogram.org

Email: impact@impactprogram.org

Camp Aranu'tiq of Harbor Camps

P.O. Box 620141

Newton Lower Falls, MA 02462

(617) 467-5830

Website: camparanutiq.org

Gay Lesbian and Straight Education Network (GLSEN)

(212) 727-0135

Website: glsen.org

Email: info@glsen.org

Chapter 2

THE CHALLENGES OF TRANSGENDER YOUTH

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ABSTRACT

Youth who have a gender identity that is incongruent with the biological sex with which they were assigned at birth experience challenges, barriers, and obstacles not often faced by their cisgender counterparts. Transgender (TG) youth report high rates of harassment in school, including both physical and sexual assault (Grant, Mottet, and Tanis, 2011; Greytak, Kosciw, and Diaz, 2009). Bullying in educational settings has been shown to correlate with poor academic performance and higher rates of dropping out of school. Many TG youth face rejection by friends and family after revealing their gender identity, leading to social isolation and in some cases, foster care or homelessness (Society for Adolescent Health and Medicine, 2013). Substance use, depression, and suicidality are high within the TG youth and adolescent population. Many TG youth of color, those who possess a disability, originate from a lower socio economic background, identify as lesbian, gay or bisexual, as well as a number of possible other cultural identities, are susceptible to becoming “minorities within a minority” (Bennett and Coyle, 2007, p. 125), thus multiplying the challenges, barriers, and levels of stigma and discrimination they will encounter (Singh, 2012).

Keywords: transgender youth, gender identity, mental health, bullying, medical care, education, rehabilitation, disability

INTRODUCTION

Transgender (TG) is a term used to describe those who have a gender identity that is incongruent with the biological sex with which they were assigned at birth. Gender identity is the personal belief of one's own sense of being male, female, both or neither. According to Gary Gates (2011) of the Williams Institute at University of California at Los Angeles, there are approximately 700,000 TG individuals living in the United States. They often experience challenges, barriers, and obstacles not often faced by those who are born with a gender identity that matches their biological sex, referred to as cisgender. Youth that are TG experience even more challenges than those who are cisgender due to their age and circumstances, making these individuals at higher risk for a multitude of health and wellness issues.

TG youth report high rates of bullying in school, including both physical and sexual assault (Grant, Mottet, and Tanis, 2011; Greytak, Kosciw, and Diaz, 2009). The bullying in academic settings has been shown to correlate with poor performance in school and higher rates of school dropout (Kosciw, Greytak, Bartkiewicz, and Palmer, 2012). Many TG youth face rejection by their peers and relatives after revealing their gender identity, leading to social isolation and in some cases, foster care or homelessness (Society for Adolescent Health and Medicine, 2013).

GENDER IDENTITY AND EXPRESSION

Gender identity is considered by many to be on a fixed binary system driven by social norms. In actuality, gender expression for the transgender populations should be conceptualized on a continuum (see Figure 1). This continuum describes the way in which individuals express their identity. Therefore gender non-conforming would be the expression of identity on one end of this spectrum with TG individuals that seek sexual reassignment surgery being located on the farthest end. The boundaries of how one expresses their gender non-conformity or their expression past surgical reassignment are considered a complex concept not easily defined by others. Therefore, this concept can be conceptualized on a spectrum. Gender non-

conforming describes an expression of gender identity that is contrary to socially constructed stereotypes about the typical behavior of female or male gendered persons, usually through dress or physical appearance (Sylvia Rivera Law Project, 2016). Someone who engages in gender non-conforming behavior may be a woman who wears traditionally male clothing, a man who wears feminine clothing or make up or a person who dresses ambiguously and chooses to appear in an androgynous state. At the other end of this spectrum a TG individual can have a complete sex reassignment surgery.

BARRIERS IMPACTING TRANSGENDER YOUTH

According to Lorber (2006) “For human beings there is no essential femaleness or maleness, femininity or masculinity, womanhood or manhood, but once gender is ascribed, the social order construct holds individuals to strongly gendered norms and expectations” (p. 278). Lorber (2006) further describes the dissonance in society in the understanding of the term gender as it is opposite on the individual and societal level. Whereas individuals use gender to associate likeness with other human beings, society uses gender to classify differences between them. In the United States, the belief and enforcement of a binary male/female gender system creates barriers for those who do not fit neatly into one of the two gender categories. Therefore, those who identify anywhere on the TG spectrum can face significant social and institutional challenges. Beginning in youth, everything is classified by gender. In the educational setting, physical education classes, health classes, and in many cases teams are broken down by “boys” against the “girls”. Peer pressure in school settings is often based on gender. Females are frowned upon when taking courses in shop and mechanics, as well as males who take classes in the traditional home economics beyond the required courses.

STIGMA AND DISCRIMINATION

Transgender individuals face multiple barriers when trying to access health care services. According to the Institute of Medicine (2011), these barriers are both personal and structural. Personal barriers are those influenced by stigma, both on the part of the provider and the TG patient. The term stigma refers to a set of beliefs that society assigns to individuals and groups

that are associated with various conditions, statuses, as well as the attributed inferior status, negative regard, and relative powerlessness associated with it (Centers for Disease Control and Prevention [CDC], 2016; Goffman, 1963; Herek, 2009; Link and Phelan, 2001). Stigma is different from discrimination, which is an act or treatment that is committed against a group, which are identified as lying outside of the norm (CDC, 2016).

HEALTH AND BEHAVIORAL HEALTHCARE SETTINGS

Transgender individuals may face significant impediments when trying to access public services, which are afforded to individuals that are cisgender. In the United States most systems are based on gender categories, thus creating institutional barriers within our healthcare systems. In order to access services such as healthcare, being admitted to a hospital or filling out an intake in a mental health agency, it is necessary to disclose the gender that one was assigned at birth. The only exception to this are those individuals who have undergone gender transition in some form and gone through the process of legally changing their gender marker on official documents such as driver's license, social security, birth certificate, and passports. The extent of the requirements of that gender transition varies from state-to-state. It is extremely rare that youth can take these steps without assistance from their designated guardian. Some doctors will identify a TG youth in their medical record under the legal name they were given, however, they will respectfully address them by their chosen name.

A lack of competency in understanding and providing necessary medical and mental health care services for this population increases healthcare disparities and compromises the health and wellbeing of this population. It is important for medical and behavioral healthcare providers to maintain current knowledge on the evolving research, laws, and policies guiding provision of equal treatment for all patients by service personnel (Joint Commission, 2011). The consequences of not maintaining this knowledge and overcoming biases by healthcare and mental health personnel are TG individuals living without necessary preventive care as well as access to safe hormones and surgical procedures. For example, it is necessary for transgender women to have a prostate exam, and transgender men to have a pelvic exam as they both still retain organs that can be compromised by disease due to lack of care. This becomes especially true in the case of hormone replacement therapy, which can lead to cancer, stroke, and osteoporosis.

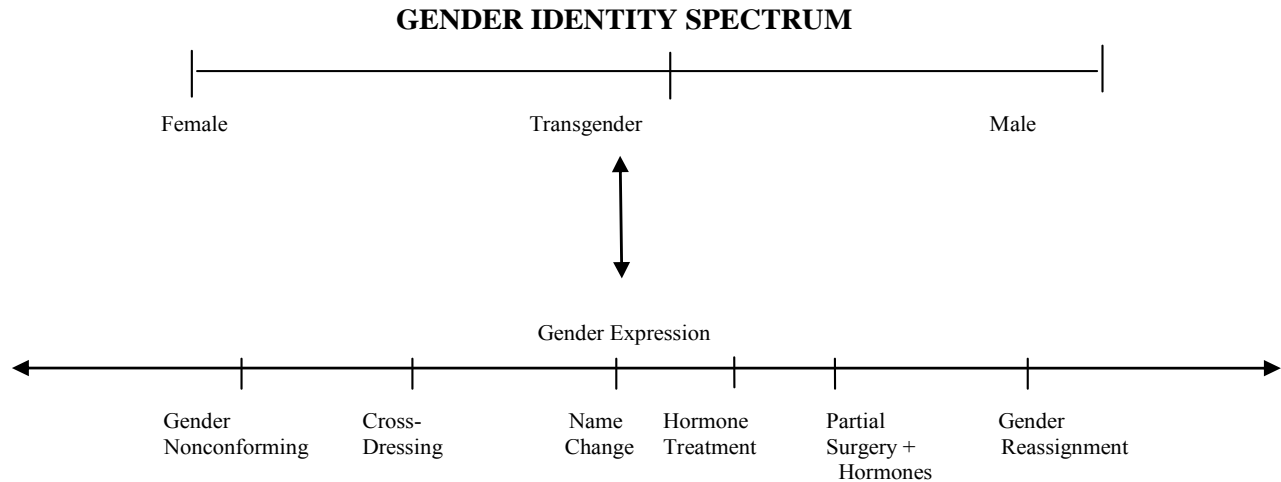


Figure 1. Spectrum of gender identity versus gender expression. Society constructs a binary expectation of gender identity and roles leading to the exclusion of nonconforming gender expression. The second graphic depiction highlights some of the categories of gender nonconformity ranging from external physical expression to surgical biological reassignment of gender.

Transgender youth face the same problems as adult transgender individuals but also experience other unique barriers related to their age group. Some of these problems are that insurance reimbursement is often difficult for services to TG youth. The time necessary to spend with youth, if the provider is willing, can make reimbursement problematic. However, TG youth need case management to coordinate necessary services for counseling, health promotion, and often disease prevention (Osius and Rosenthal, 2009). TG youth experience a great deal of anxiety over the confidentiality of their gender status in seeking mental health and medical treatment concurrently with the anxiety experienced of whether they will be able to obtain competent service provision.

Transgender youth are at higher risk for tobacco use, substance use, sexually transmitted infections, and HIV (Joint Commission, 2011). TG youth also are at an increased risk for depression, anxiety, and suicidality (Transgender Law Center, 2016). According to the CDC (2014) students who may be unsure as to their sexual orientation and/or gender identity, report having experienced significantly higher levels of victimization, poorer school attendance, more substance use, as well as depression, and suicidal ideation. Because of a lack of competent service provision, the mental health conditions experienced by TG youth as well as the tobacco and substance use can grow into more problematic and complicated health and wellness problems as they reach adulthood. Additionally, protective factors such as a supportive family or social group may be lacking for many TG youth, further propelling them into negative coping habits (Family Acceptance Project, n.d.).

Youth who identify as transgender, may live in homes in which they do not feel accepted. An unknown percentage of more than four million LGBT youth aged 10–24 years live in homes and communities where homophobic prejudice is widespread (Allen, Hammack, and Himes, 2012). They differ from other minorities who face discrimination, because these adolescents do not usually have a same gendered or sexual orientated care-giver at home with whom they can identify, which could leave the youth feeling isolated. TG youth are becoming aware of and disclosing their identities at a much younger age (Grossman et. al., 2009; Grossman, D’Augelli, Salter, and Hubbard, 2005). When transgender youth come out or are “outed” to parents, different reactions can occur. They are sometimes kicked out of their homes by parents who will not accept them or they may run away to escape hostility or abuse (Christian and Mukarji-Connolly, 2012). TG youth may face rejection by family members when they “come out” and may end up living on the street, homeless, and susceptible to violence (Christian and Mukarji-Connolly, 2012).

These youth may turn to sex work or “prostitution” in order to survive and meet their daily needs (Covenant House Institute, 2009), further putting them at risk for HIV/AIDS and other sexually transmitted infections. Engaging in sex work for money will often be their introduction to the juvenile justice system (Covenant House Institute, 2009). This creates a cyclic system of trying to make ends meet for the transgender adolescents.

Healthcare professionals can provide competent service provision through non-discriminatory practices by putting in place trainings, policies and procedures, and amending intake forms to be inclusive of the spectrum of gender. The Transgender Law Center (2016) recommends 10 tips to assist healthcare providers to work with the transgender community collaboratively. A partial summary of these principle tips include: Use neutral and inclusive language on documents and forms and in treatment/sessions, focus on care not personal curiosity, do not use TG patients as a focal point of training, protect private information, and do not ask about TG individuals genital status if it is unrelated to the reason for treatment (Transgender Law Center, 2016).

STIGMA IN MEDICAL AND BEHAVIORAL HEALTHCARE SETTINGS

Personal stigmas can include lack of competence on the part of the medical and behavioral healthcare providers leading to acts of discrimination, inadequate care or denial of services, the use of incorrect pronouns, insulting language, and refusal to perform necessary procedures, exclusionary intake forms as well as other more covert micro-aggressions. According to Sue and Sue (2013), micro-aggressions are disrespectful verbal and behavioral interactions both intentional and unintentional, which can result in significant emotional distress for the marginalized group or individual. Some examples of these covert micro-aggressions may be making it difficult for a client to obtain their medication, lack of accommodations to bathroom facilities, or revealing a patients gender status to others violating their Health Insurance Portability and Accountability Act [HIPAA] rights (United States, 2004). Structural stigmas create barriers to accessing health care providers who have knowledge of the standards of care for transgender individuals and their loved ones (Institute of Medicine, 2011).

STIGMA IN EDUCATIONAL SETTINGS

School safety significantly affects LGBT students in several ways. Kosciw et al. (2012) found that hostile school environments not only inflict emotional and physical harm on LGBT youth but they also affect their academic performance and aspirations. LGBT students that were exposed to frequent harassment carried lower grade point averages compared to those exposed to less harassing environments. Students exposed to higher levels of harassment were also more than twice as likely to report that they did not plan to pursue any secondary education. These students were three times more likely to miss school, have lower levels of self-esteem, experience higher levels of depression, and felt excluded from school activities and community life (Kosciw et al., 2012).

Youth who identify as transgender may face bullying on a regular basis. This bullying can manifest in physical and /or sexual assault, psychological, and now is becoming a serious problem on Internet social networks in the form of cyber-bullying. As transgender adolescents are enduring bullying and harassment at school, they may feel unable to ask for help for fear of revealing their identity. This fear often leads to suffering in silence. Similarly, when cyber-bullying occurs, adolescents who identify as transgender and queer may be reluctant to reach out to their parents for help for fear of losing access to their only connection to information and to some form of community in which they can identify. Jing and Iannotti (2012) indicate, “with this new form of bullying, victims may experience more detrimental harm than before” (p.6), because there is no relief, the bullying is no longer just at school or with a few people. Research on identification of risk factors, psychosocial outcomes, and corresponding coping strategies is still too premature to adequately understand cyber-bullying well enough to develop effective prevention and intervention programs.

ADVOCACY AND COMPETENCY

Resources on the Internet can be a valuable source of strength and support for transgender youth. It is important to include that transgender youth experience negative school environments, unique peer support, educational, and referral needs that differ from gay, lesbian and bisexual youths (Allen, Hammack and Hines, 2012; McGuire, Anderson, Toomey and Russell, 2010).

Some school systems have created policies to assist TG students to transition gender in school settings to protect them when they have transitioned, and to help other students be supportive. For example, many schools have created transgender and gender non-conforming policies to help educators and students and have them in place to be proactive with a TG student, a written plan is put into effect, similar to an Individual Education Plan (IEP), which outlines the expectations of the school staff and of the students (Massachusetts Transgender Political Coalition Policy Committee, 2012). This helps the student to know their rights, how they can be safe, and what procedures to follow. These policies and procedures also assist in preventing students from being targeted by other students and staff as well.

The Gay, Lesbian, Straight Education Network (GLSEN) has worked for the last two decades to get Gay Straight Alliances (GSA) instituted in schools all over the country in order to help promote understanding and safety about and for LGBTQ youth. However, there are only 4,000 gay-straight alliances in the more than 50,000 middle schools and high schools in the United States (Allen, Hammack, and Himes, 2012). While the Gay Straight Alliances have provided peer support to an unknown number of students, there *is one* limitation. Allen, Hammack, and Hines (2012) point out that the GSA's work to encourage activism, collaboration, and working with peers, which includes having the student "come out" about their identity.

In order to examine, challenge, and change the pervasive beliefs that support the oppression and abuse of those who do not fit into the rigidly defined gender categories, educators must learn and teach that gender, like most things, exist on a spectrum. One way this change might be accomplished would be through modifying curriculum to initiate early elementary education for children to grasp an understanding of gender on a spectrum. This should be done from a young age, in an age appropriate manner, to assist in increasing the acceptance of diversity of gender. It is imperative that dialogue is started in classrooms in middle thru high school and continued into the university level in ways that encourages support of students to recognize, engage, and critically examine undemocratic practices and institutions that maintain inequality and oppressive identities. In order to accomplish this, the teachers of our country must also be challenged to confront their own biases, fears, stereotypes, stigmas, religious beliefs, and prejudices.

Time and resources must be invested into training and educating professionals about this population in order to be able to assist them to not only help the transgender youth population but also improve social problems that affect all youth. The discussion of sexuality and gender identity are still

somewhat taboo and not frequently discussed, especially in schools. Because of the discomfort of the topic, people are reluctant to discuss issues of sexuality and gender identity until the need arises and often this is too late as harm has been done. This way of dealing with diversity issues leads to a reactive response when issues related to transgender and queer topics arise, often in a negative or emotionally charged context. By the time a reactive response is needed, it is often less effective due to the heightened emotional charge of the situation warranting intervention. By contrast, a proactive approach can help to defuse some of the negative interactions that may occur simply by educating, promoting understanding, and respect for all people. Other proactive responses include instituting more gay straight alliances with transgender and queer specific resources.

As professional educators and counselors, it is of the utmost importance to remain current on new and revised laws, policies and procedures regarding all marginalized populations, in order to provide a safe academic setting for all students. For example, the two most recent legislations put forth affecting transgender youth: in North Carolina, a bill known as “the bathroom bill” (House Bill 2, 2016), and in Mississippi the *Religious Liberty Accommodations Act* (House Bill 1523, 2016). In North Carolina this bill was introduced to create single sex, multiple occupancy bathrooms based on biological sex assignment as stated on birth certificates. This bill would include all school and work bathroom facilities in the state of North Carolina. This bill was approved on March 23, 2016. In Mississippi, the *Religious Liberty Accommodations Act* (House Bill 1523) will directly affect transgender youth by allowing schools, employers, and service providers to implement sex-specific dress and grooming standards, as well as refuse transgender people access to the appropriate sex-segregated facilities, consistent with their gender identity.

Counselors must become more educated and trained to help support this population. There are specific guidelines in the American Counseling Association Code of Ethics for mental health and school counselors that require professionals to advocate for all clients/students. Still, counselors that are unaware of the needs of the transgender population can negatively affect the mental well-being and safety of these individuals (Carroll, 2010). Additionally, counselors often lack the knowledge, awareness, and skills to work with this population countering the necessity to provide competent services (Carroll, 2010).

The Commission on Rehabilitation Counselor Certification Code of Ethics (2010) provides guidelines for rehabilitation counselors for the provision of

best practices when working with diverse populations. In the Preamble of this document principle values to be held by all practitioners follows respect for human rights. Under the six principles guiding this field several refer specific to working with individuals who are marginalized. The field of counseling code of ethics mandates the fair treatment of all individuals (justice), counseling benefiting and promoting best practice service provision for all clients (beneficence), and ongoing evaluation of the provision of non-harmful treatment (non-maleficence) for each client accessing services. Specific to discrimination under the following sections: A.2; D.2; H.6, and H.8 are standards outlined for professional counselors and counselor educators for the provision of evidenced based practices when working with diverse populations. This code is currently under review for updating many areas guiding the provision of counseling services to marginalized groups. Similarly, the guidelines followed by the American Counselors Association (2014) highlights in sections C, D, and E guidelines for provision of competent and non-discriminatory practices when providing treatment, education, and supervision within each of those disciplines. Focus on client and student welfare is of utmost importance for clinicians in the counseling field.

CONCLUSION

The challenges faced by TG youth are numerous and create barriers to systems and services that are needed and easily accessed by most other people. The challenges posed to TG youth by society's discrimination and stigma cause emotional and even physical trauma that is left in need of healing. As counselors and health care providers are ethically bound to serve all people, it is imperative that they be educated and trained to do so. The experiences of TG youth not only challenge them in their present situation but also can cause lifelong struggles. Disability and difficulty such as substance abuse, poor mental health, and difficulty in academic performance leading to low employment prospects, are all conditions that keep the transgender population in a minority position. To protect and promote all youth, it is essential that we orientate and emphasize positive inclusive role models, develop responsible strategies to identify, and educate professionals on best practices in mental health, healthcare, education, and to recognize the importance of schools and environments to be free of bullying, discrimination, and harassment. In order to begin to break down the barriers for our TG youth, we must begin to

identify the bias that exists and then begin building bridges of inclusion built upon similarities.

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Chapter 3

TRANSGENDER CHRISTIANS: GENDER IDENTITY, FAMILY RELATIONSHIPS, AND RELIGIOUS FAITH

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ABSTRACT

Two of the most salient relationships transgender Christians have during adolescence is with their parents and with their religious faith community. Indeed, one of the most important social challenges for transgender and gender non-conforming youth who identify as Christian involves navigating their religious and gender identities, which often occurs in the context of their family of origin and their organized religious faith community. In this chapter we present a qualitative study of transgender or gender variant/gender non-conforming Christians who shared their experiences navigating both religious identity and gender identity concerns from childhood through adolescence and early adulthood. Transgender Christians were asked about experiences of gender dysphoria, their experience of gender identity development, and their family and religious faith community.

Keywords: transgender, Christian, parenting, religion, gender identity

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INTRODUCTION

The past several years has seen an increase in social awareness of transgender persons, both in the mental health field but also in the broader culture. We see this reflected, too, in the number of studies and professional publications regarding policy and practice considerations for working with transgender and gender variant or gender non-conforming persons (APA Task Force, 2009; Substance Abuse and Mental Health, 2015). We have also witnessed an increase in the psychological study of and engagement with religion and spirituality as important aspects human experience that are meaningful to many people in the U.S. (e.g., Aten et al., 2011; Aten et al., 2012). However, relatively few studies have been published that bring these two considerations of gender identity and religious identity together (see Evangelical Alliance Policy Commission, 2000).

In one of the few studies that looked specifically at transgender Christians, Yarhouse and Carr (2012) reported on the experiences of 32 male-to-female transgender Christians. They reported a complex relationship between gender identity and religious identity, as many participants reported a meaningful relationship with God but strained relationships with religious leaders and organized religion. These participants also provided information on the milestone events related to their experiences of gender incongruence (Carr, Yarhouse, and Thomas, 2014).

When we consider the extant literature, however, we see even less research published on the intersection between gender identity and religious identity during adolescence or emerging adulthood. However, adolescence is an important time of development for both ongoing experiences of gender dysphoria among those for whom it persists, as well as exploration of religious identity as a person of faith. In other words, little research exists on transgender persons' developmental processes through adolescence when religious identity is frequently formed among those who later identify as religious or spiritual.

Indeed, it may be argued that two of the most salient relationships transgender Christians have during adolescence is with their parents and with their religious faith community. One of the most important social challenges for transgender youth who identify as Christian involves navigating their religious and gender identities, which often occurs in the context of their family of origin and their organized religious faith community.

In this study eight transgender and/or gender non-conforming Christians shared their experiences navigating both religious identity and gender identity

concerns. Participants were asked about advice they would give to other Christian families who are navigating similar experiences with transgender or gender variant youth today. Transgender Christians were also asked about their experiences of gender identity and faith, as well as advice they would give the local church and especially youth ministers who may work with adolescents navigating gender identity questions in light of their religious beliefs and values.

Problem and Purpose

There is a lack of literature on the experiences of transgender and gender non-conforming Christians. Additionally, due to various misperceptions, this population is often misunderstood and relegated to the margins of both religious and LGBTQ communities. Therefore, it is the purpose of this study to explore the experiences and recommendations of transgender and gender non-conforming Christians with regard to gender identity, Christian parenting, and church ministry settings during adolescence.

METHODOLOGY

Participants

This is a qualitative study of 8 transgender Christians. Participants in this study were selected if they were age 18 or older, identified as Christian, and identified as transgender or gender non-conforming. Participants in this sample were four biological males and four biological females who reported varying degrees of gender dysphoria. Two participants adopted a cross-gender identification (one male-to-female and identifies as a transwoman or woman; one female-to-male and identifies as male). One participant identified as transgender. Four participants identified as gender dysphoric but presented in keeping with their biological sex (three male; one female). One participant identified as gender queer. In terms of race, four identified as Caucasian, while one identified as biracial and three as Asian American. Five participants identified their age as between 18-30; three were over the age of 30.

Procedure

Five participants were obtained from purposeful sampling through contacts with the principal investigator. Archival data was available from three additional transgender persons who had previously sought consultation services from the principal investigator. Potential participants were provided an informed consent document that specified the purposes of the study and were given the opportunity to participate by completing a questionnaire regarding their gender identity and religious faith, as well as an optional phone or face-to-face interview. Interviews took approximately 35-45 minutes.

Data Analysis

In the tradition of exploratory research, and due to the relative underrepresentation of studies about this population, an interpretative phenomenological analysis (IPA) was employed. The qualitative methodology of IPA is deemed appropriate for analyzing relatively unexplored research questions in which the researchers are attempting to understand how the participants make sense of their world (Smith and Osborn, 2008), and, in this study, the IPA qualitative methodology allowed participants to share about their gender identity and religious faith. IPA often uses in-depth, in-person interviews, but other sources may also be used, including diaries, letters, or returns from questionnaires (Biggerstaff and Thompson, 2008).

Questionnaire and Interview Domains

Questions explored each participant's personal experience of gender dysphoria, the experience of the relationship between their gender identity and their religious identity as a Christian, recommendations they would give to Christian parents raising transgender and gender non-conforming adolescents, and recommendations they would give the church or youth ministry during adolescence.

RESULTS

Participants' responses were organized around the following domains: description of gender dysphoria, a narrative understanding of gender identity development, experiences within one's family of origin, and experiences within one's religious faith community.

Description of Gender Dysphoria

Participants were asked to describe their experience of gender dysphoria. One participant shared, "It's like puzzle pieces that won't fit together. Odd disconnection between body and self-identity. I look around and think, 'How is it that it fits together for you?'" Another participant shared simply, "Feeling something is not right." Still another participant who is a biological male who has adopted a cross-gender identity stated, "One image I've used is that someone who is overweight might image herself as someone much thinner—as a beanpole. They want to lose weight and have in their mind the person they see themselves as even if it doesn't line up with their body today. The mental image I have of myself is much different than the external reality anyway." Another participant who is a biological female who identifies as gender variant shared, "On my bad days, the feeling of 'I don't belong where I should' or 'I don't belong in this body' lingers like an upset stomach. A more recent development is vehemently feeling that I am sick of feeling this way and that I just want to be 'normal.'" A biological male who is exploring a cross-gender identity shared, "It's something that is always there, even if you think about it or not. It never turns off.... It's a weight. Like working two jobs. A person going to work, then going home, then going to another full-time job—managing it. I act like the person I'm supposed to be. It's exhausting. It's painful. It's a disconnection. When you are in your house and you have a power surge...because something is not connecting. Or when you hold a light switch half-way between on and off."

A Narrative Understanding of Gender Identity Development

Participants were asked to describe the development of gender identity concerns with reference to different "chapters" in their life. They were asked, "If your life was a book with many chapters (some having been written, some

you are writing now, and other chapters you will write in the years to come), how would you title the different chapters in your life?" We identified several common chapters: early chapter on childhood, subsequent chapter on conflict, a chapter on religious faith, revisiting gender identity, and learning to cope.

Early Chapter on Childhood

The earliest chapters were about childhood and some were about innocence and discovery. One biological female described her boy presentation in childhood: "I looked like a boy. I refused to do 'girly' things accepted by peers who knew me. First crush at age 7 on a girl. I believe I was male (not wanted to be [male])." Another participant who also identified as biologically female shared, "Younger years before I knew that this is male, this is female. I just would tell people I was a boy. My parents would tell me, 'No, you are no; you are a girl.' It's when I discovered that I was a girl."

Another participant titled this chapter, "Ignorance is bliss," sharing, "I knew something wasn't quite right. [During] pre-school I had a connection to dolls occasionally. Like playing house and pretend games. Lot's of unexplained anxiety and outburst of crying, but generally concerned with playing."

A participant who identified as a biological male shared an experience in childhood: "Enjoyed playing with younger sister and didn't feel shame in dressing up as a girl, wanting to be a ballerina until told to stop by my parents, with no explanation—started to experience shame and confusion." A biological male who is exploring a possible cross-gender identity shared: "I knew something wasn't quite right. Pre-school I had a connection to the dolls occasionally. Liked playing house and pretend games."

Another participant shared the following:

I do remember a story that helps me make sense of it: My mother would tell me that when I was 3 years old, one Sunday morning I implored her to put makeup on me and that I wouldn't go to church without it. So, she did my make-up and I went to church. (Of course I have no memory of this.) I do remember seeing a baby picture of me in my diapers wearing a towel on my head, flowing behind me. When I was a child I asked what this was, and my parents never gave me an answer. Today, I think that I was pretending to be a girl.

Subsequent Chapter on Conflict

The subsequent chapter for participants often reflected conflict with various sources in their environment. The age range was typically late

childhood through adolescence. For example, one biological male participant indicated that between 12 and 18 years of age, he “felt shame at having to hide something and suppress it, started to be depressed but at the same time my faith became real and gave me a purpose in life.”

Another participant shared the following: “A chapter describing the real struggle and experiences of kids and youth surrounding life and with an emphasis on sexuality and gender. Many ‘adults’ feel like kids don’t understand ‘the real world’, yet are unaware of the real life thoughts, feelings, emotions, and struggles contained inside the ‘child.’”

A biological male who is considering a cross-gender identity shared: “The gender divide widened and I felt isolated and lonely. I didn’t fit in anywhere. It was a daily struggle with dysphoria. I was unhappy and uncomfortable with my social role and body.”

Still another participant (a biological female who experiences a male gender identity) described being misunderstood and isolated: “After I realized I am a girl and have to be a girl and telling my parents I need to be in counseling. They brushed it off. ‘You’re just a tomboy. You just have a brother.’ Grew up thinking I just have to keep this from others. Not really sharing my feelings, ages 12-19.”

A Chapter on Religious Faith

The next chapter for many participants included an emerging religious faith. This typically, but not exclusively, occurred during late adolescence or emerging adulthood. For example, one participant titled this chapter, “Coming to Know Christ as My Savior” and shared the following: “I became an actual Christian—not too much belief in God before that. Before that I was actively living a homosexual lifestyle, party scene, drugs, and all that stuff. Then I became a Christian. God doesn’t hate me because of that. I knew Him as my Savior. He died for me. He wants to walk me through it. He wants to heal and restore me.”

Another participant, a biological male who experiences a female gender identity, shared that the next chapter covered three years of formal religious study: “That covers the three years I spent at [identified Bible college]. A season of trying to make my faith my own. Trying to get some sense of grounding...”

One participant married during this time. Others presented publicly in accordance with their biological sex. One biological female who identifies as transgender discussed an “intentional girl presentation” in which she “decided [she] would like boys because that is what girls do. I was traumatized. I cared

more about being normal than true to who I felt I was... Convinced self it was a phase.”

Revisiting Gender Identity

For many participants the next chapter had to do with learning to revisit gender identity in light of an enduring gender incongruence. A biological female who identifies as transgender shared, “Basically I realized I’d been mimicking what a good woman would be like. It was a lot of things. Everything put together. Began to realize that it was not so much that I wanted to be in a relationship with a person but that I wanted to be like the person. In college attracted to both a guy and a girl. Stark difference in how I liked them both. I wanted to be like the guy; I wanted to like the girl as a boy.”

A biological male who identifies as a transwoman (and who is married to a woman) shared, “A time of struggle and renewal. As a couple we found the importance of community in the church, redefining what church means and feeling renewed freedom, starting to understand and experience importance of vulnerability—started to be bolder with gender expression, attending support groups, dressing like a woman in public.”

Learning to Cope

Regarding learning ways to cope with gender dysphoria, one biological female who identifies as transgender shared the following: “I dress a certain way to manage my dysphoria. Dressing as a tomboy helps. It’s easier for female-to-male. I avoid situations when I would be expected to wear a dress—situations with heightened gender expectations. Black tie events. I understand which situations push my buttons and avoid them.” This same participant also reflected on service to others: “Helping other people—focusing on the problems of others. I was created to love God and love people. God made me generous and empathic and that’s what matters.” A participant who identifies as gender queer shared, “I usually just wait for it to pass. A few friends call me [preferred name] which feels more gender-neutral, but I haven’t really found anything that helps when the dysphoria gets strong.” A participant who is a biological male and who identifies as gender dysphoric shared, “For now I manage my dysphoria by buying feminine jewelry like bracelets and necklaces and wearing it when I’m out by myself or with friends (none of whom yet know that I’m gender dysphoric). I sometimes cross-dress when I have the chance to be home alone. Once in a while I’ll tuck my penis when I come out of the shower -- it brings me a sense of relief.”

As our participants identified as Christian, some of the coping was a turning to God with questions about gender incongruence as an enduring condition. One participant who identifies as gender queer shared her experience following a pride event: “It wasn’t until I got home and was journaling to God that night that I started to cry. ‘I want to be normal,’ I told Him. “I don’t want to be proud of my identity. I just want to be normal. Oh God, I want to be normal.’ If there was a plan for me to be this way, why do I feel scared to be this way? I don’t have an answer to that question.”

A biological female who identifies as transgender shared, “Transitioning is the main secular response; healing through counseling is the main Christian response. Dealing with it daily is the reality for most of us.”

Experiences within One’s Family of Origin

Participants shared varying experiences with family, ranging from supportive behaviors to rejecting behaviors. One participant discussed the benefits to having family and friends who understood about her gender dysphoria and placed no expectation on attending events that would cause her gender dysphoria to spike. She shared, “Thankful for friends brought into my life. Thankful for family that accepts me.”

Others shared experiences of rejection. A biological female who experiences gender dysphoria shared, “Most of my family doesn’t believe me. They just ignore it mainly. I get called a lesbian a lot; they tell me to stop cutting my hair and to dress as a girl more.”

A biological female who adopted a cross-gender identity, shared: “My parents...have not been supportive. They initially asked that I not return home appearing as male. While I’m now able to go home, I am not called by my legal/male name and most likely never will (but one can only pray)... They believe I am outside of the will of God. They believe I am hell bound... They no longer trust my spirituality.”

Advice to Christian Parents

Some of the participants offered advice to Christian parents raising transgender and gender non-conforming adolescents. One participant shared, “[Be] more loving. Follow a child’s lead.” Another participant shared the following: “Don’t condemn and judge a child in their innocence because it scares you [or] you don’t understand. Instead, seek help from other people, don’t be afraid to admit that you don’t know.”

A biological male who is exploring a possible cross-gender identity indicating wishing family could provide “some grace and understanding. More communication by trying to learn. Not to blame themselves.”

Experiences within One’s Religious Faith Community

This portion of the questionnaire and/or interview explored experiences in church and youth ministry and allowed participants to reflect on their experiences growing up in a religious faith community.

One participant, a biological male who is transgender but currently uses male pronouns, shared that his pastor encouraged him to resolve the gender dysphoria with his biological sex. He said he could hear this because his pastor has “profound care for me—had a good, sustained relationship. But [I was] disappointed with some of what he said. He was faithful to his convictions. Helped point me toward a disability view of my gender dysphoria. He said, ‘God created you a man by physical sex. No matter what you feel inside. Look at perception/feeling aside and be a gentle man.’ It got me to think more about sin and a biblical worldview. Challenged to look at desires and human nature and sin.”

Another participant shared a much more painful experience in the church. This participant is a biological female who adopted a cross-gender identity and shared, “My home church has been the most difficult. My parents refused to talk about it initially and didn’t want people to know. They eventually found out.... Many feel that I’m the lost child, going to hell, and I’m not allowed to attend my home church. I’m sure I could show up, but the embarrassment and the repercussions on my folks would prevent me from that.”

Advice to Churches and Youth Ministers

A theme that emerged had to do with specific suggestions to churches and/or youth ministries. For example, one participant—a biological female who identifies as transgender—shared, “Reduce [the] number of gender inflected activities (boys v girls). [You] cannot cater to [the] person in every situation. I would have understood. Best to speak (if you know) out of a relationship. Have a single stall bathroom/gender neutral bathroom.” Another participant recommended “space to talk and ask questions. Treat me as a normal human not like I am perverted or have a fetish.” This participant also offered: “You may have to approach the topic in an inviting way so people are comfortable opening up. Refrain from characters that come from mass media.”

Another participant shared, “The biggest thing I would have liked from my church is acceptance. I constantly feel like I am wrong for being born like this. Over the course of my life I have believed God hated me because I was ‘sin’. I was shown love when I was living a life they approved of, but the second I opened up about my sexuality, I felt nothing but condemnation and shame.”

This same participant elaborated on advice to a youth pastor: “The best advice I could give a pastor is not to use Scripture as a way to ‘fix’ someone. The only thing Christians should do is love like Christ and pray for one another. If we do that, then God will take care of the rest. Not that we shouldn’t confront sin, but that should never be the first thing we do as Christians. Preach truth and preach grace and actively live that out and God will take care of conviction.”

Another piece of advice was “not to say, ‘God doesn’t make mistakes’—it’s telling them, ‘you’re a mistake.’ The biggest thing is accepting me and that sin entered the world and that things happen. It isn’t any less real that kids born with Down syndrome or ADHD. Just by loving people and accepting people and now I can figure out how to do this. [Say] ‘I love you. God loves you. I’ll help you walk through this in a godly way.’”

A biological male who identifies as gender dysphoric shared, “Listen to what your students say; don’t deny what they say -- don’t deny their reality. And don’t give them ‘bumper sticker’ theology. Teens are in flux. Wouldn’t it be great to introduce them to the wonders of the mystery of our faith? That God resides in the unanswerable places.”

A biological female who adopted a cross-gender identity shared, “I would like the church to get properly educated about the umbrella of people who fall on the gender dysphoria spectrum. I would like for pastors to NOT counsel but refer to qualified people who can address all the mental and physical parts of this. I would like the church to talk about scriptures on creation/male and female/the varied people God used—not perfect, sexual deviants/eunuchs.”

Another participant who identifies as gender queer shared, “I would love to not have the feeling that I would be whispered about behind my back if I came out.” This participant elaborated on ministry climate: “Actively police the queer-phobic comments. Even if they are born out of ignorance, they can be very damaging to any queer people in your group and can compromise their sense of safety in that group.”

DISCUSSION

The results of this study demonstrate the need for greater attention to and understanding of the experiences of transgender and gender non-conforming Christians as they navigate their faith and gender identity (see Evangelical Alliance Policy Commission, 2000; Hoffman et al., 2007). These considerations may be particularly salient to children and adolescents.

Several themes emerged in terms of a process of gender identity development, which were organized here in the context of “chapters” in a person’s life: early chapter on childhood, subsequent chapter on conflict, a chapter on religious faith, revisiting gender identity, and learning to cope. The experience of a gender identity, that seems “natural” to a child, has been commonly reported by researchers and clinicians alike. However, what may be a natural expression for a child can soon come under scrutiny by one’s family or peer group or other community, including one’s religious faith community. We see an increased interest among a religious sample to explore religious identity during adolescence and emerging adulthood. This continued for this sample, of course, as evidenced by their participation in a study about transgender Christians. However, a religious identity and commitment did not resolve their experience of gender incongruence. This would be important for churches and church leaders to recognize; nor was religious identity and commitment a sufficient coping mechanism in and of itself to address gender dysphoria. Indeed, we see a subsequent chapter in which our sample revisited gender identity concerns and focused on ways to cope with their gender dysphoria. In our sample, some participants formed a cross-gender identity, while others identified as transgender, gender variant, or presented an identity in keeping with their biological sex. The range of presentations and strategies for managing gender dysphoria impressed us.

The narrative understanding of different chapters in a person’s experience of gender identity may be understood with reference to different explanatory frameworks that exist within our culture today. Yarhouse (2015) described three lenses through which people view gender identity concerns: *integrity*, *disability*, and *diversity*. The *integrity* framework is a lens through which many conventionally religious people, including many Christians, view sex and gender. From this perspective, there is an “essential maleness” and an “essential femaleness” such that cross-gender identification may be viewed as a “denial of the integrity of one’s own sex and an overt attempt at marring the sacred image of maleness or femaleness formed by God” (Gagnon, 2007).

Those who see through a *disability* lens tend to see gender incongruence as a normal variation that occurs in nature over time. From this perspective, gender dysphoria and various resolutions are a non-moral reality to be addressed with compassion (Yarhouse, 2015). Some conventionally religious people may see gender identity through a disability lens by referencing any number of conditions as a reflection of “the fall” (from a Christian perspective in which there are four “chapters” in history: creation, the fall, redemption, and glorification).

The *diversity* lens reflects where so much of western culture is moving. From this perspective, emerging gender identities reflect essential differences among types of persons (transgender in contrast to cisgender persons). As such, a person who is transgender or otherwise gender non-conforming are members of what has emerged as an LGBTQ culture to be celebrated (Yarhouse, 2015).

Exposure to these different lenses may be related to the different chapters in a person’s life. Insofar as these lenses or frameworks are helpful reference points for people, it may be useful for mental health professionals to identify the lenses through which a transgender or gender non-conforming Christian sees their own experience of gender dysphoria at different chapters in their lives, as well as the frameworks used by others around them, including family and those in one’s religious faith community. One benefit of identifying lenses is to help people avoid speaking past one another. A transgender Christian in adolescence may adopt disability lens but be interacting with a youth minister or parents whose language reflects an integrity lens. Their peer group may represent more of a diversity lens. Simply recognizing these different frameworks may be helpful for navigating an adolescent through potential conflicts that may arise based on different frameworks.

An adolescent may also express a tension among different frameworks that they have internalized. They may benefit from a therapeutic setting in which a clinician can help them process how these different frameworks represent different beliefs and values they themselves are weighing or may be considering in their own understanding.

CONCLUSION

These participants’ responses have important implications for how the church interacts with this population, including demonstrating greater compassion for transgender and gender non-conforming Christians (see Carr

and Yarhouse, 2014; Yarhouse, 2015). The participants in this study also shed light on the ways in which gender dysphoria impacts their day-to-day lives and ways in which the church could respond differently to teenagers who may be navigating gender incongruence. Some limitations of this study include its small sample size. Future research should explore providing resources for transgender and gender non-conforming Christians and training for ministers and especially youth pastors on how to demonstrate compassion to this population in their faith community.

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Chapter 4

TRANSGENDER ADOLESCENTS AND TRANSACTIONAL SEX

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ABSTRACT

A systematic review of the PsycInfo, PsycArticles, MEDLINE, and Academic Search Complete databases was conducted to review the social and behavioral science literature concerning transgender youth and transactional sex engagement. Inclusion criteria required that articles contain original research, sample from a population living in the United States, include transgender youth (ages 13 – 24 or any subrange) as the sample or an identifiable subsample in the analysis, and include a measure of transactional sex engagement. Transactional sex engagement was defined for this review to include exchange of sexual favors or acts for commodities such as money, shelter, food, or substances. Of the 79

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articles identified in the search, 10 met inclusion criteria and were reviewed. The methodologies of the articles were analyzed, including their sample sizes, research designs, recruitment strategies, and measures used for key variables such as transgender identity and transactional sex engagement. The findings of the articles were also compared, including reported prevalence of transactional sex engagement, risk and protective factors associated with transactional sex engagement, and prevalence of related factors such as homelessness and education level. This chapter concludes with recommendations and future directions for research on transactional sex engagement and transgender youth.

Keywords: transgender youth; transactional sex; transgender young women; commercial sex; sex work; HIV prevention; sexual health

INTRODUCTION

In the past five years, awareness about the lives and experiences of transgender and gender nonconforming individuals has grown considerably throughout the United States. The emergence of transgender celebrities and television programs and other media featuring the stories of transgender people may have contributed to this increased visibility; the advances of the lesbian, gay, bisexual, and transgender (LGBT) rights movement and the work of individuals involved in it have also likely played a role. With this increased visibility, many transgender individuals and those close to them have been able to find support and acceptance as well as access to resources to meet their needs.

However, this experience has not been universal; transgender people continue to face high rates of rejection, discrimination, victimization, and violence based on their gender. Although transgender individuals are frequently grouped with individuals who identify as lesbian, gay, and bisexual (LGB), research has shown they face unique challenges. Compared to LGB cisgender peers, transgender and gender nonconforming adults are more likely to report experiencing higher levels of discrimination, higher depressive symptoms, and lifetime suicide attempts (Su et al., 2016). Young people who are transgender may be an especially vulnerable population. The mean age reported at which transgender youth first become aware of their gender identity has been reported to be 10.4 years old, with a range of as young as age six through age fifteen (Grossman and D'Augelli, 2006). During this developmental period, transgender youth are becoming aware of their gender

identity and beginning the transition process at a time when they are still dependent on their parents, guardians, and families for both emotional and economic support and completing their high school education.

At school, many transgender youth face high levels of victimization; transgender youth have been shown to be more than 4.5 times as likely as their cisgender peers to report being bullied at school at least once per week (Clark et al., 2014). Furthermore, transgender youth may be at increased risk for school pushout through harsh disciplinary practices such as suspensions and incarceration for misbehavior at school. For many transgender youth, victimization does not occur only in the classroom. Transgender youth can experience a range of reactions when “coming out” to their parents, guardians, and families; some face rejection from the individuals on whom they depend. In some cases, transgender youth are kicked out of their homes; others choose to leave on their own to escape a hostile environment. In either case, many transgender youth find themselves homeless or unstably housed. Homelessness has significant negative effects for all youth who experience it. However, when compared to their heterosexual peers, LGBT youth who are homeless report leaving home more often, higher levels of sexual victimization since becoming homeless, and greater rates of street drug use (Cochran, Stewart, Ginzler, and Cauce, 2002).

Lacking access to housing and education during adolescence can have significant consequences on the life trajectories of transgender individuals. In addition to any mental health effects both short- and long-term, these experiences have an immediate and prolonged economic impact; transactional sex is one option to which transgender individuals turn to meet their basic survival needs. Transactional sex encompasses commercial sex work and describes sexual relationships in which sexual acts are performed in exchange for resources such as money, food, shelter, and substances. High rates of transactional sex engagement have been reported among transgender individuals; Sevelius, Reznick, Hart, and Schwarcz (2009) found that 34% of a sample of transgender adult women reported engaging in transactional sex in the previous year. Research has also examined the relationship between transactional sex engagement and HIV risk and infection. A meta-analysis of 25 studies found that 27.3% of transgender women who reported transactional sex engagement were living with HIV (Operario, Soma, and Underhill, 2008). The same study found a higher prevalence of HIV among transgender women engaged in sex work than among a pooled comparison group consisting of transgender women not engaged in sex work, cisgender men engaged in sex work, and cisgender women engaged in sex work. The developmental context

of adolescence is very different than that of adulthood; for this reason, behaviors among transgender youth may not be consistent with findings among transgender adult populations.

METHODS

The present systematic analysis sought to review the literature regarding transgender youth and transactional sex engagement. To identify articles for inclusion, searches for combinations of the terms “adolescent,” “youth,” “transgender,” “commercial sex,” “sex work,” “transactional sex,” and “HIV risk” were performed on the PsycInfo, PsycArticles, MEDLINE, and Academic Search Complete databases. These searches resulted in 79 articles being identified and reviewed for inclusion. In order to be included, articles needed to meet four criteria: (1) report on results of original social and behavioral science research; (2) include a sample from a population currently living in the United States; (3) include transgender-identified participants ages 13 – 24 as a subgroup for which separate results were reported; and (4) include a variable measuring transactional sex engagement. Articles were not excluded based on publication date, nor on sample demographics in terms of race and/or ethnicity or gender (i.e., articles reporting on transgender young men or transgender young women would both be included).

Of the 79 articles reviewed, 69 were excluded based on these four criteria. Inclusion criteria were assessed hierarchically based on the criterion numbers listed in the previous paragraph. Sixteen (16) articles were excluded because they did not report on original social and behavioral science research. Eighteen (18) articles were excluded because they did not sample from a population living in the United States. Twenty-nine (29) articles were excluded because they did not include an identifiable subsample of transgender youth for whom separate results were reported. Two (2) articles included samples of transgender youth, with youth being defined up to age 25; these articles were included because the upper age boundary of adolescence has not always been defined consistently at one particular age. Six (6) articles were excluded because they did not report on transactional sex engagement. Of these six, one article did measure transactional sex engagement, but it was only reported as part of a sexual risk behavior construct. After reviewing the 79 articles originally identified, ten (10) articles met all four inclusion criteria and were included in the review (see Figure 1).

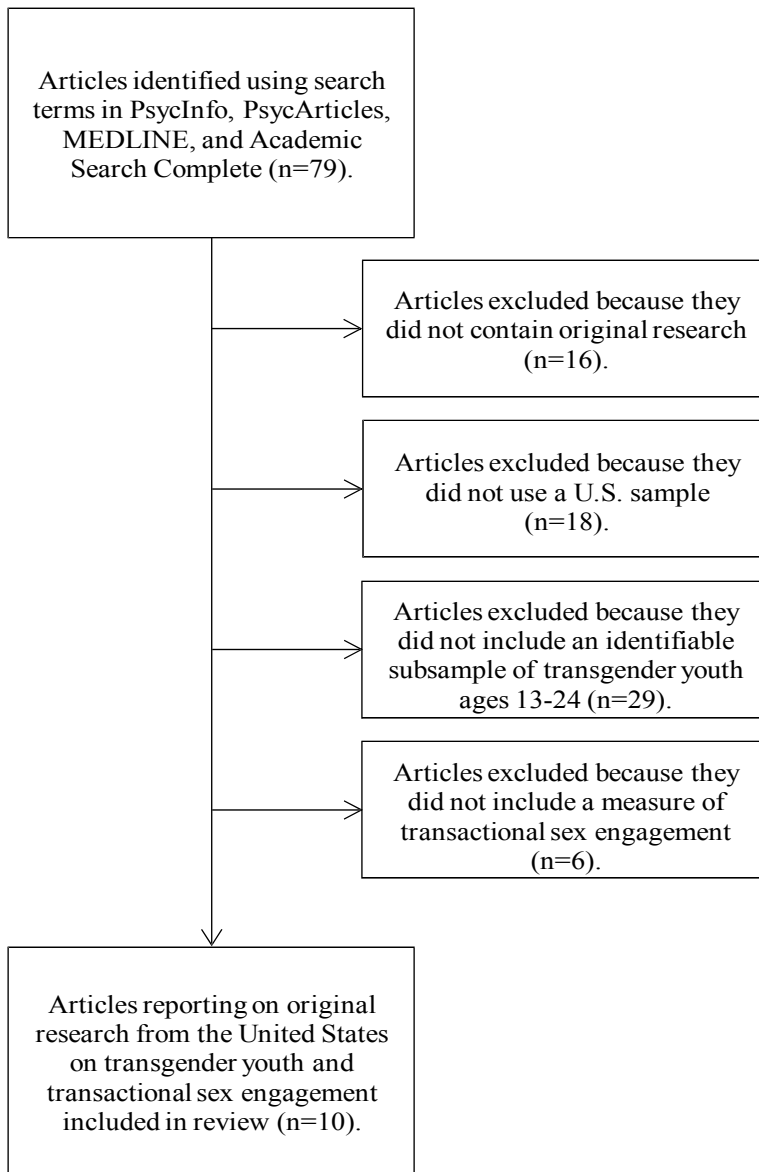


Figure 1. Flow chart describing systematic review process.

The research findings of these articles were compared to assess prevalence and general information about transactional sex engagement among transgender youth; results concerning risk and protective behaviors as well as

coping strategies were also of particular interest. In addition, the methodologies utilized were compared in terms of the sampling and recruitment methods, the demographic characteristics of the samples, the inclusion criteria, the steps taken to protect participants, and the way in which key terms such as “transgender” and “transactional sex” (or related terms such as “sex work”) were defined and operationalized. The information gathered during the systematic review has implications for further research investigating transactional sex engagement among members of this population in terms of questions meriting further exploration and research designs that have been shown to be effective.

REVIEW OF METHODS

This systematic review revealed the dearth of published research concerning transgender youth and transactional sex as well as concerning transgender youth in general (of the 69 articles excluded from consideration, only six included transgender youth as an identifiable subsample). The ten articles included in this review reflected only six separate data sets. Two studies utilized data from the same sample of ethnic minority transgender women (Garofalo, Deleon, Osmer, Doll, and Harper, 2006; Garofalo, Osmer, Sullivan, Doll, and Harper, 2007); four studies utilized the sample or subsamples from a data set from the Transgender Research Youth Project (TRYP), a project of the Adolescent Medicine Trials Network for HIV/AIDS Interventions (Brennan et al., 2012; Wilson et al., 2009; Wilson, Garofalo, Harris, and Belzer, 2010; Wilson, Iverson, Garofalo, and Belzer, 2012). The samples in these two data sets consisted entirely of transgender young women. The remaining four articles each utilized separate data sets, of which two were samples of transgender young women (Forbes, Clark, and Diep, 2016; Garofalo et al., 2012). Transgender young women constituted an identifiable subsample in the remaining two data sets, one of which was of transgender women (Sevelius et al., 2009), the other being young men who have sex with men (YMSM) (Gwadz, Clatts, Leonard, and Goldsamt, 2004). Of the ten studies included, one was a qualitative study (Wilson et al., 2012), and the remaining nine used quantitative analysis.

Among the quantitative studies that sampled only transgender young women, the sample sizes were relatively small, ranging from 51 participants (Garofalo et al., 2012, 2006, 2007) to 151 participants (Brennan et al., 2012; Wilson et al., 2009, 2010). In the studies utilizing a broader sample, the

number of transgender participants ranged from 20 youth (Sevelius et al., 2009) to 50 youth (Gwadz et al., 2004). The qualitative study utilized a sample of 21 youth (Wilson et al., 2012); this sample was drawn from a larger data set utilized in three other included articles (Brennan et al., 2012; Wilson et al., 2009, 2010).

All but two of the studies in this review were cross-sectional in design. Garofalo et al. (2012) measured behavior at baseline and at three months follow-up after an intervention. Forbes et al. (2016) also collected data at two time points: at baseline before an intervention was administered and during the first session of an intervention. The remaining eight studies used data collected at only one time point.

Two of the data sets used a community-based participatory model in designing the study and collecting the data. As part of this model, Garofalo et al. (2006, 2007) formed a Transgender Youth Working Group (TYWG) to guide the development of the study protocol and questionnaires used; this working group consisted of staff members and clients of six relevant organizations in the metropolitan area in which the data were collected. Included among the six were: an organization supporting transgender people of color, two agencies serving gay youth, an LGBT-serving community-based health center, a treatment center for substance use, and the Office of LGBT Health within the Chicago Department of Public Health (Garofalo et al., 2006).

The second community-based participatory model design also convened a group of community stakeholders, which it identified as a Transgender Advisory Committee (TAC) (Brennan et al., 2012; Wilson et al., 2009, 2010). Like the first group described, the TAC was composed of service providers; this group consisted of twelve service providers who had prior experience in HIV prevention and/or health issues among transgender populations. Furthermore, each member of the TAC identified as a transgender woman, and so they were all also members of the community which was the subject of the study (Wilson et al., 2009).

The recruitment strategies employed across the ten studies reviewed were similar. All studies collected data in major urban centers, with Chicago, IL (Brennan et al., 2012; Garofalo et al., 2012, 2006, 2007; Wilson et al., 2009, 2010), Los Angeles, CA (Brennan et al., 2012; Forbes et al., 2016; Wilson et al., 2009, 2010, 2012), New York City (Gwadz et al., 2004), and San Francisco, CA (Sevelius et al., 2009) represented. Five studies recruited from social service agencies, community-based organizations, and healthcare providers with a history of serving the target population (Brennan et al., 2012;

Forbes et al., 2016; Garofalo et al., 2006, 2007; Sevelius et al., 2009; Wilson et al., 2009, 2010). Garofalo et al. (2012) also recruited from one community-based program; this study was primarily investigating the effectiveness of an intervention, so the community-based program from which it recruited was also the site at which the intervention was provided.

Nine of the ten studies identified participants through advertisements and outreach at social venues frequented by the target population, such as bars and clubs (Brennan et al., 2012; Garofalo et al., 2012, 2006, 2007; Gwadz et al., 2004; Sevelius et al., 2009; Wilson et al., 2009, 2010, 2012). Of these, the recruitment strategies for seven studies explicitly involved recruiters actively approaching prospective participants (Brennan et al., 2012; Garofalo et al., 2012; Gwadz et al., 2004; Sevelius et al., 2009; Wilson et al., 2009, 2010, 2012). Gwadz et al. (2004) described their active recruitment strategy as involving recruiters approaching any individual who was male in the location and subsequently determining eligibility for inclusion based on their answering behavioral questions; this particular study targeted YMSM, not transgender youth. Similarly, active recruitment for the TRYP data set utilized by four of the included studies involved recruiters approaching youth they perceived to be transgender young women (Wilson et al., 2009); the TRYP recruitment strategy also differed from other studies in that researchers partnered with community-based providers conducting outreach in social and street venues. Sevelius et al. (2009) approached potential participants in a systematic way; recruiters solicited participation from every third individual entering the location.

“Street” locations such as public parks were also targeted for participant recruitment in six of the studies (Brennan et al., 2012; Garofalo et al., 2012; Gwadz et al., 2004; Sevelius et al., 2009; Wilson et al., 2009, 2010). For two of the data sets, these locations were explicitly targeted to reach participants who were not engaged in social or support services (Gwadz et al., 2004; Wilson et al., 2009). Gwadz et al. (2004) sought to reach participants not connected to institutions, and so did not target social service agencies and healthcare providers as recruitment locations. Their strategy included soliciting nominations for potential recruitment sites from key informants and conducting interviews with youth in 75 sites, including sites where sex work is solicited (identified by the authors as “hustling” venues; also sometimes called “strolls”).

The means of data collection varied among studies. Seven studies collected data through questionnaires and interviews administered face-to-face by study staff (Brennan et al., 2012; Garofalo et al., 2007; Sevelius et al.,

2009; Wilson et al., 2009, 2010, 2012). Recruitment procedures for two of the data sets involved having transgender-identified staff as part of the team administering interviews (Sevelius et al., 2009; Wilson et al., 2009). One study utilized audio computer-assisted self-interview (ACASI) technology (Garofalo et al., 2012) and another used a computer assisted personal interview (CAPI) (Gwadz et al., 2004). While Forbes et al. (2016) did not describe in detail the mechanism through which their data were collected, they did indicate that two questionnaires were administered, one of which was administered in the presence of a case manager during an intervention session.

Transgender youth represent a vulnerable population owing to their age and that they may wish to keep their gender identity and/or gender history confidential. Many of the studies sought to minimize the risk to participants through their consenting procedures. Two of the data sets required verbal consent only for participants, thus protecting confidentiality (Garofalo et al., 2006, 2007; Sevelius et al., 2009). The TRYP required written consent for participants over the age of 18 and written assent for participants under the age of 18 (Brennan et al., 2012; Wilson et al., 2009, 2010). Four of the data sets waived parental consent for youth participants under the age of 18 (Brennan et al., 2012; Garofalo et al., 2006, 2007, 2012; Gwadz et al., 2004; Wilson et al., 2009, 2010, 2012).

For the purposes of this review, the construct of interest has been termed transactional sex. However, there was variation in the terminology and definition used for the aspects of this construct assessed in each study. Each of the ten studies referred to the behavior as “sex work” or “commercial sex work.” Two studies did not explicitly state their definition of sex work in the article (Forbes et al., 2016; Garofalo et al., 2012). Although they termed the behavior “sex work,” seven studies defined it more broadly by asking participants whether they had exchanged sex for resources and provided examples such as money, food, and shelter (Brennan et al., 2012; Garofalo et al., 2006, 2007; Gwadz et al., 2004; Sevelius et al., 2009; Wilson et al., 2009, 2010). The time bounds during which participant engagement in transactional sex was measured also varied: five studies asked about lifetime engagement (Brennan et al., 2012; Forbes et al., 2016; Gwadz et al., 2004; Wilson et al., 2009, 2010), one study assessed engagement in the previous year (Sevelius et al., 2009), one study assessed commercial sex work engagement in the previous three months (Wilson et al., 2009), one study assessed behaviors with commercial partners in previous three months (Garofalo et al., 2012), and three studies did not state the specific time period assessed (Garofalo et al., 2006, 2007; Wilson et al., 2012).

The terminology used to describe transgender young women was also not consistent across the studies. Four studies used the terminology of young transgender women or transgender women (Brennan et al., 2012; Forbes et al., 2016; Garofalo et al., 2012; Sevelius et al., 2009). Three studies used the term transgender female youth (Wilson et al., 2009, 2010, 2012); the use of this description was explicitly noted as having resulted from discussion among the transgender women involved in the advisory committee for this study as being the more appropriate term because it is based on the young women's identities as opposed to behavior. Two studies used the terminology male-to-female transgender youth throughout the article (Garofalo et al., 2006, 2007); an additional study used this terminology in the title only (Wilson et al., 2010). Gwadz et al. (2004) identified the subsample of transgender youth in their study only as "transgender youth" and did not explicitly state the gender of these participants; given that their study targeted YMSM, it remained ambiguous whether they classified these participants for inclusion based on their sex assigned at birth or their gender identity.

The majority of the sample populations in each study identified with racial and/or ethnic minority groups. One data set specifically sampled transgender women from racial and ethnic minority groups (Garofalo et al., 2006, 2007). Among the other eight studies included in the review, the representation of people of color among participants in the sample ranged from 73% (Gwadz et al., 2004) to 95% (Brennan et al., 2012; Wilson et al., 2009, 2010).

REVIEW OF FINDINGS

The findings of the studies included in this systematic review consistently reported high levels of engagement in transactional sex among transgender youth. Among the studies which assessed lifetime engagement in sex work, prevalence rates varied from 37.8% (Forbes et al., 2016) to 67% (Wilson et al., 2009). Wilson et al. (2009) also reported that 35% of transgender young women reported engaging in sex work in the previous three months. Evidence was also found of disparities in transactional sex engagement among transgender youth when compared to other groups. One study compared transgender youth engagement in sex work with cisgender youth, all of whom were YMSM; transgender youth were 3.43 times as likely to report lifetime sex work engagement compared to cisgender YMSM (Gwadz et al., 2004). Transgender women ages 18 – 24 were also found to be more likely to report

engaging in sex work in the previous twelve months than transgender women in older age groups (Sevelius et al., 2009).

Environmental and demographic factors were also shown to be associated with increased rates of transactional sex engagement among transgender young women. The TRYP study collected data in Chicago and Los Angeles; transgender young women recruited in Los Angeles were significantly more likely to report lifetime sex work involvement than their counterparts in Chicago (Wilson et al., 2009). In the same study, some differences among racial groups were also observed. Latinas were found to be more likely to report sex work involvement than an “other non-whites” group that consisted of individuals who did not identify as white, Latina, and/or African American.

Engagement in transactional sex was found to be correlated with other risky behaviors and adverse life circumstances in several of the studies included. Among transgender young women in Chicago and Los Angeles, participants who reported use of street drugs (such as crystal methamphetamine, cocaine, heroin, ecstasy, GHB, and ketamine) were 8.95 times as likely to report lifetime sex work engagement (Wilson et al., 2009). Wilson et al. (2009) also found an association between reporting not having graduated high school or obtained a GED and having dropped out of school for reasons related to one’s gender identity or expression and increased likelihood of sex work engagement (OR: 4.53 and 3.89, respectively). In this same study, youth were more likely to report sex work engagement if they reported having ever been homeless for at least one night (OR: 4.42), having ever been in the correctional system (OR: 6.08), and having ever been placed in an alcohol or mental health treatment inpatient program (OR: 4.35).

Brennan et al. (2012) investigated the relationship between commercial sex work engagement and a syndemic index among young transgender women; the index was composed of four health and psychosocial factors: low self-esteem, use of three or more substances, being victimized due to transgender identity, and experiencing violence from an intimate partner. They found a significant association between a history of sex work engagement and the syndemic index in a model that also included a history of homelessness and a history of incarceration.

Although transactional sex has been conceptualized as being closely related to sexual risk behavior and HIV infection, two studies included in this analysis did not find evidence of a correlation between transactional sex engagement and living with HIV. Among a sample of ethnic minority transgender women, Garofalo et al. (2006) investigated the association between sex work engagement and self-reported HIV-positive status; no

significant association was found. The overall prevalence of HIV in this sample was reported to be 22%. Similarly, among a sample of young transgender women, Wilson et al. (2009) reported an HIV prevalence rate of 23% among participants who reported sex work engagement and a rate of 6% among youth who had not been involved in sex work. However, Wilson et al. also found no significant correlation between living with HIV and increased likelihood of sex work involvement.

The relationship between transactional sex engagement and sexual risk-taking was also explored. Garofalo et al. (2007) categorized individuals who reported unprotected receptive or insertive anal intercourse in the previous year as falling into the high sexual risk group. Reporting commercial sex work engagement did not predict high sexual risk behavior.

An evaluation of an HIV prevention intervention for young transgender women analyzed the differences in baseline risk behavior between youth who completed at least one session of the intervention and those who did not complete any sessions. They found that, among the young transgender women participants, reporting a higher number of commercial sex partners was associated with not attending at least one session of the intervention (Garofalo et al., 2012). No differences were found between the two groups in terms of frequency in which they engaged in sex work. Furthermore, the study did not find that the intervention had a significant effect on sex work engagement; there was no difference between baseline data and post-intervention follow-up in the number of commercial sex partners or number of unprotected receptive anal intercourse encounters with commercial partners.

Several studies explored the relationship between transactional sex engagement and protective behaviors. Forbes et al. (2016) examined the relationship between risk behaviors and optimism and personal growth initiative among young transgender women. Optimism was defined as hopefulness and personal growth initiative as an interest in developing and bettering oneself as a person. No significant relationship was observed between either of these constructs and engagement in sex work. However, both optimism and personal growth initiative were related to other HIV risk behaviors (optimism was correlated with using a condom at least half the time and personal growth initiative to having sex under the influence of substances in the previous three months).

Among a sample of young transgender women, Wilson et al. (2009) found that social support was correlated with sex work engagement such that increased social support predicted greater likelihood of sex work engagement. In this study, social support was measured using a modified version of a scale

in which participants first identified the individual from whom they receive the most social support; this modification was recommended by the study's advisory group based on the utilization of "families of choice" among transgender youth. In the same study, no significant correlation was observed between identification with the transgender community and sex work involvement. This finding is further contextualized by a qualitative study using a subsample of the same data set in which participants reported finding economic support from older transgender women through assistance in entering into commercial sex work, but also reported finding little support among the community of transgender women due to high levels of competition between members (Wilson et al., 2012).

Studies conducted using the TRYP data also demonstrated evidence of associations between transactional sex engagement and some protective behaviors related to HIV prevention. Among participants who reported a history of sex work engagement, 96% reported having been tested for HIV at least once, as compared to 68% of participants who did not report a history of sex work (Wilson et al., 2009). A significant positive association was found between sex work engagement and having been tested for HIV: those who had been tested once were 7.77 times as likely to report sex work engagement and those who reported being tested more than once were 16.16 times as likely to report the same.

Wilson et al. (2010) investigated differences in condom use among young transgender women based on partner type. The authors defined the partner types as follows: main partners were individuals with whom participants had a regular sexual relationship, commercial partners were any individual with whom participants had sexual intercourse in exchange for resources, and casual partners were the last individuals with whom participants had sexual contact in the prior three months who was not a main or commercial partner. Condom use while engaging in both insertive and receptive anal intercourse was assessed. They found that participants were more likely to report using condoms always when having insertive anal intercourse with a commercial partner, as compared to a main partner (OR: 4.3). Similarly, participants were more likely to report always using condoms during receptive anal intercourse with a commercial partner than with a main partner (OR: 3.1). Participants were also more likely to report not using condoms during sex while intoxicated with main partners than with commercial partners.

The literature reviewed provided additional information about prevalence of risk behaviors and negative life experiences among transgender youth. High rates of homelessness were consistently reported. Garofalo et al. (2007) found

that among ethnic minority transgender young women, 18% reported being currently homeless and 16% reported living in a group house or residential facility. Furthermore, 46% of ethnic minority transgender young women reported having difficulty finding safe spaces to sleep (Garofalo et al., 2006). Other studies assessed past experiences of homelessness. Among a sample of transgender young women, 31% reported having been homeless in the previous three months (Garofalo et al., 2012). Wilson et al. (2009, 2010) found that, among young transgender women, 43% reported experiencing homelessness in their lifetimes and 26% reported having ever been a ward of the court or the state. Compared to cisgender YMSM, transgender youth were also found to be 2.18 times as likely to report lifetime homelessness (Gwadz et al., 2004).

Barriers in the education system for transgender youth were found across several studies. Among a sample of transgender young women ages 14 – 24, 49% reported not currently being enrolled in school (Forbes et al., 2016). Wilson et al. (2009) found that 39% of a sample of transgender young women ages 15 – 24 reported not having obtained a high school diploma or GED and that 24% of the overall sample reported having dropped out of school for reasons related to their gender identity or presentation. Employment difficulties were also reported: Garofalo et al. (2012) reported that 39% of a sample of young transgender women were currently unemployed, and Wilson et al. (2009) found that 49% of young transgender women reported having difficulty finding employment for reasons associated with being transgender. There is evidence that the challenges transgender youth face in educational attainment and employment are greater than other subpopulations of LGBT youth: compared to cisgender YMSM, Gwadz et al. (2004) reported that transgender youth were 2.47 times as likely to report not being in school or working.

Education and employment settings were not the only sites where transgender youth reported experiencing discrimination. Garofalo et al. (2006) found that more than 20% of a sample of ethnic minority young transgender women reported experiences of discrimination from medical and social service providers, such as not having the correct pronouns used and being asked for their “real name.”

Involvement in the juvenile and criminal justice systems was assessed in several studies. Among ethnic minority young transgender women, 67% reported ever being arrested and 37% reported ever being incarcerated (Garofalo et al., 2006). Wilson et al. (2009) found that 52% of a sample of

young transgender women reported lifetime involvement in the correctional system.

Regarding risky behavior, several studies examined substance abuse rates. Garofalo et al. (2007) reported that, among a sample of ethnic minority young transgender women, 71% reported using marijuana, 65% reported using alcohol, 23% reported using MDMA ("ecstasy"), and 21% reported using cocaine. A study using the TRYP sample investigated substance use using a hierarchical model, in which street drugs such as cocaine, crystal methamphetamine, and ecstasy were the highest level of drug use; the findings showed that 52% of young transgender women reported using street drugs, 40% reported using marijuana or alcohol, and only 8% reported no substance use (Wilson et al., 2009). However, when compared to cisgender YMSM, one study found that transgender youth were less likely to report using substances on a daily basis (OR: 0.17; Gwadz et al., 2004).

IMPLICATIONS

In reviewing the implications of the results from this systematic review, both the methodologies used and the research findings were considered. The methods utilized in the studies reviewed suggest future directions in conducting research on the topic of transactional sex with transgender youth and contextualizing the results reported.

Regarding the research designs, the use of a community-based participatory model for two of the data sets conferred several strengths in terms of the data collected and analysis performed. For one data set, a Transgender Youth Working Group (TYWG) was convened consisting of service providers with experience working with transgender and ethnic minority youth (Garofalo et al., 2006). This group aided in the design of the study, including making recommendations regarding the measures used to ensure cultural relevance and appropriateness for the population.

In the TRYP study, a Transgender Advisory Committee (TAC) was formed to provide guidance throughout the study (Wilson et al., 2009). This group was composed of service providers with experience in HIV prevention and transgender health; in addition, all members of the group identified as transgender women. The authors noted important contributions this group made to the study design including recommending against asking transgender young women about discussing HIV status with commercial sex partners and advocating for using the term "transgender female youth" to describe the

population based on their identities (Wilson et al., 2009, 2010). Engagement of the target population in the study design is important when working with marginalized groups; in the case of research with transgender youth, it may be especially critical due to the dearth of existing literature about this population and the resulting lack of validated measures and practices.

The use of multiple recruitment venues was another strategy utilized in several of the studies. Sites used for outreach included bars and clubs (Brennan et al., 2012; Garofalo et al., 2006, 2007, 2012; Gwadz et al., 2004; Sevelius et al., 2009; Wilson et al., 2009, 2010, 2012), social service agencies and healthcare providers who served the target population (Brennan et al., 2012; Forbes et al., 2016; Garofalo et al., 2006, 2007, 2012; Sevelius et al., 2009; Wilson et al., 2009, 2010), and “street” locations such as parks (Brennan et al., 2012; Garofalo et al., 2012; Gwadz et al., 2004; Sevelius et al., 2009; Wilson et al., 2009, 2010).

Recruiting members of a hard-to-reach population such as transgender youth for research is difficult; the use of multiple recruitment venues in many of the studies may have helped in reaching the target number of participants. Furthermore, using different types of venues for recruitment may reduce bias in the sample (e.g., recruitment through bars and clubs alone may produce skewed data concerning substance use). One study described a more systematic approach in identification of recruitment venues, which included interviewing key informants and soliciting site nominations (Gwadz et al., 2004). This study also explicitly sampled in venues where transactional sex is solicited (known as “strolls”); conducting recruitment through these types of sites likely improved their ability to reach youth currently engaged in transactional sex. The TRYP study partnered with community-based organizations that conducted street outreach for recruitment, thus leveraging an existing resource with knowledge of the target population (Wilson et al., 2009). In addition, potential participants may have been familiar with the outreach workers and expected their presence in those spaces, which could have facilitated recruitment.

Two studies indicated that transgender-identified members of the research team were involved in the data collection (Sevelius et al., 2009; Wilson et al., 2009). Ensuring representation of the target population on the research team can confer many benefits, especially in studies with communities that have historically distrusted researchers. By having individuals who identified with the community involved in the data collection, these studies may have increased their credibility with the participants.

In terms of measurement, several research design elements emerged as strengths. Sevelius et al. (2009) used a three-step method to measure gender identity. Participants were asked how they would describe their gender, what their gender was at birth, and whether they have considered themselves to be transgender at any point during their lives. This method of asking about gender as well as sex assigned at birth allowed the researchers to identify two constructs often used in defining transgender status; furthermore, their framing of being transgender as an identity that is not necessarily permanent acknowledged that some individuals do not identify as transgender throughout their lives, even if their gender is different from their sex assigned at birth.

Another measurement element that contributed to useful findings was the differentiation of sexual behavior by partner type, which enabled two studies to compare sexual risk behavior among individuals based on whether they were reporting on sexual behavior with main, casual, and commercial partners (Brennan et al., 2012; Wilson et al., 2010). As evidenced by the differences in findings, decisions about sexual behavior and protection methods to employ can change for individuals based on contextual factors, including the nature of their relationship with their partner or partners. Assessing different patterns of behavior based on partner type enabled Wilson et al. (2010) to report on how young transgender women tolerate different levels of sexual risk depending on with whom they are having sex. These findings can ultimately lead to the development of prevention programs by enabling researchers and interventionists to pinpoint the specific factors that increase likelihood of sexual risk-taking.

This systematic review of the literature on transactional sex and transgender youth also revealed several limitations in the overall body of knowledge as well as specific studies. Perhaps most noticeable is the lack of research on this topic; despite inclusion criteria for this review not restricting studies based on publication date, only ten studies were found that met all criteria. Analysis of the exclusion criteria reveals an overall lack of research on transgender youth; only six studies met all criteria except for reporting on transactional sex engagement. Based on the hierarchy used for exclusion, this means that only six additional studies were found that reported on transgender youth as an identifiable subpopulation.

Moreover, there was a lack of representation of transgender young men in the studies reviewed. One study did not report the gender identities of its transgender participants, and so may have included transgender men (Gwadz et al., 2004). One study noted that transgender young men were not explicitly excluded from enrollment, but that none opted to participate (Forbes et al.,

2016). This particular study was conducted with a sample enrolled in an intervention designed for transgender young women, which likely may have dissuaded transgender young men from participating. Further research is needed on young transgender men to assess their engagement in transactional sex.

Another limitation that emerged in this review is the representativeness of the findings of the studies included. Of the ten studies included, all utilized data from major urban centers; in fact, only four cities were represented (Chicago, Los Angeles, New York City, and San Francisco). The experiences of transgender youth living in rural settings were completely absent from this review, as were those of transgender youth living in the south. Furthermore, only six separate data sets, all with relatively small sample sizes, were used in the ten studies that met inclusion criteria. Assuming that there was no overlap in participants among the six data sets, the research on transgender youth in the United States and transactional sex included in this review has been generated using data from no more than 382 individuals.

Although efforts were made to identify participants through multiple venues, each sample used in the ten studies was a convenience sample. Recruiting from venues known to be frequented by transgender individuals is a reasonable strategy; however, limiting recruitment to venue-based outreach may lead to youth who are not connected to the transgender community being omitted from the sample. These youth may have different experiences and be engaged in different risk and protective behaviors. None of the studies used respondent-driven sampling, which has been shown to be effective in generating diverse samples for other hard-to-find populations such as men who have sex with men (Carballo-Diéguez et al., 2011; He et al., 2008; Ramirez-Valles, Heckathorn, Vázquez, Diaz, and Campbell, 2005; Zea et al., 2015).

In addition, two studies that used active outreach reported that recruiters approached potential participants based on their appearance. Gwadz et al. (2004) stated that recruiters approached male youth, raising potential questions about through what criteria the transgender participants in the study were approached (depending on their gender identity, which was not reported). In the TRYP study, recruiters approached potential participants based on perceiving them to be transgender young women (Wilson et al., 2009); given that transgender youth can be an invisible population, recruitment based on physical appearance likely will not identify all potential participants and may make some participants who are identified uncomfortable.

Another major limitation of the research designs represented in the systematic review was the paucity of longitudinal designs. Two studies that

were conducted as part of program evaluations measured behavior at two time points, baseline and post-intervention (Forbes et al., 2016; Garofalo et al., 2012); although Garofalo et al. (2012) did report on behavior change over this time period, neither study was designed to explore the relationship between contextual factors and risk behavior over time. The remainder of the studies included were cross-sectional, limiting the authors' ability to draw conclusions about cause and effect. Given the potential interrelationships of the factors being assessed, such as transactional sex engagement, substance use, incarceration, and homelessness, longitudinal studies are needed to understand these relationships and identify targets for intervention.

Regarding measurement, several limitations emerged in reviewing the ten studies. It was not clear that the definition of transactional sex was consistent across studies; two studies did not explicitly state the language they used in assessing engagement in this behavior (Forbes et al., 2016; Garofalo et al., 2012). Transactional sex describes a construct that is broader than commercial sex work; for example, transactional sex may include an ongoing sexual relationship in which sexual acts or favors are exchanged for other commodities such as a place to stay. This type of behavior may not be included in some definitions of commercial sex work. Given that seven of the studies asked participants explicitly about exchanging sex for commodities other than money (Brennan et al., 2012; Garofalo et al., 2006, 2007; Gwadz et al., 2004; Sevelius et al., 2009; Wilson et al., 2009, 2010), the use of the term commercial sex work to describe the construct in the articles may be reductive.

There was also not consistency in the time periods assessed regarding transactional sex engagement across studies; the time periods ranged from lifetime engagement to behavior during the previous three months. There is value in assessing transactional sex engagement during different time periods, depending on the nature of the research questions being investigated. However, assessing lifetime transactional sex engagement only identifies a group in which there may be substantial variation (e.g., a youth currently engaging in transactional sex may have very different experiences than one who did so five years previously); the high rates of transactional sex engagement among this population further underscore the potential for significant within-group differences. Identification of the specific time period being assessed is necessary for determining precipitating and concurrent factors that may lead to the initiation and/or continuation of transactional sex engagement.

The second measurement inconsistency across the studies reviewed regarded how the target population was identified. Seven of the ten studies

used a variation of the term “young transgender women” (Brennan et al., 2012; Forbes et al., 2016; Garofalo et al., 2012; Sevelius et al., 2009; Wilson et al., 2009, 2010, 2012). Three studies used the term “male-to-female transgender youth” (Garofalo et al., 2006, 2007; Wilson et al., 2010). One study referred to transgender participants only as “transgender youth,” leaving uncertainty about the gender identification of these young people and therefore limiting the interpretability of the findings (Gwadz et al., 2004). Reviewing the publication dates of the studies, it may be presumed that “young transgender women” has become the more common descriptor used; this change may be attributable increased awareness of transgender issues and experiences throughout U.S. culture in recent years. Only one study described the authors’ reasoning behind the terminology used, which was based on the recommendations of its Transgender Advisory Committee (Wilson et al., 2009). Given the fluidity of language, further changes in preferred terminology may occur, and thus the involvement of community advisory groups for these types of decisions is critical for ensuring that participants are described appropriately and respectfully.

A final limitation that emerged in the review of the methods of the ten studies is the paucity of studies in the literature that conceptualized transactional sex work as a dependent variable. Only five studies did so, measuring predictors of either transactional sex engagement or sexual behavior with commercial partners (Forbes et al., 2016; Garofalo et al., 2012; Gwadz et al., 2004; Sevelius et al., 2009; Wilson et al., 2009). A sixth study measured differences between sexual behavior based on partner type, which elucidated sexual practices with commercial partners as they compare to other partners for individuals (Wilson et al., 2010). The remaining quantitative studies treated transactional sex as predictors of other risk behaviors (Brennan et al., 2012; Garofalo et al., 2006, 2007). Although conceptualizing transactional sex as an outcome would not be appropriate for many research designs, it is necessary to determine correlates of this behavior and to identify causal chains leading to initiation and maintenance of engagement in it.

Reviewing the findings of the articles included in this systematic review raised several implications for further research and ultimately program development. High rates of transactional sex engagement among transgender youth were consistently reported, ranging from 37.8% (Forbes et al., 2016) to 67% (Wilson et al., 2009) for lifetime engagement. These results demonstrate that transactional sex engagement is a behavior prevalent among this population. Evidence also showed that transgender youth are more likely than cisgender YMSM to report engaging in commercial sex work (Gwadz et al.,

2004). Further research is needed to compare the rates of transactional sex engagement among transgender youth and other youth populations. In addition, this review included no studies explicitly aimed at investigating the prevalence of transactional sex and related factors among transgender young men; the extent to which transgender young men engage in this behavior must also be explored.

Many key questions concerning transactional sex and transgender youth remain unexplored in the literature. The duration of involvement in transactional sex, reasons for initiating engagement, reasons for continuing engagement, and reasons for ceasing engagement for transgender youth all merit inquiry. Little is known about the perceived benefits and drawbacks to involvement in transactional sex for transgender youth; qualitative research is needed for initial exploration of these topics to identify potential hypothesis for testing in quantitative studies. There is also significant variation in types of transactional sex; for example, engaging in sex for money only may be different in some ways from doing so for substances or shelter. Transactional sex can also be solicited through different mechanisms, including by frequenting locations known as meeting places (“strolls”), through websites, and through phone-based messaging applications. Research is needed to explore potential differences and similarities in these types of transactional sex.

The racial diversity across the study samples was a strength of the literature in that results were presumably more generalizable to transgender youth of color, a population that faces significant challenges due to racism and cisgenderism. However, the small sample sizes limited the authors’ ability to draw meaningful conclusions concerning variation between racial groups. Wilson et al. (2009) provided evidence of some demographic differences in transactional sex engagement, reporting that Latinas were more likely to report lifetime sex work engagement than an “other non-whites” group. There is evidence of racial differences in research with adult transgender women; Sevelius et al. (2009) found that African American women were five times as likely to report engaging in sex work as Asian women. More research is needed to assess differences in transactional sex and related behaviors among racial groups for transgender youth. Moreover, the factors that account for any differences (such as other barriers to employment due to undocumented status) must also be explored.

The findings concerning risk behaviors associated with transactional sex engagement highlighted several related environmental factors and behaviors and also revealed areas for further inquiry. Notwithstanding that transactional

sex is often conceptualized as an HIV risk behavior, the studies in this review did not find evidence of a correlation between engagement in commercial sex work and sexual risk behavior (Garofalo et al., 2007) or living with HIV (Garofalo et al., 2006; Wilson et al., 2009). The lack of association is similar to the results of a meta-analysis in which engagement in sex work was not associated with significant differences in HIV infection for transgender women (Operario, Soma, and Underhill, 2008). That an association was not found in these studies does not mean that an association does not exist; the analyses were conducted with small samples, leading to low statistical power. However, the relationship between transactional sex and sexual risk behavior may be more complex than a simple bivariate relationship; further qualitative research should explore the relationship between these two variables and other factors that may be influencing the relationship in either direction.

Wilson et al. (2009) reported several other risk behaviors that were significantly related to transactional sex. Among young transgender women, commercial sex work engagement was predicted by use of street drugs, not having graduated from high school or earned a GED, having dropped out of school due to concerns related to gender identity or presentation, and having ever been homeless for at least one night, incarcerated, or placed in an inpatient facility. In another study using the same sample, a history of commercial sex work was associated with a health and psychosocial factor syndemic index that included low self-esteem, having used at least three substances, victimization experiences, and intimate partner violence (Brennan et al., 2012). These findings suggest that transactional sex engagement is related to environmental factors and risk behaviors for this population. However, the directionality of the relationships is not clear. For example, incarceration could be a consequence of transactional sex, given that it is illegal in most U.S. jurisdictions. Engaging in transactional sex could also be a sequela of incarceration and release, as a criminal record may make obtaining other employment more difficult. Further inquiry is needed to disentangle the pathways through which these factors operate.

The review also elucidated research on the relationship between transactional sex and protective factors and behaviors. In terms of individual protective factors, Forbes et al. (2016) examined the relationship between optimism and personal growth initiative and sex work engagement; no significant association was found. Another study investigated the relationship between social support and commercial sex work engagement and found that higher levels of social support were associated with increased likelihood of ever engaging in sex work (Wilson et al., 2009); the same study found no

relationship between commercial sex work engagement and identification with the transgender community.

The finding that social support is positively correlated with lifetime sex work engagement is unexpected; sex work has been conceptualized as a risk behavior, and risk behaviors are generally expected to decrease as sources of support increase. One potential mechanism that would explain the relationship is that young transgender women's relationships with other transgender women are related to transactional sex initiation and/or maintenance. However, this hypothesis is not supported by the finding of no relationship between a history of sex work and transgender community identification. Again, the cross-sectional nature of the study design and that history of sex work was defined broadly limits the interpretability of the finding. The relationship between social support and transactional sex should be explored in subsequent research; qualitative research is needed to identify the key variables and generate hypotheses, and longitudinal studies are needed to test hypothesized associations.

Contrary to how transactional sex is often conceptualized in research, two studies in this review found evidence that it may be associated with HIV protective behaviors. Lifetime engagement in commercial sex work was shown to be positively correlated to HIV testing or young transgender women (Wilson et al., 2009). In addition, among the same sample from the TRYP study, participants were more likely to report always using a condom for receptive and insertive anal intercourse with a commercial partner, as compared to with a main partner; there were also more likely to report always using a condom for receptive anal intercourse with a commercial partner than with a casual partner (Wilson et al., 2010).

These findings are striking because they contradict the accepted understanding of commercial sex work as an HIV risk behavior. Identifying the mechanisms through which these protective behaviors operate could be very fruitful for intervention development. Several key questions are raised, including where and from whom these young people learned about HIV prevention and testing, where they are accessing testing services and receiving safer sex supplies, and how they are able to negotiate condom use effectively with commercial partners. Investigating these questions may elucidate resources and strategies young transgender women are using for HIV prevention in the context of transactional sex that could be transported to other contexts or other populations.

Finally, the literature reviewed in this chapter revealed the plethora of barriers and challenges experienced by many transgender young people. One

study found that nearly half (43%) of transgender young women had experienced homelessness in their lifetimes (Wilson et al., 2009); another study conducted with a sample of young transgender women found that nearly a third (31%) had been homeless in the prior three months (Garofalo et al., 2012). Transgender youth were also shown to be 2.18 times as likely to report ever having been homeless as cisgender YMSM (Gwadz et al., 2004).

Regarding educational attainment, 39% of a sample of transgender young women reported not having graduated from high school or the equivalent (Wilson et al., 2009). In the same study, 24% of young transgender women reported having dropped out school for reasons related to being transgender and nearly half (49%) reported having difficulty obtaining employment for the same reasons. Rates of incarceration were high among studies that assessed them (Garofalo et al., 2006; Wilson et al., 2009), as were rates of substance abuse, including street drugs such as cocaine, crystal methamphetamine, and ecstasy (Garofalo et al., 2007; Wilson et al., 2009).

These environmental factors and risk behaviors shed additional light on the context in which transactional sex may occur among young transgender women. Furthermore, each of these factors may serve as a precipitator or effect of transactional sex work. More likely, these factors may operate in an interrelated manner over time. Research on transactional sex among transgender youth should also incorporate these disparities into their designs, both in terms of which variables are measured and in how results are interpreted and causal chains conceptualized.

CONCLUSION

This systematic review of transactional sex and transgender youth in the United States reveals several findings concerning the existing literature on this topic and suggests several directions for future research. Regarding the existing literature, one of the most important findings was the dearth of published research on transactional sex and transgender youth. A systematic search of four major academic databases identified only ten studies that met the inclusion criteria. Among these ten studies, only six data sets are represented, each with a relatively small sample size. Further social and behavioral science research is needed on transgender youth in general and in regard to their engagement in transactional sex in particular.

The existing studies on this topic demonstrate several effective research practices that should be considered in future designs. First, the use of a

community-based participatory research model is recommended for future studies on transgender youth; more specifically, it is recommended that researchers collaborate with community members that represent the target population through advisory groups and other structures. The engagement of members of the transgender community is particularly important given the lack of existing research on this population; individuals with insight into their community and the norms of its members are necessary to build trust between researchers and transgender communities and ensure the research carried out incorporates the goals and needs of the target population.

Another methodological strength in several of the studies reviewed was the use of multiple venues for recruitment. Identifying a range of types of venues, such as service providers, bars/clubs, and street locations may increase the likelihood of reaching a diverse sample. Given the use of street locations in the solicitation of transactional sex, sampling in these venues is especially important for these types of studies. Sending recruitment teams to such venues may pose increased risk; partnership with community-based organizations and providers with experience in outreach at such venues may mitigate that risk.

One consequence of the lack of existing research on transgender youth is a lack of empirically validated measures for this population. Variation exists in how different studies have assessed whether participants are transgender or cisgender. Using a multi-step method, as in Sevelius et al. (2009), allows for assessment of gender identity and sex assigned at birth. Furthermore, researchers must be sensitive to the language they use and the way in which they classify participants. The involvement of a community advisory group or similar body, as described above, is necessary to ensure appropriate terminology is being used throughout the research and publication process.

Studies investigating sexual risk behavior must likewise consider how they will assess the constructs of interest. Classifying variables in dichotomies such as “low” and “high” sexual risk may be necessary for adequate statistical power with a small sample, but prevents examination of variation that may be meaningful. Studies that have assessed sexual risk behavior based on partner type have found significant differences in individuals’ behavior in different contexts (Garofalo et al., 2012; Wilson et al., 2010). Given the complexity of the sexual behaviors and lives of transgender youth reflected in the current systematic review, it is recommended that future studies on this topic assess differences in sexual risk behavior based on contexts (such as partner type and use of substances prior to or during sex) and other factors (such as type of sexual behavior).

This review of the existing research on transactional sex and transgender youth also identified several important gaps that future research designs should seek to close. Specific subpopulations of transgender youth are underrepresented or not represented in the current research, including young transgender men and transgender youth in rural settings. Although the existing research has utilized racially and ethnically diverse samples, larger sample sizes are needed to analyze differences between racial and ethnic groups. In addition, the use of longitudinal designs is critical to drawing conclusions about the relationships between environmental factors such as unstable housing, risk behaviors such as substance use, and transactional sex engagement.

The research findings of the articles reviewed suggest several questions meriting further investigation. The high prevalence of transactional sex among transgender youth in the samples reviewed highlights the importance of research on this topic. Additional research is needed to elucidate the course and duration of transactional sex engagement for transgender youth, attitudes toward transactional sex, and factors related to the initiation, maintenance, and cessation of engagement. Different types of engagement, including frequency and mechanisms through which transactional sex is solicited, should also be examined.

The lack of evidence of a significant relationship between transactional sex engagement and sexual risk behavior in the current review is a major finding. Additional qualitative research is needed to explore potential mediators and other variables that may be contributing to this finding. Furthermore, the conceptualization of transactional sex as a type of sexual risk behavior may not be appropriate. Evidence was found that other factors such as homelessness, street drug use, and lack of educational attainment are significantly associated with transactional sex. Qualitative and longitudinal quantitative designs are needed to explore the pathways through which these factors are related, and specifically whether some are precursors to transactional sex engagement or outcomes.

In terms of protective factors, the relationship between transactional sex engagement and social support as well as HIV protective behaviors should be further explored. Conventional wisdom has held that negotiating condom use is more difficult in the context of transactional sex; understanding the mechanisms through which young transgender women succeed in protective behaviors with commercial partners could have significant implications for intervention. In addition, the use of protective behaviors may suggest the

presence of existing community resources that could be strengthened or replicated.

The high prevalence of adverse life circumstances such as homelessness and incarceration and risk behaviors such as substance abuse among the transgender youth in the studies reviewed provides further evidence of the need for research on this population. The evidence shows that these young people face significant and unique challenges in their developmental path to adulthood; successful intervention depends upon greater understanding and insight into the nature of these issues and how they take form in an individual youth's life.

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Chapter 5

“AND THEN. WELL. AND THEN I BECAME ME.”: TRANSGENDER IDENTITIES IN MOTION

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ABSTRACT

As part of a larger study exploring dimensions gender variance, we explored the narrative histories of 20 persons self-identifying as trans, transgender, or transsexual. Bibliographic interviews were conducted with twenty individuals. Versions of grounded theory were used to dimensionalize the ways in which informants experienced, balanced, and largely overcame negating experiences with their sex assigned at birth and their journeys of social transition to their current identities. We used a quantitative-qualitative mixed design to explore our informants' narrative experience; in this chapter, we report descriptive results from

* Please address correspondence regarding this article to Andrew S. Walters, Department of Psychological Sciences, Northern Arizona University, Flagstaff, AZ, 86011, email: andy.walters@nau.edu. We thank the twenty persons who participated in this study; their receptivity to our interests in exploring the experiences of trans- and transgender-identified persons, and their investment in sharing detailed and honest narratives about their lives, has been inspiring to witness. We thank these individuals for entrusting us to represent their narratives. This research was funded in part by a grant from the Hooper Undergraduate Research program. Both authors contributed to the completion of this study; authorship was designated by alphabetical order.

questions clustered around partnered sexual activity, and conversations with parents about sexuality, but our focus is on interpretive analyses. Grounded theory was used to interrogate bibliographic narratives. We report on three emerging themes: 1) how participants reported understanding their own assigned gender in childhood; 2) the tenuous struggles to manage identity during phases of transition; and 3) how social support from others was vital to solidifying a positive sense of self. Despite a history often chronicled with rejection and elements of violence, members of our sample worked to feel positive about who they are, and the ways in which they were able to craft themselves into living lives authentic to their true selves.

Keywords: gender variance, quantitative-qualitative mixed design, transgender youth, transgender identity

INTRODUCTION

A substantial body of scholarship interrogates the core concept of and the dimensionalization of gender. Research within developmental psychology documents that rudimentary structures of the gender concept, based on a gender scheme, are understood by children between the ages of two and three years (Leinbach and Fagot, 1986; Thompson, 1975). Although there are periods of time when children believe their gender – as it is yoked to sex – can be changed (Fagot, 1985; Szkrybalo and Ruble, 1999), it is generally agreed that children understand gender to be immutable by ages five to seven. Adults, sometimes outside of their own awareness or intent, reinforce a binary gender. For example, on average, newborn biological males have more scalp hair than do newborn biological females. An infant birth assigned female may have only a few strands of hair but, by golly, she will be outfitted with a barrette before she and her mother leave the hospital. Clearly, in this case, the adorning barrette is not used to benefit the infant. The barrette is used as a symbol to channel others' behavior; the barrette is used influence interaction with the infant: "We have a daughter – treat her like a girl." Thus begins a journey into what is postured as a wholly binary world of gender.

A more open – sometimes referred to as fluid – conceptualization of gender is seen by some persons as an emerging civil rights issue, with many younger adults rejecting, sometimes vehemently, a binary conceptualization of gender. Institutional systems (e.g., dogmatic religious orthodoxies, professional athletic organizations, at present, the U.S. states of North Carolina

and Alabama) often are more restrictive about gender variance than they are in discourses about minority sexual orientations. Still, increasingly, segments of the American public, but largely concentrated among younger adults, perceive and report that they are comfortable with expansive expressions of gender. It is not uncommon for young(er) adults to posture a gender ideology unshackled by remnants of long-standing gender hegemonies. Several pieces of empirical data refute this claim, however. For example, hegemonic versions of masculinity are seen as more desirable in men and manifest more revered qualities of manhood (e.g., agenticism, sexual prowess, sexual desirability) to men who are ascribed as masculine. This version of masculine performance even characterizes the desirability of cisgender gay men (e.g., gay male rugby teams; online venues of gay male muscle builders). It is not uncommon to hear cisgender heterosexual women infer some male performers (e.g., masculine-looking models, Chippendale-like dancers) are gay men. In a graduate seminar on contemporary sexualities taught by the second author, one cisgender and happily (heterosexually-) married woman said to seminar participants, “These men are simply too attractive to be straight.” Some women, then, are willing to pay for fantasy performances not from gay men who display or enact more traditionally feminine qualities (e.g., being thin, wearing – without any shame or apology – makeup or gender neutral clothing), but from men who tout muscular bodies, ornament themselves with tool belts or police officer costumes, and project sexual virility (even if, perhaps, the virility is directed at and expressed with one another). Thus, even though persons might express what they see are very progressive attitudes about gender variance (“Because, look, I’m a straight woman but I know these gay dudes are hot!”), dimensions of a classically binary gender order are infused with discourses of the gender concept.

What might it be like, then, to feel and exist in an experience – a body, with most likely a sex-typed name, with years of (mis)gender training – that is outside of or oppositional to the binary gender order? How is it that, at the current juncture of historical time and cultural change, transgender persons can develop a positive sense of self when so many societal forces work against their very legitimacy? We sought answers to these questions.

Several societal and structural dynamics have produced a cultural awakening from long-held and firmly-entrenched assumptions and prejudices regarding transgender-identified persons. For example, both film industries (television, online productions, documentary and feature films) represent trans persons in ways that are respectful and empathic (Meyer and Wood, 2013; Sandercock, 2015). Parents no longer cloister their families if a child is

classified at or after birth as intersex and, in fact, resources abound for intersex children and the families. Social media provide scores of venues for both information about trans persons (e.g., including medical information, testimonials from others) and opportunities to obtain help and social support. Perhaps the most important thread across these discourses is the absence of tropes that characterize gender variance or trans persons as pathological. Indeed, within medical and psychiatric disciplines, a decades-long series of global discussions have served to crack assumptions about gender variance as inherently pathological (Bockting, 2009; Cohen-Kettenis and Pfäfflin, 2010; Lev, 2005; Vance, Cohen-Kettenis, Drescher, Meyer-Bahlburg, Pfäfflin, and Zucker, 2010; Zucker, 2010; Zucker and Lawrence, 2009) and, ultimately, moved the disciplines to revise diagnostic criteria yoking gender identity with mental illness (American Psychological Association, 2015; Byne, Bradley, Coleman, Eyler, Green, Menvielle, Meyer-Bahlburg, Pleak, and Tompkins, 2012; Davy, 2015).

The radical shifts of dismantling trans identities and experiences away from a disease model are unquestionably helpful to trans-identifying persons and their families. Still, persons identifying as trans – and others who are perceived as gender nonconforming, independent from their cisgender or transgender identity – experience a number of challenges (Friedman, Koeske, Silvestre, Korr, and Sites, 2006; Jackson Heintz and Melendez, 2006; Keuroghlian, Shtasel, and Bassuk, 2014; Kosenko, 2011; Walters, 1999). The stigma attached to deviancy from a hegemonic gender order is associated with heightened – sometimes chronic – stress, harassment, *fear of being* victimized, and *being the victim* of a hate crime (Bockting, Miner, Swinburne Romine, Hamilton, and Coleman, 2013; Kidd and Witten, 2007; Olson, Forbes, and Belzer, 2011; Ryan and Rivers, 2003; Wernick, Kulick, and Inglehart, 2014). Trans persons are at increased risk for a number of deleterious mental health outcomes (e.g., anxiety disorders, elevated depressive symptomatology, and major depressive disorders are quite common), self-injurious behavior, and suicide ideation or attempt (Grossman and D’Augelli, 2007; Mustanski, Garofalo, and Emerson, 2010; Reisner, Vettes, Leclerc, Zaslow, Wolfrum, Shumer, and Mimiaga, 2015). However, these poor outcomes are not related to being trans, for negative mental and physical health disparities can be prevented or ameliorated by actively supportive families and access to treatment in gender affirming clinics or related settings (Olson, Durwood, DeMeules, and McLaughlin, 2015; Tishelman, Kaufman, Edwards-Leeper, Mandel, Shumer, and Spack, 2015).

Many of the strains and toils of transgender- and trans-identifying individuals can be understood within a minority stress model (Bockting et al., 2013, also see Gressgård, 2010). Trans persons report believing that they are unimportant to society, marginalized castaways who disrupt a homeostatic gender system (Grossman and D’Augelli, 2006) or whose claims to an identity are met with disrepute and invalidation (Fleming, 2015). Adolescents identifying as trans or transgender have reported malevolent comments and dismissing behavior from their own parents (Grossman, D’Augelli, and Frank, 2011; Grossman, D’Augelli, Salter, and Hubbard, 2005; Norwood, 2013) and are afraid of discrimination even by their own physicians (Grossman and D’Augelli, 2006), a legitimate concern given many medical personnel are uninformed about trans-related care (Alegria, 2011; Morgan and Stevens, 2008). Some researchers have found that trans youth employ emotion-focused coping strategies (cf. problem-focused strategies), which often are associated with negative mental health outcomes (Grossman and D’Augelli, 2006; Grossman et al., 2011). Bodies of health-related research reliably report that emotion-focused coping strategies are less helpful or unhelpful for stressors that are outside of one’s control. Thus, one very simple intervention that might mitigate the strains of trans persons is to teach them how to use effective coping strategies (Lazarus and Folkman, 1984). Nevertheless, trans youth – including trans youth of color, who often experience exacerbated minority stresses – seek and can find sources of support to blunt some of the structural repudiation they experience (Grossman et al., 2011; Singh, 2013). This may include access to and interaction with other trans persons, which appears to be helpful and increasingly more accessible with social media (Testa, Jimenez, and Rankin, 2014), particularly if that contact is trans-affirming (Singh, Meng, and Hansen, 2014).

GENDER IDENTITY DEVELOPMENT

A small body of scholarship has explored the ways in which transgender-, trans-, and transsexual-identifying persons embark upon, manage, and solidify processes of identity exploration and development. There may be arenas of identity that are (largely) similar for transgender and cisgender persons alike (e.g., academic and vocational interests and strengths, family relationships, athletic prowess). Dimensions of gender (attitudes, enacted roles, replicating performances) and sexuality (adjusting to secondary sex characteristics, exploring romance, autoerotic and partnered sexual activity) are core areas of

identity integration. These domains are perceived to be tumultuous and intrapersonal developmental challenges for cisgender adolescents and young adults. Clearly, how they are experienced by trans adolescents and young adults can be especially difficult. In order to explicate the identity process for transgender persons, several models have been developed.

There are some parallels between models of transgender identity development and earlier models – going back to the 1970s and 1980s – of gay/lesbian identity development. For example, following – roughly – from the period of time after homosexuality was removed from the *Diagnostic and Statistical Manual of Mental Disorders*, researchers explored how gay males and lesbians incorporated a minority sexual orientation into their overall identity. Sexual orientation models of identity development had several advantages, including allowing researchers, mental health providers, and sexual orientation minorities themselves to expand the number of dimensions in which they could integrate their orientation into their lives – both in private and public spheres. These models (e.g., Cass, 1979; Chapman and Brannock, 1987; Coleman, 1982; Eliason, 1996; Siegel and Lowe, 1994; Troiden, 1989) were limited, however, in that they tended to be positioned in terms of discreet stages; it was assumed most persons would progress through stages through a vector of increasing complexity. Models of transgender identity development have also been postured as stage models (Devor, 2004; Hiestand and Levitt, 2005). Stage theories are heuristically attractive because they present development in a concrete and linear model. Nevertheless, it would be unlikely for the multiple and interacting factors associated with identity development to be examined in isolation from other factors. These models also imply development is experienced near uniformly when, in reality, experiences typically are understood from an intersectionality perspective (e.g., see Canoy, 2015; Klein, Holtby, Cook, and Travers, 2015; Rowniak and Chesla, 2013).

Presently, the number of studies dedicated to transgender identity theory development is relatively small, but this body of scholarship will continue to expand. Still, a number of studies give voice to transgender- and trans-identifying persons' experiences at various stages of their development (Hiestand and Levitt, 2005; Rowniak and Chesla, 2013). Because these studies have used different methods, non-comparable samples, and different outcome variables, comparisons across studies may seem misleading. However, even with the presence of different enrollment criteria, measures, and outcomes, there are some similarities across studies. These data are especially fruitful in that they not only convey the experiences of a stigmatized, often fragile,

population, but they also allow for both future research and mental health interventions that seek to remedy the salient experiences that trans persons report.

In chronicling their histories and present life situations, transgender- and trans-identified persons articulate different segments of configuring a transgender sense of self into their overall identity, but they do not perceive this process to be linear (Morgan and Stevens, 2012; Mullen and Moane, 2013; Nagoshi, Nagoshi, Terrell, and Brzuzy, 2014). Trans persons report experiencing a segment of time – often prolonged – when, prior to adolescence, they simply did not possess the cognitive complexities to understand the multi-dimensional concept of gender, nor why their intrapersonal experience seemed amiss from the experiences of others (Levitt and Ippolito, 2014; Mullen and Moane, 2013; Pleak, 2009; Pollock and Eyre, 2012). Their perception of their own differences and, for some, their gender nonconforming behavior, was related to bullying and harassment, and trans persons have reported active, chronic fear that they would be harmed as a result of others’ (i.e., peers’, schoolmates’) maltreatment (Levitt and Ippolito, 2014; Riley, Clemson, Sitharthan, and Diamond, 2013).

Not surprisingly, a consistent finding across several studies is the need for expressed social support because there is a perception that trans persons hold a smaller pool of available persons to offer support than do their cisgender family members, friends, school mates, and colleagues. A perception of access to social support is associated with increased mental health (Dargie, Blair, Pukall, and Coyle, 2014) and trans persons are more likely to disclose their trans identities to others if they experience higher levels of emotional or tangible social support (Maguen, Shipherd, Harris, and Welch, 2007). Even cloistered in support from friends and family, some disclosures of a trans identity nonetheless strains or ends some friendships (Galupo, Krum, Hagen, Gonzalez, and Bauerband, 2014). In several samples, trans persons also speak to the importance of being a part of and feeling connected to a larger social body or belief system (Bockting and Cesaretti, 2001). Connections with trans support groups, gay/lesbian/queer organizations, or online fora both reduce feelings of isolation and increase perceptions of belongingness (Barr, Budge, and Adelson, 2016; Factor and Rothblum, 2008; Levitt and Ippolito, 2014). Meeting others with shared experiences is useful in navigating physical changes and sometimes drastic, unexpected changes regarding sexual interest and motivation for sexual activity (Williams, Weinberg, and Rosenberger, 2013).

Goals of the Current Study

Using a qualitative-quantitative blended design (Creswell, 2014), we investigated dimensions of experience that we thought would be related to the development of a positive transgender identity. We suspected that persons identifying as trans (including transgender or otherwise outside the gender binary) and living in an era where the concept of transgenderism has entered “mainstream consciousness” (Griggs, 2015), would feel comfortable narrating those experiences that were and continue to be both challenges and positive contributors to their senses of self.

METHOD

Participants

Twenty individuals participated in a study exploring dimensions of their own development regarding their self-identification as either transgender, transsexual, or actively living outside the gender binary. Inclusion criteria stipulated that participants were 18 years of age or older, self-identified transgender, trans, or transsexual, consented to participate in a research study that involved an audio-taped interview, and were (at least potentially) available for subsequent member checks of qualitative data summaries. In following from practices of qualitative-based studies, we use the word informants¹ in reference to narratives produced through in-depth, bibliographic interviews.

Participants ranged in age from 18-32, with a mean age of 23.05 years. At the time of the interview, all participants lived in a medium-sized city in the mountains of Northern Arizona. Most participants ($n = 11$) commuted via their own automobile, but five participants relied on public transit and four participants walked or rode their bikes as their primary means of travel. In terms of ethnicity, one person identified as Asian/Pacific Islander, five as ethnically mixed, and 14 as White or Caucasian. Eight participants reported that they were single and never married, eight were single but dating and in

¹ In qualitative research, individuals are considered to be experts of their own experience. For analysis purposes, we primarily refer to the persons interviewed in our sample as informants, rather than as subjects or participants.

what they perceived to be an emerging longer-term relationship, one was single and living as married, one was married, and two divorced.

Procedure

Using purposive sampling, transgender- and trans-identifying individuals were invited to participate in a study wholly focused on exploring the self-understanding and identity development of persons whose identities are outside the gender binary. The study was approved by the university’s Institutional Review Board and was sponsored in part by the Hooper Undergraduate Research Award². Persons who agreed to participate in the study were directed to a building on the university campus. Participants were told at the time of recruitment that participation could take up to two hours. This time frame would allow for completion of surveys and an in-depth interview. Study times were determined based on the availability and convenience of participants’ schedules. The research took place in a university office that had been transformed into a professional interviewing room. The room was outfitted with warm wall colors, professional photography mounted to the walls, new carpeting and comfortable furniture. Participants were greeted by a researcher (the first author of this chapter), and provided two identical consent forms; participants read and then signed both copies. The researcher also signed both forms. The researcher retained one consent form and the second was returned to the participant. The consent forms contained contact information for the researchers (both authors of this chapter) as well as the Institutional Review Board.

Participants were then asked to complete a questionnaire. The questionnaire was inserted into a 9 x 12 inch mailing envelope. The researcher removed the questionnaire and shared it with the participant. Participants were informed that the researcher would step out of the room and close the door as to provide each person with full privacy as she/he/they completed the questionnaire. We felt this was an important step in building rapport with participants given that some questions (i.e., those querying numbers of sexual partners, symptoms of depressive symptomatology) could be seen as especially sensitive, and that it was more respectful to structure privacy for

² The Hooper Undergraduate Research Award is provided to students in baccalaureate programs who submit an original grant proposal and who will be supervised by a faculty mentor. The award was provided to the first author of this chapter; the second author served as the faculty mentor.

participants to answer these items. Writing implements were available for survey completion. Participants were informed that, when they were finished with the questionnaire, they were to insert it into the mailing envelope, and close the envelope. The participant could then find the researcher who was waiting down the hall. The researcher returned to the room, asked if the participant had any questions about the survey packet, and informed the participant that the responses to survey questions would be added into a statistical software program. The purpose of these additional steps was intentional: we wanted participants to know that their in-depth interview was independent from their responses to the questionnaire instruments. Informants understood and appreciated attempts to respect their privacy on quantitative measures. At the close of the interview, participants were thanked for their entrusting us with their narrative. As a courtesy for their time, participants were provided a gift card in the amount of \$20.00 for a national chain department store.

The first author conducted interviews. Both the nature and the outcomes of qualitative interviews can be maximized based on the rapport between the interviewer and the informant (Fontana and Frey, 1994). One way to establish rapport is to match both interview members on variables germane to the study (e.g., a cancer survivor who, as the interviewer, talks with patients recently diagnosed with cancer). In this study, the interviewer identified as being open to gender variance and had worked on campus in a learning community³ focused on gender and gender variance. All interviews were conducted in English. Audio recordings were downloaded to a computer. Interviews were then transcribed verbatim. Transcripts were then checked against the audio recording to ensure the transcript was complete. Reliability checks exceeded 92%, a sign of strong internal validity (Kirk and Miller, 1986).

Analytical Strategy

Survey data were entered into an SPSS file. Missing values on random items of established measures were computed using a standard protocol for

³ In this context, a learning community is a program offered through the department of Residence Life. A goal of the learning community is to cluster persons with similar interests in their residential on-campus housing with the goal of increasing interpersonal and social support. We cite the learning community affiliated with gender and gender variance; other learning communities included ones for persons expressing minority sexual orientations, and a variety of communities based on students' academic interests (e.g., a planned college major in business).

missing data. For established instruments, reliability analyses were computed and scales computed using procedures outlined for each measure. Because of the sample size, only a select number of *a priori* analyses were computed. A number of interpretive (i.e., used with qualitative data) methods are available for interrogating bibliographic interviews. Based on a review of the literature, we were able to cull only a few studies intentionally sampling transgender- or trans-identified individuals and using narrative or phenomenological methods focused on participants’ life experiences. Methods of grounded theory are most useful when a research area is not well established; therefore, we used a variation of grounded theory in the exploring informant’s narratives (Glaser and Strauss, 1967; Strauss and Corbin, 1990; 1994; Strauss, 1994).

Qualitative analyses proceeded through a series of coding procedures. Coding organizes a vast number of narratives into a manageable series of categories. Coding occurs in layers (as explicated by Strauss, 1994) including open coding, axial coding, and the presence of intervening conditions. Axial coding served to relate core concepts to each other. Grounded theory reflects authentic experiences *within a specific group of persons* and *within a specific setting*. There is no assumption, therefore, that the narratives of this particular sample are representative of all trans or transgender individuals. Simply stated, many qualitative approaches do not require the methodological assumptions foundational to large-scale studies (e.g., such as generalizability); it is enough that *a particular group of trans persons* – such as those in our study – can have their experiences shared and understood.

Measures

Sexual Communication with Family

We explored the extent of communication about sexuality that informants had with their parents. In order to assess this, we used the *Weighted Topics Measure of Family Sexual Communication* (Fisher, 2011). This scale is measured on a Likert-type scale with nine items each ranging from 1 (*None*) to 5 (*A Lot*) in terms of the degree of sexual conversations informants had with their parents. Scores can range from 9-45 with higher scores suggesting more sexual communication. Topics include birth control, intercourse, fertilization, and homosexuality. In the current sample, $M = 20.6$, $Mdn = 18.0$ (range 9-37). The Cronbach alpha for this scale = .87.

Sexual Attitudes and Behavior

We created several attitudinal items about sexuality measuring the acceptability of (partnered) sex with and without love or a relationship, participants' comfort with casual sex with different partners, and, alternatively, the need to have an attachment (both psychological and emotional) to a partner as prerequisites to feeling comfortable engaging in sexual activities.

Interview Questions

As reviewed, a substantive segment of the study was dedicated to informants' experiences as trans persons. Broad prompts were used to guide informants to speak about these segments of their identities. These prompts evolve from the natural flow of the interview. In terms of informants' narratives about their trans journey, prompts could include questions such as, "Can you share with me what you remember about childhood and gender? What you were thinking, and how you felt?" and "What do you think is going on right now culturally – such as with the visibility of Laverne Cox on *Orange is the New Black* – and what that says about being transgender in our society now?"

RESULTS

Quantitative Analyses

The sample size of this study precluded a number of inferential statistical analyses. We included items more as a basis to characterize the sample broadly. Participants were queried about their number of consensual sexual partners. Two participants reported no partnered sexual activity. Of the remaining 18 participants, the number of sexual partners ranged from 1-25, with mean of eight partners (*Mdn.* = 6.5). Participants were also asked their ideal number of consensual sexual partners. One participant reported no interest in pursuing a sexual partner. Of the remaining participants, responses ranged from 1 partner (expressed by one participant) to 35 partners (expressed by one participant). The median number of ideal partners was four, which, interestingly, is fewer than the overall median of consensual partners participants already reported. Participants were asked about their comfort with a one-night stand. Responses were fairly evenly split. Eleven participants

reported that they would feel guilty or anxious about a one-night stand but nine others reported they would feel comfortable and relaxed with a one-night stand. On the other hand, when asked to select the one most important feature of partnered sexual activity, two-thirds of the sample gave an affiliative-oriented response such as hugging/kissing and feeling loved and needed; only one participant stated the most important part of sexual activity would be sexual intercourse. Of sexually active informants ($n = 19$, all but one person), eight persons reported that they initiated partnered sexual activity, and eleven reported that their partner or another person typically initiated sexual activity. Interestingly, 19 (95%) of the sexually active participants believed sexual initiation *should be initiated* by both themselves and their (current or potential) partners. Here we see a clear disjuncture between a gender progressive belief and a highly gendered script that only some persons take the lead on initiating sex.

We wondered if participants' attitudes about permissiveness or casual sex might vary by relationship status. The mean for participants who were single ($M = 3.7$, $SD = .53$) was higher than the mean for participants somehow partnered ($M = 2.83$, $SD = .42$), showing, not surprisingly, single persons held more positive attitudes about casual partnered sexual activity ($F = 3.92$, $p < .02$). Permissive attitudes about sex were unrelated to number of sexual partners ($r = -.39$, $p < .09$) but were positively related to being comfortable enjoying sex with different partners ($r = .83$, $p < .001$) and feeling some level of an emotional or psychological attachment for persons with whom they shared sexual activity ($r = .57$, $p < .009$). All participants reported sexually fantasizing about others (and, for persons currently partnered, someone *other than* their partner) nearly every day or at least once a day. We thought that the amount of sexual communication participants reported with their parents may be related to their age (with younger participants reporting more communication), and this appeared to be the case ($r = -.52$, $p < .01$). In terms of sexual communication, although 45% of participants reported having talked with their parents about homosexuality and 35% about abortion, only 10% reported talking about pregnancy and 25% about birth control. Only one participant reported having a lot of conversations with a parent about sexual intercourse and only two participants reported any conversation with parents regarding sexually transmitted infections. On the whole, participants in this study reported a very minimal degree of conversations with their parents about sexuality and sexual health.

Interpretive Analyses

Using a version of grounded theory (Charmaz, 2008; Glaser and Strauss, 1967; Strauss and Corbin, 1990; 1994), informants' narratives were interrogated using procedures outlined above. We report on three themes emerging from narratives: 1) how participants reported understanding their own assigned gender in childhood; 2) the tenuous struggles to manage identity during phases of transition; and 3) how social support from others was vital to solidifying a positive sense of self.

Gendered Understandings of Self

The developmental literature provides convincing scholarship that the emergence and subsequent sophisticated complexity of the gender concept contains its own trajectory. The dozens of studies that document this developmental pattern are now somewhat dated and involved responses from young children. It seems reasonable to assume that, although all samples likely were not comprised entirely of cisgender children, it is unlikely researchers sought to ascertain from parents if children expressed themselves in ways congruent with what we may – many years later – ascribe to be transgender or gender nonconforming children. Nonetheless, it also seems reasonable to speculate that the experience of learning and internalizing the gender concept would be as relevant for transgender children as for cisgender children.

In our study, we found variability in how informants recalled understanding gender at earlier phases of their lives. Some responses reflected more curiosity than distress but, for others, the initial awareness that others assumed them to be a gender which contradicted their own emerging sense of self was distressing. Levi⁴, a female-to-male (FTM) trans person, reflected on his early adolescent years when the puzzle pieces began to fit:

Well [pauses], one of my really good friends is also transgender and we were just talking about this. It's funny, our transitions ended up corresponding at the same time. But we talked about like our history and our past and when we think about, in terms of being transgender, it makes a whole lot more sense than in the context of being lesbian. Because that's what we both identified as prior, and, so, now, I look back and I'm like, "Oh, yeah. That makes total sense," like why I would feel this way. Because, I have these memories of myself, crying because I couldn't be a

⁴ Informant names used in this chapter are pseudonyms created by the authors.

boy, and I would never be a boy. But I didn't think it was possible, like there were no conversations about gender going on. I thought: “Whatever. That's just a feeling I have, but I guess this is what I get,” you know? But I never had this innate knowing; because it wasn't until recently that I even knew trans men existed.

A similar sentiment was echoed by Gabby, a male-to-female trans person (MTF). Gabby thought acknowledging her trans identity in high school would simply yield too much strain on resources, and so thought it might be easier to punt her open acknowledgments until she reached college:

It wasn't something I ever really particularly thought about. I mean, when I was a little kid, I remember being upset over the fact I really wanted to be a girl, and I wasn't. But I never really thought a whole lot about gender. I kind of thought about it a little more when I was like fifteen or sixteen and thinking, “Ah, you know. This kinda makes sense. I could be trans.” But I had a lot going on in my life and it was a bit of a scarier thing. So I just kind of ignored it until I got to college, and then everything just kind of clicked and fully made sense and I was, like, “Yeah.” Gender wise, I mean, I don't think I ever particularly fell into any masculine stereotypes, and it never particularly bothered me or concerned me. It did bother my father quite a bit for a while. Outside of that, I mean [pause] I don't know. I've always expressed myself a bit more feminine here and there.

There is substantial evidence from across a number of studies that, for persons who eventually identify as either a gender and/or sexual orientation minority, cross-sex gender play was common in childhood. Birth sex females have considerably more latitude in expressing an interest in or engaging in more socially-ascribed masculine play and toy interests; there is considerably far less latitude for birth sex males who express an interest in socially-ascribed female play and toy preferences. Half of our informants referenced some commentary about their cross-gender play or interests in childhood. These interests were not seen as predictors of an eventual gender identity; rather, they were seen as natural expressions that sometimes, but not always, changed with time. Rickie, a trans female, told us:

Umm, I remember partaking in some more socially feminine things. Like, my sister would get her nails painted by my mom, and then I would ask my mom, and she would paint my nails, too. Or, like, there is this one

photo of me where I put these like couch pillows in my chest, to, like, have breasts. So, I think earlier, my femininity was okay. It was like; there was nothing wrong with it [gender nonconforming behavior]. And even like, playing with the pink Power Ranger over all the other ones. Then [pause], I don't think I was ever reprimanded, by like my parents or teachers for being more feminine than masculine.

Rickie's experience was remembered as different from Paul's who remembered playing happily with female-oriented toys until, one day, when a gender scheme for the social appropriateness of boys' toys and girls' toys was understood. And at that juncture, in a brief bracket of time, Paul became decisive in what could not longer be apart of his play world:

Yeah, so my earliest years, I guess I was pretty gender normative. I remember liking pink things and playing with ... I guess gender appropriate toys and stuff. And then around the age of – I usually pinpoint it around age seven or eight – I started to reject anything feminine. It was just this inherent "I don't want any dolls, I don't want any pink clothing, I don't want dresses, I can't deal with this." But I didn't [pause] I guess I deviated from the traditional trans guy narrative, like I didn't play with cars or bugs instead. I was more into, I guess, gender-neutral activities like art and writing. So, growing up, it was more that I didn't want to be feminine but I didn't really tend toward masculine. Like I felt like a boy, for the first time in my life.

Trace was animated in describing how proud he was of his body, until puberty betrayed him:

I always felt a bit different. Being told that I was female was just kind of like, "What?!" I do remember asking my mom, like, "When do I get to be a boy? When does that happen?" [informant laughs] Umm, just being confused. I remember being, like, eight or nine, and looking in the mirror and admiring my flat chest and feeling like, "Wow! I kind of look like a boy without my shirt on!" – and appreciating that. And then puberty hit and that went away. I guess I always knew that female wasn't right, but I never knew that there were other options, so I kind of [pause] I just had to wait.

The Earth Rumbles: Earlier Adjustments to Transitioning

We thought a broader, more complete narrative of informants’ experiences might emerge if we explored some of the day-to-day events and struggles that characterized the early and midpoints of their transitions. In some studies, trans youth or trans adults narrating their youth recall very vivid, often disheartening, events prior to their transitions. But the transition itself is, after all – and literally – a developmental process. Are there markers of change that informants perceived to be benchmarks of their development? We learned that these were moment of epiphany as well as reflecting an openness to others’ overtures of support. Karl’s experience reflected a metaphor of walking on a high-wire, unsure of his footing but knowing that he belonged no where should he fall:

I think just like the systematic challenges of transitioning from female to male, going through the legal systems, having to change your name. Umm, trying to go like seek out counseling to get necessary medical treatment. Or at least for me. It’s medically necessary for me to feel comfortable in my own skin. And just having to deal with that hassle! Especially being a college student and not having a lot of money, but still having to pay for all that. And then, I think just finding a place where you can fit in. Because I know that, like, for eighteen years I identified pretty much as female, but after transitioning, my voice on female topics got silenced because like they considered me too male to be – and like don’t consider experiences in my past, but I’m also not masculine enough to be like in with the guys, I guess you could say. Umm, so just kind of like finding a place and maneuvering through systems that I don’t really belong to.

With time, however, Karl was increasingly sure of his own footing:

I mean, to start, I am like one of the most open people I know about my identity. Umm, I don’t try to be stealth about my transition – unless it’s for my own safety and like protecting that. But if I am comfortable with the person, then I’m completely open about who I am. So, like, that has allowed me to know who I can trust and who I can’t in regards to my safety and my identity that way. And I also joined queer communities and activist communities, since coming to [college] and I do a lot of writing to work through internal dilemmas that I’m having about my identity and about, like, how my identity affects my quality of life and the way that I live my life.

Middly lived in a state of psychological moratorium. This state often is discussed in terms of identity development, following from Erikson (1968) and adopted by Marcia (1980). Only for Middly, the moratorium was less about either academic or vocational interests. Instead, Middly's moratorium was about biding time until he felt the inner fortitude to acknowledge who he was:

So, in high school, I kind of made myself fit in the best that I could, but [pause] like I had friends, people that I sat with, but I didn't have friends that I shared my information with, like any personal stuff. They were just people I spent time with at school and that was it. And I kind of just became [pause] a chameleon, I guess. I mean, I definitely stood out because I had short hair, I dressed kind of masculine, and all this stuff, but I also kind of embraced the community, so my junior and senior year ... those were good years in my life. High school wasn't the best years of my life, but I made it work with what I had. And then I left. [informant laughs]

Family relationships – those ending and, eventually, those reborn – were recalled by informants as especially salient. Here, Andie recalls the loss of her father and the positive and supportive strengths she found from her mother, as her mother's journey also changed:

Gosh. I think I had a really hard time, cause like I've been on hormones for eight months, and before that I did counseling for a minute. And like, I caught myself thinking, "When did I first start feeling like this? How recently?" Because I used to think it was pretty recent that it was, and like, I'd pick out life events and be like, "Wow, I was thinking about this when I was seventeen" or even earlier. But I had this massive falling out with my dad a few years ago. I quit my job and went to massage school, which he disapproved of. So I had this huge falling out with my dad, and I think not talking to my dad at all – cutting him out of my life – made the final leap easier. Because I couldn't imagine ever, like, talking with him about it and he still had a lot of power over me in that way. Which is kind of sad, but it's where I was at. Like I said, before that I worked for the county as a [government employee; title redacted to ensure privacy]. But I mean quitting there, finally getting up the resolution to quit there, helped a lot, because I don't think I could have ever, like, transitioned in a place like that. My mom – she has evolved a lot. She kind of grew up a really conservative Baptist, then she converted

to Judaism in my adult life, in a really liberal temple. And a lot of her attitudes about things really softened after that, because her temple is like, gay-affirming, you know? Gay and trans rabbis, female rabbis, it's cool. I think overcoming, like, a lot of religious guilt was something that helped me in the long run. Because, ya know, in the context of the religion I was raised in, I could never have explored my sexuality or gender.

Dimensions of family life were also important to Angel:

Challenges wise, I mean, there have been a variety of things in my life. It's a bit of a harder question for me because, for some strange reason, when I'm talking about challenges or difficulties in my life, I feel like I'm complaining. But I guess the major things that have happened in my life [pause] I wanna say when I was thirteen my mother was extremely sick and my father was deployed, so for eighteen months I did all of the cooking and cleaning and went to school. There have been a couple of challenges, I guess, regarding my gender when it comes to, umm, finding people who could start me on hormones and contemplating all the options for surgery and so on. [But] considering my life, and how I feel now, there have been some challenges with the whole gender thing but I think it's been a nice experience as well, in some respects.

For Taran, the Internet was a salvation whereas for Lucas, support groups were of more use:

I think the value for me in the Internet is that it provides a space where I can read about and communicate with people who share my identity – like, I thought I was completely out of my mind. I had no idea that someone could identify this way that being non-binary was even a possibility, until I started following links and scouting the Internet. And, umm [pause]. Yeah, I mean it was really helpful and validating. And, you know, it's helpful in-person, too, to kind of see. You know, even though the non-binary community on campus is small, I am seeking medical transition and it's nice being able to meet and talk with people who have been dealing with the same thing. (Taran)

When I was trying to figure out my identity, it [seeking help, support, counseling] was really an important thing. I remember going to the trans support group every week, and I would ask the same questions without getting any real answers. I wanted to know how to deal with isolation and

navigating spaces. I think the leader just couldn't relate, but I kept going anyway. I guess it was just helpful to know it was there. But yeah – when I was younger, I would gravitate toward safe people, but I didn't really know any people who were trans or genderqueer. Now I would say I don't really need that any more. I still need support, but not from people with the same identity, since we have different concerns. But I still understand why folks need that and why it is really important. But I feel like since I'm more confident in my identity, I don't need it so much. But I still have hard days. (Lucas)

Connections with Others: “I Had So Much Social Support. And then. Well. And Then I Became Me”

For all of the participants in our study, their perceived journey in developing a positive and affirming identity was, at some level, in relation to others. In most cases, gone were early feelings of betrayal or the bitterness of rejection, although informants retained salient memories of sadness and loss from persons who had been in their lives prior to their transition and were not in their lives after. Informants understood that their transition – or their choice to live outside of a gender binary structure – fell largely on them and them alone. Still, they understood themselves, their gender, and their somewhat newly adopted trans identities, in relation to the persons around them and the blanketing levels of support they received from others. Lake understood he had to be true to himself even though he recognized the strains this might present to his parents:

I still struggle a lot to view [my transition] in a positive light, like I... ‘cause, like, there are a lot of negatives that come with being true to yourself, umm, in my regard. I think what helped me is just, probably joining groups and going to (gender-based) classes where we studied queer theory, and like kind of exploring my identity. I think one of the biggest issues I’ve had coming out as transgender is my own self-acceptance and being proud for making that change in my life. I was in therapy for depression and stuff, and one of the focuses was being proud of who you are and recognizing accomplishments. So I think by – not defying what my parents wanted – by not allowing myself to submit to their desires, and kind of doing what I need to do for myself to be, like, a little bit happier. I take pride in being able to do that because there’s a lot of people who don’t ever get the chance because they’re too scared of, like, their parents or their peers to follow through with medical transitioning or being out about their identity.

My identity – and it’s always been this way, even before I transitioned or knew I was trans – my identity is like the biggest thing about me, and the most important, and kind of determines everything I do in life. And I guess it’s probably because I have more of a marginalized identity that I feel the need to let it direct me; if I was just like everyone else, maybe I wouldn’t feel that way. But it’s very important for me to be visible and do things that benefit, not only myself, but the trans community as a whole.

Just when Lake needed to know support and acceptance could come from others outside the trans community, that support was found:

There are just other people here and there who offer me support that I am really grateful for. My RA [resident advisor] and RHD [residence hall director] really helped confirm for me, which it’s probably a sad thing to have to confirm, but that non-LGBT people really do care and wouldn’t dislike me straight off the bat. That was really nice, and I’m really grateful for that. With the support group and friends, they just help me progress toward feeling like a worthy human being, I guess.

Kale found support with a professor and processed the often sad, and decidedly undemocratic reality that attractiveness often seems to matter for everyone:

Yeah. I spoke with a professor who led my Safe Zone training, just more in-depth about trans resources, and we got on the subject of trans passability. It came to a point where we were discussing like, “Why does passability even matter?” and, I mean, it breaks down to just, like, how generally people view you. The first thing they generally notice is like if you’re pretty and if, you know, you’re not considered pretty, then they have to dig more to see if you are a good person, and if you’re considered like totally unattractive then they will be more put-off by you. So I guess attractiveness does a play a lot in how much people accept you, whether or not you are queer or anything like that.

Satz found that, in talking with others, and having the opportunity to narrate a story, and meta-process the experiences of the transitioning journey, a sense of self was found – and appreciated:

I would say my gender idea is pretty important to who I am because, before I had the concrete understanding of my gender, a lot of factors of my personality and, I guess, how I experienced the world, didn't really make sense to me. It's really hard to explain these thought processes, but it was like that was the, like, the missing piece of background information that made everything else make sense. I don't consider myself an overtly masculine person, but understanding that I'm male helps me understand my sexuality better, helps me understand my personality better, and how I relate to people. This is how I explain it to people: I just didn't feel like I was a person before I came out. It was just a really weird feeling. And now? I don't know. I feel like I'm a distinct person, instead of just kind of a somebody who is floating through.

And, finally, Trip was connected to others not only in terms of Trip's own transition – which was, quite literally, available online – but also by wanting to provide help to persons who might be at the beginning stages of their own transition. Trip didn't identify as a trailblazer or a martyr or a visionary, just as someone who had made a long journey, who had suffered some bruises along the way, but who wanted others to know there was no shame to be had in that journey:

I think that it's definitely something that defines me, but I don't think it consumes my life. It's something I'm proud of; it's definitely been something I'm working toward. To map out my transition, I've documented all of my transition. It's on YouTube and open to the public. Because I wanted to document all stages and changes, because once you step into something like this, there are parts of you that you can't take back, you know? You'll never carry your voice the same. Your face will change. All these things will change so you don't wanna lose who you were, but you wanna be who you're supposed to be. So I think that was a really important part of my identity, just like documenting everything. I really wanna write a book, like I'm really passionate about it, because I feel like if someone had written a book for me, you know – and there are some books out now, but they weren't around until I was older. But what I really needed in that time was something no-bullshit. I don't wanna write a feel-good book, my book won't be that way. I want it to be really raw and un-edited, with honest answers of what people can expect. You know? I just feel like there's not enough of that out there. So I wanna talk to people, I wanna help. I feel like a lot of things in my life could have been so different if I had known that.

CONCLUSION

We conducted a quantitative-qualitative mixed-design that investigated the experiences of persons identifying as transgender, trans, and living outside the gender binary. Our sample consisted of twenty community-dwelling trans persons who were at various stages of their transitions. In this chapter, we used a variation of grounded theory (Glaser and Strauss, 1967; Strauss and Corbin, 1990; 1994; Strauss, 1994) to explore informants’ narratives regarding portions of their trans identities. Interpretive approaches can be particularly useful in exploring areas where bodies of literature are small, still emerging, or when studies employing these methods are focused on underserved populations who may be excluded from more common – certainly more funded – studies using positivist-based epistemologies which require a larger sample size.

Quantitative results were limited given the sample size of the study. Nevertheless, even the few data presented from quantitative measures provide a compelling argument for further research with trans populations. For example, are there changes in sexual interest during trans persons’ physical transitions? Are any (of these potential) differences between trans women and trans men attributable to pharmacological interventions, to the positive effect of those interventions (e.g., trans persons feel better about their bodies and therefore are either more open to or more interested in pursuing partnered sexual activity), or to an increasing comfort in one’s own body? This particular sample of trans-identifying informants reported very low levels of conversations about sexuality with parents (cf. other samples of cisgender study participants). Is that common across other trans-identifying samples? Why might that be? These are compelling questions worth pursuing.

At its heart, grounded theory is designed to open a vast canvass on which to explore the social processes and the interplay of interpersonal relationships. An epistemological premise of grounded theories – as well as other methods stemming from postmodern research paradigms – is that the full range of our intrapsychic, interpersonal, and cultural experiences cannot be reduced to quantitative symbols. The narratives interrogated for this study, some of which were shared, tell a story far more detailed than what can be represented by a summary score on a quantitatively-oriented scale assessing trans’ persons earlier memories of gender mistyping or variance, or what events were quantified as especially challenging or inspiring.

Using grounded theory, three themes emerged from informants’ narratives. First, our informants, similar to persons in other studies,

experienced some form of confusion or disequilibrium as youth regarding the disjuncture between their birth-assigned gender and their sense of self. Some informants found this disjuncture to be disquieting, but no informants reported that they perceived their early years as particularly harsh. The picture that emerged from most persons was that they developed an understanding of gender consistency but were muddled in wondering why their own feelings were amiss from what they witnessed around them and, for some, what they were told by their parents. Second, informants' daily challenges in the budding and then emerging stages of adopting a trans identity were seen as building blocks for subsequent development. That is, informants developed a more intimate schema about themselves and their perceived differences compared to the cisgender persons around them. In doing so, they sought experiences that allowed them to expand their own understanding of these differences, either by contact with others, in searching the Internet, or in a resolution that by publicly transitioning, they would face a series of roadblocks, but that, with time, they could manage these. Finally, informants recognized that, while their transition would fall largely on themselves, their abilities to shoulder some of the hard choices and potentially negative consequences affiliated with their transition could be strengthened with the help of others. They, in turn, could help others. The informants in our study were open – and sometimes effusive – about the support they received from others and how that support facilitated their will to move forward.

At a larger, societal level, there are increasing signs that the boundaries defining the gender concept are – while still largely binary in many spheres – increasingly elastic. Individuals who live outside the gender binary and, specifically, those persons identifying as trans, transgender, and transsexual, are likely to experience increased social and institutional legitimacy. The interdisciplinary dismantling of gender variance as pathology (i.e., largely although not exclusively through changes in the *DSM-V*) underscores the movement toward envisioning gender – including gendered lives and gender identities – in more expansive ways. These events provide rich opportunities for advancing research studies purposefully dedicated to trans-identifying individuals. Results from those studies may inform professionals working in various capacities (education, counseling, nursing and medicine, law) how best to help trans persons live fuller, freer lives. The participants in our study reflected both an understanding and an appreciation that their life histories are unfolding within the elasticity of a shifting cultural movement regarding transgender. Our informants dedicated on-going efforts to optimize their own experiences and to embody their true selves. Informants identified a number of

social and institutional impediments, which, with enormous effort and various levels of success, they have managed to navigate. Many of our informants were optimistic about their futures and the futures of other trans persons. Like our informants, we look forward to a time – and we are optimistic that time is in the near future – when genderqueer, trans, and transgender persons have the freedom and encouragement to live with pride in who they are.

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Chapter 6

TRANSGENDER YOUTH IN FOSTER CARE: CREATING AN INCLUSIVE AND AFFIRMING ENVIRONMENT

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ABSTRACT

Recent studies suggest that transgender youth are disproportionately over represented in the child welfare system. The current chapter will explore the unique pathways into these two systems that many transgender youth find themselves on. Specific attention will be given to issues related to family rejection, negative experiences in schools, and culturally insensitive and inadequate service responses. In addition, this manuscript will explore the experiences of transgender youth once they come into contact with the child welfare system. Many transgender youth experience rejection, bullying, harassment, assault, double standards, isolation, and instability. The chapter will provide both practice and policy suggestions that would create more inclusive and affirming systems of care for transgender youth.

Keywords: transgender, child welfare, foster care

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INTRODUCTION

Little attention has been given to the unique experiences of transgender youth who come into contact with the child welfare system. Recent research, policy, and practice efforts aimed at creating a more inclusive and affirming system of care for LGBTQ youth have lumped transgender youth into those categories with little attention given to the specific challenges and barriers that transgender youth encounter as they navigate the child welfare system (Wilber, et al., 2006; Mallon, 2006; Woronoff and Mallon, 2006; Mallon, 1998). While the exact percentage of youth in the foster care system that identify as transgender is currently not known, a recent study found that LGBTQ youth are disproportionately overrepresented in the child welfare system. Less than 1 in every 5 teens (19%) in the foster care system identify as LGBTQ (Wilson, et al., 2014).

PATHWAYS INTO CARE

There are a number of factors that contribute to the overrepresentation of transgender youth in the child welfare system. At first glance, many transgender youth are referred to the child welfare system for reasons that may not seem to have much to do with issues pertaining to their gender identity, however, in many instances a youth's gender identity plays a huge role in why they are referred for services. The percentage of transgender youth who are in care for reasons pertaining to their gender identity is not known, however, nearly half (44%) of LGBTQ youth in care cite issues pertaining to their sexual orientation or gender identity as the reason they are in care (Ryan and Diaz, 2009). Many transgender youth might come into care for some of the same reasons that gender conforming youth. There are a number of added challenges that transgender youth often encounter that make them more vulnerable to child welfare intervention. For instance, transgender youth are more likely to be referred for services for running away from home environments that are hostile or rejecting for reasons pertaining to the child or adolescent's gender identity.

Elaine was 15 years old when she went into her first foster home. She compares her last 2 or 3 years with her biological parents to a combat zone. While her parents first expressed concerns related to her gender conformity when she was 6 or 7, it was not until she was approaching her teenage years

when the tension and hostility from her parents got to a point that she felt she considered leaving home. Elaine expresses the progression in hostility and rejection that she experienced from her parents, “It wasn’t as much of a problem when I was younger. They would make comments and pressure me to wear certain clothes or participate in certain activities. As I got older I think they realized that it wasn’t a phase or that I might not change, so they really gave me a hard time. My dad would use derogatory words about me and my mom refused to accept anything about my identity.” One evening, Elaine decided that she could not take it anymore and left in the middle of the night to stay with a friend. A few days later when she tried to return home, her parents had changed the locks on the door and refused to allow her back into their home. A school counselor made a report that initiated a child welfare referral.

Another common pathway into care for transgender youth involves their experiences at school. LGBTQ youth continue to experience a number of challenges in school. Just under 90% of transgender youth were verbally harassed at school in the past year and over half (55%) were *physically* harassed during that same time. Furthermore, almost half (47%) of transgender youth report missing school for fears regarding their safety (Kosciw et al., 2014). Transgender youth are some of the most vulnerable kids in the school environment; therefore, they are the most likely to be referred for some type of child welfare intervention by school counselors.

Vanessa was a sophomore in high school when her school’s truancy officer made a report to Child Protective Services (CPS) citing concerns about her home environment. Vanessa consistently missed school and skipped classes for fears that some of her classmates might act on verbal threats they made about physical and sexual violence towards Vanessa. The truancy officer’s report to CPS would eventually trigger an investigation in which investigators cited her parents’ neglectful supervision as the primary reason for removal and placement into foster care.

Childhood gender nonconformity is one of the biggest risk factors associated with child abuse and post-traumatic stress disorder (Roberts et al., 2013). Children who display gender-nonconformity before the age of 11 are significantly more likely to experience physical, sexual, and psychological abuse than youth who display little or no gender nonconformity. These abuse experiences make transgender youth much more vulnerable to child welfare involvement, and in many cases result in placement in foster care or other supervised settings.

EXPERIENCES IN SUPERVISED CARE

Although placement into foster care and other supervised settings is intended to create safety for youth who are otherwise at risk of abuse or neglect, the experiences of transgender youth suggest that many are no safer in foster care homes. The child welfare system has historically paid little attention to the presence of transgender youth. Most public and private child welfare agencies have done little to ensure the well-being of transgender youth in their care. Similarly, many child welfare agencies lack the knowledge and training to be sensitive and affirming of the unique experiences of transgender youth. Transgender youth in foster care are often victims of bullying, harassment, isolation, and other forms of maltreatment.

Peer Abuse, Harassment and Bullying

Transgender youth are among the most vulnerable populations in the child welfare system. While transgender youth report peer harassment and bullying - other settings and institutions (such as schools and juvenile detention centers), their experiences with peers in supervised care can present a number of unique challenges and vulnerabilities. The lack of knowledge and acceptance that many child welfare staff and foster parents exhibit around issues related to gender identity can create a culture that enables youth to mistreat transgender youth in various ways.

Jennifer lived in a large group home with 6 teenage boys. The boys in her group home would often tease and harass her, using very derogatory words and harassing statements. Jennifer felt that although her group home parents would redirect youth for other inappropriate comments or behaviors, when such comments were made about her or her gender identity, the youth would rarely be redirected. Jennifer explains, “It was almost like they didn’t do anything because they thought I might change if the other kids gave me a hard enough time.”

Lack of Affirmation and Respect for One’s Gender Identity

Transgender youth are often placed in settings in which their caretakers and peers do not respect, and in some cases even acknowledge their gender identity. Foster parents and other caretakers may force a youth to wear gender-

conforming clothing. Similarly, transgender youth are often pressured to engage in gender-conforming activities.

When she first arrived in her foster home, Kai's foster parents conveyed a strong interest in making sure that kids in their home were very engaged in extracurricular activities. Her foster parents really encouraged her to play sports and engage in more masculine activities. Kai had other passions and interests, including poetry and theatre. When she would ask her foster parents to sign her up for these activities, they would often provide an excuse for why participation in a particular activity would not be possible. Kai explains this reluctance to support her interests in these activities, "A few months before summer, all of the kids in the home were signed up for different camps. Some of the kids went to your normal summer camps and others did sports camps. I told my foster parents several times that I wanted to go to the drama camp at the college. They never signed me up and I ended up not doing anything the whole summer."

In some cases, caretakers and child welfare professionals will refuse to acknowledge a transgender youth by the gender with which they identify. This outright refusal to acknowledge a youth's gender identity can lead to a number of threats to their safety, housing permanence and well-being. Many foster homes and supervised placement settings are divided by gender. It is not uncommon for foster homes or group homes to be exclusive to just males or just females. In many cases, transgender youth are placed in settings with no other youth who have the same gender identity. Such a practice can be very dangerous to transgender youth. In addition, this harmful and disrespectful practice can contribute to a placement environment in which a transgender youth feels marginalized and isolated.

The lack of training and understanding of issues related to gender identity can contribute to decisions and practices that are not sensitive to the needs of transgender youth. In some cases even well intended individuals can make decisions that are harmful to transgender youth. A common practice in both foster homes and juvenile detention settings is to isolate transgender youth. A transgender youth may be isolated to their own room or hallway of a home or their own unit in a detention setting. In some cases, caretakers and other professionals might express that the decision to isolate a transgender youth was done in an attempt to ensure their safety or to minimize harassment. Many transgender youth are never given the opportunity to express where they are most comfortable living.

James describes his foster parents as more accepting than other foster parents with whom he had lived. James had lived in his foster home for several

years when he conveyed to his foster parents that his gender identity did not align with his assigned sex. While he describes their response as being very affirming in many ways, he explains the impact that their decision to isolate him to his own wing of the house had on him:

They decided to clear out an office room that was mostly used for storage and make that my bedroom. The room was at the far end of the house away from everyone else. I could understand why they felt like they had to do something, but a piece of me felt like I was different and apart from everyone else.

Lack of Acceptance

The acceptance that a transgender youth experiences from their family members and caretakers can have a profound impact on their physical health, mental health and well-being. While the exact percentage of transgender youth in care who experience rejection from their caretakers is unknown, in the United States, just over 57% of transgender youth report experiencing some form of rejection from their families (Ryan et al., 2009). A recent study assessing the acceptance experiences of LGBTQ youth found that youth and young adults who had accepting experiences were nearly 8 times less likely to attempt suicide, 6 times less likely to be depressed, 3 times less likely to engage in risky sexual behaviors, and 3 times less likely to abuse substances than those transgender youth with rejecting experiences (Ryan et al., 2009).

A number of systemic factors make transgender youth in care especially vulnerable to rejection experiences. Efforts to recruit foster parents often target very conservative faith based communities in which acceptance of transgender individuals may be discouraged. While clinical efforts aimed at helping families to understand the consequences of rejection can have a profound impact on increasing acceptance, foster families struggling with embracing a youth's gender identity may be less likely to seek out those services. Furthermore, a foster family may be less likely to deal with the added challenges in the home, community, and school that come with providing care to transgender youth.

Double Standards

Recent federal policy efforts aimed at creating a greater sense of normalcy have provided mandates for foster families to provide access to extracurricular and social activities for all youth in care. Transgender youth often encounter double standards when it comes to extracurricular and social interests and activities. Foster parents and caregivers are often not equipped or not willing to encourage and support the social and romantic relationships of transgender youth. Transgender youth are routinely denied access to certain friends or romantic partners while their gender conforming peers are allowed and even encouraged to engage in such relationships.

ESTABLISHING PERMANENCY

The process of establishing permanency for transgender youth in care can be challenging. While recent studies aimed at investigating the experiences of youth in care have found that establishing a supportive and permanent placement for youth is one of the strongest predictors of health and well-being, for foster care alumni, such permanency outcomes for transgender youth are very uncommon (Pecora, et al., 2004; Courtney et al., 2011). The most desirable permanency outcomes for child welfare professionals, such as family reunification, adoption, and kinship placement are rarely pursued as viable options for transgender youth. Child welfare professionals rarely work with biological families to address issues related to acceptance and understanding when it comes to gender identity. While many families might be rejecting of their transgender child, it is important that child welfare professionals are sensitive to the fact that many families will develop an increased sense of acceptance and affirmation of their transgender child with time and support.

Child welfare professionals are less likely to find adoptive homes for transgender youth due in large part to the fact that families are more likely to feel equipped and be willing to care for gender conforming youth. In addition, the hostility, rejection, and abandonment that often lead to a transgender youth's entrance into foster care is much more likely to happen when they are older youths and less likely to be adopted.

When reunification, adoption or kinship placements are not viable placement options for a youth, child welfare professionals will likely seek a foster family setting as an alternative. Unfortunately, many transgender youth are not placed in traditional family foster settings, and many who are placed in

foster families experience disruptions that lead to more restrictive placement options. While the attention, support, and normalcy that is offered in many family foster homes can have the potential to mediate some of the systemic and societal challenges that many transgender youth face, this is a permanency option that rarely works out for transgender youth. Many of the families that are historically recruited to provide foster care lack the training, sensitivity, and knowledge to provide affirming and sensitive care. In addition, the hostility and rejection that transgender youth experience in their families of origin can cause youth to view a family environment as undesirable and threatening. Although congregate care and group home placements are largely considered to be the most restrictive and least desirable placement options, these settings tend to be much more common for transgender youth than traditional foster homes (Woronoff and Estrada, 2006; Mallon, 2011). This overreliance on group home and congregate care settings for transgender youth can be problematic due in large part to the fact that youth in congregate care often have greater behavioral and emotional needs than youth in family foster care. If a transgender youth is placed in an environment that is more restrictive than what they need, they run the risk of not receiving the services, care, and stability that is most appropriate. For instance, a transgender youth who might best benefit from the normalcy, intimacy, and support of a family foster home might be placed in a group home with many other youth who have more severe emotional and behavioral needs, multiple caretakers, and very structured routines. Furthermore, youth in congregate care placements are much more likely than youth in traditional foster care to report maltreatment, run away, or have some other form of placement disruption.

While the rate of placement breakdown for transgender youth is not known, LGBTQ youth tend to experience placement breakdowns at rates much higher than straight youth. LGBTQ youth experience an average of 6.35 placements by the time permanency is established, a rate that is nearly double that of straight youth (Mallon, Aledort, and Ferrera, 2002). Many LGBTQ youth report that issues pertaining to their sexual orientation or gender identity played some role in why they experienced placement breakdown (Mallon, 2011).

Many transgender youth will have no choice but to remain in care until they age out at age 18 or 21. While aging out is largely considered to be among the least desirable permanency outcomes for youth in care, it seems to be the norm for many transgender youth. In addition, transgender youth who experience numerous placement breakdowns while navigating the child welfare system are less likely to have a sizeable social support network.

Alumni studies aimed at identifying factors associated with success for young adults who have aged out of the foster care system suggest that a reliable support network is one of the greatest predictors of health well-being (Pecora, et al., 2004; Courtney, Lee, and Perez, 2011). A supportive network of peers and adults can help to reduce a transgender alumni's likelihood of experiencing things like poverty, homelessness, unemployment, risky substance abuse, risky sexual activity, and victimization (Pecora et al. 2004).

POLICY EFFORTS

Federal efforts aimed at reducing the disparities that transgender youth encounter in the child welfare system have been lacking. The *Preventing Sex Trafficking and Strengthening Families Act* (H.R. 4980, 2014) was passed in 2014, and aimed to expand the opportunities for youth in care by requiring caretakers to provide access to extracurricular activities and developmentally appropriate activities. This policy has the potential to profoundly impact transgender youth, by addressing many of the double standards that they experience when compared to gender conforming youth.

State efforts designed to create safe and affirming living environments for transgender youth have proven to be very effective. Most notably, California has been the most active and progressive state when it comes to fostering safety for transgender youth in care. With the passage of the *California Foster Care Non-Discrimination Act* in 2004, California became the first state to prohibit discrimination in the placement of youth in foster care based upon a youth's gender identity (California Welfare and Institution Code, 2004). In addition, this policy mandated that foster parents, child welfare professionals, and group home administrators complete trainings on topics pertaining to sexual orientation and gender identity.

POLICY AND PRACTICE RECOMMENDATIONS

Establish Affirming Placements

Many transgender youth live in environments in which their gender identity is not affirmed and accepted. In some cases a youth's caretakers may

refuse to refer to or relate to them by the gender with which they identify. Efforts aimed at recruiting and training families who are inclusive and affirming of a youth's gender identity have the potential to reduce placement disruption and instability for transgender youth. Recruiting efforts that target families in progressive communities would likely be effective in creating a larger pool of caretakers willing and equipped to provide the love, nurture, and acceptance necessary for transgender youth in care to feel safe and affirmed.

Transgender youth in placement should be treated with dignity and respect. Respectful and tolerant environments should allow transgender youth to use restrooms and facilities according to their gender identity. Similarly, transgender youth in care should be allowed to use their preferred names and pronouns and dress in the ways that they feel most comfortable and which clothing choices are most compatible with their gender identity.

Address and Eliminate Double Standards

Transgender youth in care should have the same access to activities, friends, and romantic partners as gender conforming youth. Practice and policy efforts should seek to ensure that transgender youth do not feel any pressure to participate in gender conforming activities. Similarly, transgender youth need to experience the same sense of normalcy as any other youth in care, therefore, caretakers and child welfare professionals must seek to ensure that transgender youth are allowed and encouraged to take part in developmentally appropriate activities with peers.

Ensure Safety and Stability

Transgender youth must be kept safe from bullying, harassment, rejection, and marginalization in their current placements. Staff, foster parents and peers must be made aware of the potential consequences that accompany any form or mistreatment of youth based on their gender identity. Child welfare agencies should create anti-discrimination policies that explicitly refer to the protection of youth based upon their gender identity. Individuals must be mandated to intervene in instances where mistreatment related to a youth's gender identity is present.

Place Foster Youth According to Their Gender Identity and Not Their Assigned Sex

Child welfare workers must seek to ensure that transgender youth are placed in settings based upon their gender identity. Such efforts can improve the safety and acceptance of youth and reduce experiences of bullying, harassment, and maltreatment. Child welfare placement workers should ensure that caretakers are equipped and willing to affirm a child's gender identity and assess for any potential obstacles or problems that might arise as they pertain to the youth's gender identity.

CONCLUSION

Support and attention in society devoted to transgender individuals is higher than any other point in history. Child welfare professionals and policy makers can use this time of support and attention to take a look how the system can be enhanced to improve the experiences of transgender youth. Such efforts could have a profound impact on creating safety and inclusion, and increasing stability and permanence for transgender youth.

The systemic challenges and obstacles that transgender youth often encounter as they navigate the child welfare system can seem overwhelming. It is important to remember that despite these challenges, this is a population with far more resilience than risk. Child welfare professionals and foster parents should seek to recognize the strength, courage, and resourcefulness that many transgender youth exhibit on a regular basis as they navigate a society and child welfare system that have failed, in many ways, to foster a culture of affirmation and inclusion.

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Chapter 7

LEVELING THE PLAYING FIELD FOR ALL: SAFE, FAIR, AND EQUAL INCLUSION OF TRANSGENDER YOUTH ATHLETES PART ONE

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ABSTRACT

Transgender youth are among those most discriminated and victimized in schools. Nowhere is this more blatant than in athletic programs and physical education classes. Transgender youth tend to avoid sports for fear of facing further discrimination, and until the past few years, they were excluded altogether. Still, some students keep their gender identity hidden in order to continue competing as their birth-assigned sex. The benefits associated with being involved in sports from a young age are well understood, and transgender youth are not an exception – they also stand to gain physical, psychological, academic, and social rewards by participating in sports. However, transgender youth are deprived of these advantages when the playing field is unfair and

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unsafe. This chapter examines the unique issues faced by transgender youth athletes by drawing from the existing literature.

Keywords: transgender, transgender youth, gender identity, gender binary, sports, athletics

INTRODUCTION

Transgender people are more visible today than ever before. However, despite growing awareness, the transgender population remains affected by pervasive discrimination (Grant et al., 2011). Along with this, transgender people have gone without opportunities to participate in sports due to assumptions about their birth-assigned sex-linked characteristics, and the traditional format of sex-segregated athletic programs (Gay, Lesbian and Straight Education Network [GLSEN] and National Center for Transgender Equality [NCTE], 2015; Travers, 2008; Wamsley, 2008). Transgender youth, in particular, have been denied the many benefits associated with sports participation (Griffin and Carroll, 2010; GLSEN, 2013; Skinner-Thompson and Turner, 2014); and the harassment they encounter at school extends to the athletic field.

The guiding principle for this chapter is that transgender youth should be provided safe, fair, and equitable athletic opportunities. It begins by reporting the alarming prevalence of discrimination and victimization against transgender youth, which extends to school athletic programs. Section two describes the benefits associated with sports participation and the misconceptions, which have propelled exclusion of transgender people from sports. In section three, the experiences of this population are examined through news stories of individual transgender youth athletes. In the next chapter, *Part Two*, legal considerations, established models of transgender-inclusive policies, and current policies in the United States are examined. As well, recommendations are provided which promote safe, fair, and equitable inclusion of transgender youth athletes.

SECTION I: DISCRIMINATION AT SCHOOL

Empirical research on transgender youth athletes is lacking. However, insight about this group can be drawn by looking to studies on lesbian, gay,

bisexual, and transgender (LGBT) youth, and those of the general transgender population. By understanding what transgender youth encounter at school, it is assumed that similar experiences are likely to occur in the context of athletics.

Researchers agree that discrimination and victimization are rampant against LGBT youth, and transgender youth are the most targeted. In the *National Transgender Discrimination Survey* (NTDS), which included more than 6,000 transgender people, 59 percent of participants reported being verbally harassed or bullied during their school careers (Grant et al., 2011). Additionally, 23 percent stated they had been physically assaulted while on school grounds. Transgender participants (31 percent of the sample) also reported being explicitly harassed by teachers or coaches, the very people who are supposed to offer protection (Grant et al., 2011). Not surprisingly, transgender students are often hesitant to report harassment to schoolteachers and staff because of receiving inadequate responses. When teachers tolerate bullying against transgender youth, harassment is likely to continue (Block, 2014; GLSEN, 2013). In addition, teachers promote discrimination by ignoring inclusive policies, when present, such as those related dress code and access to facilities. Therefore, transgender students can assume their needs are not as important as other students' since their rights are not upheld (Barber and Krane, 2007).

The alarming rate of discrimination and victimization against transgender youth is even more concerning when considering the consequences of such experiences. Transgender youth are therefore more vulnerable to emotional distress (Kelleher, 2009) and suffer high rates of mental health problems, including depression, anxiety, and suicidal ideation (Heck, Flentje and Cochran, 2013). In particular, it is estimated that LGBT youth are more than twice as likely to attempt suicide as their peers (Barber and Krane, 2007). Furthermore, it is well documented that suicide rates are especially high for the transgender population with one study reporting that 41 percent of transgender people have attempted suicide (Mahoney, Dodds and Polasek, 2015). Transgender youth are also more likely than their peers to report substance abuse, unsafe sexual practices, running away from home, and becoming homeless.

Another troubling consequence of pervasive discrimination and victimization against transgender youth relates to academic performance. The adverse situations that transgender students commonly face contribute to the likelihood that they fear for their safety, skip class, miss school, obtain lower

GPA's, forego attending college, or drop out of school entirely (Transgender Youth and Access to Gendered Spaces in Education, 2014). In addition, if students do not receive satisfactory grades, they often become ineligible to participate in extracurricular activities, such as sports, therefore eliminating this option for them.

Physical Education and Sex Education

Nowhere is discrimination and victimization of transgender youth more prevalent than in physical education (P.E.) classes and extracurricular athletic activities. Research indicates that more than half of LGBT students report being bullied or harassed during P.E. because of their sexual orientation or gender expression (GLSEN, 2013), and that they feel most unsafe in P.E. classes (Barber and Krane, 2007). In addition, P.E. teachers have historically failed to adequately interject and discipline when discrimination occurs (O'Brien, Shovelton and Latner, 2013). Even more, transgender youth report being told their presence is disruptive to P.E. classes and that opportunities for them to participate are restricted as a result (GLSEN, 2013). This can put transgender youth at an academic disadvantage since P.E. is a required course in most schools. For these reasons, transgender students often avoid P.E. classes, therefore jeopardizing their academic progress and eligibility for graduation.

The topic of transgender people also tends to be left out of curricula for sex education classes. As a result, the realities of this population remain unknown to students, teachers, and staff; and without information, schools cannot afford safety to transgender students (Gowen and Winges-Yanez, 2014). However, when the topic of transgender people is covered in sex education, discrimination against transgender students decreases (Krane and Barak, 2012). Educators demonstrate inclusion and acceptance just by bringing up the topic. This is powerful for transgender students as it validates and normalizes their presence, and contributes to others' informed, supportive reactions to them. Cisgender (non-transgender) students benefit from the added education as well – they develop empathy for others, even beyond transgender people. Therefore, improving sex education can result in a safer environment for all students, teachers, and staff, and this extends to school athletic programs.

SECTION II: THE BENEFITS AND DRAWBACKS TO SPORTS

Beyond winning trophies and ribbons, transgender youth stand to reap physical, psychological, social, and academic rewards when they participate in sports. The potential advantages are described here in order to recognize the ways that transgender people lose when they are excluded from and/or discriminated against by athletic programs.

The Benefits

Physical benefits are among the most obvious advantages associated with participation in sports. Youth involved in athletics report fewer general health problems and eating and dietary issues compared to their peers (Steiner, McQuivey, Pavelski, Pitts, and Kraemer, 2000). Even more significant is that the risks for developing serious health conditions, like obesity, heart disease, and diabetes are lower for people who are physically active (Le Menestrel and Perkins, 2007; Staurowsky et al., 2009). As well, youth involved in sports are less likely to use and/or abuse drugs and alcohol.

Overall mental well-being is reported higher by youth who participate in sports (Marsh and Kleitman, 2002). When looking specifically at self-esteem, self-worth, and body image, young athletes tend to perceive themselves more positively compared to their non-athlete peers (Weiss, 2008). Youth who take part in sports also report fewer mental health problems (Steiner et al., 2000), greater ability to manage emotions, and psychological resilience (Le Menestrel and Perkins, 2007; Marsh and Kleitman, 2002). Even more, feelings of hopelessness and suicide are endorsed less by youth athletes (Taliaferro, Rienzo, Miller, Pigg and Dodd, 2008).

More opportunities to socialize are granted to youth who participate in athletic activities, and therefore, these individuals report less social isolation and more positive peer relationships (Bailey, 2005; Marsh and Kleitman, 2002). Youth involved in sports also describe stronger feelings of belonging to their schools and attachment to their communities (Bailey, 2005). Furthermore, when youth take part in sports, they tend to develop skills to collaborate, trust, and empathize with others (Bailey et al., 2009).

Academic outcomes of youth athletes surpass those of their non-athlete counterparts, as demonstrated by better school attendance records, higher course grades, and more years of education achieved (Le Menestrel and Perkins, 2007; Marsh and Kleitman, 2002; Staurowsky et al., 2009). Greater

academic success may be explained somewhat by knowing that attention and memory improve with increased physical activity (Bailey et al., 2009; Le Menestrel and Perkins, 2007). Even more, youth are motivated to strive academically when they experience a sense of belonging and commitment to their school community. In addition, their athletic involvement may be contingent upon successful academic performance, pushing them to work harder at school.

The benefits associated with sports participation are not only evident for youth at the time they are involved. Like trophies and ribbons placed on a shelf, the wins awarded can last a lifetime. When youth are involved in athletic programs at a young age, they likely continue to participate in sports as adults, as well as persist to reap the associated rewards. For instance, the risks for developing serious health conditions, substance use issues, and mental illnesses are reduced with continued sports participation (Chen and Shen, 2004; Marsh and Kleitman, 2002). Individuals may also be more likely to have healthy relationships as adults when they have acquired necessary social skills early in life (Marsh and Kleitman, 2002). Academic success at a young age likewise proves to be a stepping-stone for higher education and economic security. The rewards given to athletes tend to build upon each other. For instance, social relationships are essential to reducing (or even preventing) mental distress, including depression; and mental distress can influence health behaviors (e.g., physical activity, substance use, eating) and performance in academic and occupational settings. In sum, early athletic involvement can lead to a happier and healthier life.

Vulnerable populations tend to be even more positively impacted by the benefits associated with athletic involvement (Bailey et al., 2009). Common issues experienced by marginalized groups may be combatted by the advantages that come with being involved in athletics. For instance, being a part of a sports team may reduce feelings of isolation or being different from others (Rosewater, 2009). In addition, supportive teammates can help protect against discrimination faced by vulnerable people. Therefore, issues that transgender youth commonly experience may be mitigated when they are involved in athletic programs. Furthermore, they may be more strongly impacted with the rewards of sports participation than their cisgender, athletic peers.

The Drawbacks of Sex-Segregated Sports

Transgender people have generally lost out on the benefits linked to athletics because of being disqualified from playing and performing (Buzuvis, 2011; Sykes, 2006). Athletic competitions are almost always separated into groups of men and women so that people only compete with others of their same sex. Also, because transgender people challenge the binary perspective of sex and gender, they have gone without opportunities to participate in sports. The history of sex-segregation in sports can give perspective to address the current controversies attached to transgender youth and sports.

Background

It has long been assumed that the differences between men and women are great, and that men are more capable than women at sports. Historically, men were the primary athletic competitors, and it was not until the 20th century that opportunities grew for women to participate in sports (Krane, Barak and Mann, 2012). Separating sports by sex was intended to offer women a fair shot at competing against one another, and to avoid being physically injured by competing with men (Krane et al., 2012; Lucas-Carr and Krane, 2011; Travers, 2008). The notion that men are stronger, more aggressive, and faster than women, was reinforced by separating men and women in athletics.

Research has since recognized physical differences between men and women that relate to athletic performance. For instance, men tend to be taller, have larger bones, and greater muscle mass; and women are likely to be shorter, have more body fat, and lower gravity (Skinner-Thompson and Turner, 2014). Less commonly discussed is the vast range of body types and athletic abilities for both men and women. Several authors point out that it is an overgeneralization to assume that all men are athletically superior to women in sports (Gooren and Bunck, 2004; Griffin and Carroll, 2010; Krane et al., 2012; Skinner-Thompson and Turner, 2014; Travers, 2008). For example, an elite female athlete will surely outperform an amateur male athlete on any given day. Nonetheless, sports continue to be segregated by sex based on the belief that men unequivocally are better athletes than women.

Athletic abilities are also influenced by what boys and girls learn about their respective gender-based physical capabilities and limitations. For instance, boys are encouraged to be aggressive and physical from a young age. Alternatively, girls are warned against being too masculine and to maintain feminine expressions when they play sports, like keeping their hair long (Krane et al., 2012). Furthermore, girls are told they are naturally better at

balance, flexibility, and grace; however, these are considered signs of weakness for boys (Choi, 2000; Messner, 2002). Therefore, these contradictory messages can promote a competitive edge for boys and men over girls and women.

From a young age, boys and girls are segregated for most athletic activities. However, the physical differences are unremarkable between boys and girls who have yet to achieve puberty (Gooren, 2008; Gooren and Bunck, 2004; Krane et al., 2012). Therefore, it cannot be presumed that boys are superior to girls at sports. The distinctions between boys and girls increase with the onset of puberty. During adolescence, the influx of androgens leads to an increase in bone density and muscle mass for both boys and girls (Krane et al., 2012). These changes are more pronounced for boys, and since increased muscle mass correlates with improved athletic performance, boys who have achieved puberty can develop a competitive edge over girls (Gooren, 2008; Gooren and Bunck, 2004; Hargreaves, 2013). However, in the same way that a broad spectrum exists within each sex, so does the progression of development, both by sex and individually. Consequently, it is unclear at what age an individual could develop an advantage over others due to their physical development. For instance, a 9th-grade girl could be physically more mature than an 11th-grade boy, and this may (or may not) relate to her having an athletic advantage over her peers. So, while physical differences that relate to athletic performance require consideration, especially for elite athletes, there is no basis for segregating boys and girls in sports.

Assumptions About Transgender Athletes

The notion that men are superior to women in sports has caused considerable concerns about including transgender women, assigned male at birth, in sports. Athletic organizations have long been suspicious that men will pretend to be women in order to dominate women's competitions (Brown, 2014; Skinner-Thompson and Turner, 2014). Therefore, transgender women's motives are often questioned, including the authenticity of their gender identity and athletic aspirations. Likewise, it is assumed that transgender women always have an advantage over cisgender women (despite their current gender identity and expression), thereby creating an uneven playing field in sex-segregated sports (Griffin and Carroll, 2010). On the contrary, significantly fewer concerns are raised about transgender men. They receive less scrutiny because it is assumed they are at a disadvantage when competing against other men.

Transgender athletes have also been met with caution due to questions about how physical transition, especially hormone therapy, could impact athletic performance. Only a brief summary of this topic is included since this chapter's focus is transgender youth, who are less likely to undergo hormone therapy. The reader may refer to the following for more information about the influence of hormone therapy on athletic performance among transgender people: Buzuvis, 2011; Devries, 2008; Gooren, 2008; Hargreaves, 2013; Lucas-Carr and Krane, 2011; Pilgrim, Martin, and Binder, 2003; Tagg, 2012; and Wamsley, 2008).

No perfect correlation exists between transgender people who have had hormone therapy and their athletic performance, just like how birth-assigned sex (and related physical traits) cannot always predict athletic ability and accomplishment (Buzuvis, 2011). Too many individual variations contribute to physical differences and athletic performance, and overgeneralizations about a group's potential for athletic greatness can lead to widespread discrimination (Devries, 2008).

Still, researchers have investigated the impact of hormone therapy in order to guide the development of fair and inclusive athletic policies. Transgender women who undergo hormone therapy produce less testosterone and have hormone levels comparable to cisgender women (Devries, 2008; Hargreaves, 2013). Furthermore, transgender women who take hormones are actually hindered by having less muscle to power greater bone mass (Pilgrim et al., 2003). More specifically, even if transgender women have a competitive edge related to being assigned male at birth, this disappears after one year of hormone therapy (Devries, 2008; Hargreaves, 2013). As a result, the current standard for maintaining fairness in collegiate and elite sports is that transgender women can participate on women's teams after one year of hormone therapy (Griffin and Carroll, 2010).

Transgender men tend to evoke much less worry; however, the increase in testosterone from hormone therapy could result in developing an advantage over other men (Devries, 2008; Pilgrim et al., 2003). Higher levels of testosterone are observed among transgender men who take hormones, even compared to cisgender men. Contrary to transgender women, their smaller bone density is powered by increased muscle mass (Devries, 2008; Pilgrim et al., 2003). Currently, transgender men are generally permitted to participate in men's collegiate and elite sports regardless of whether they have had hormone therapy or not.

While some policies for transgender athletic participation are stricter than those described; such as requiring two years of hormone therapy and gender

confirmation surgery, these additional requirements are not supported by medical researchers (Skinner-Thompson and Turner, 2014). The fears about transgender athletes are based on the assumption that sex-linked physical traits lead to superior athletic performance (Transgender Youth and Access to Gendered Spaces in Education, 2014). However, no other types of qualities and/or experiences are heavily scrutinized in the same way. For instance, an athlete will likely outperform others if they train and practice for more hours, can afford to purchase the best equipment and private lessons, and receive support from their parents and community. However, none of these strengths trigger the need to restrict athletes to guarantee fairness. Likewise, athletic organizations do not consider the difficulties transgender people face, which could relate to athletic inferiority. For example, Lucas-Carr and Krane (2011) assert that transgender athletes have a “distinct disadvantage compared with [cisgender] athletes” due to pervasive discrimination (p. 540).

In reality then, the playing field is never truly even because of the vast diversity of traits and experiences encompassed by athletes. Barring certain groups from athletic competitions due to presumed advantages constitutes discrimination. When individuals miss out on athletic opportunities they also lose the rewards tied to sports participation. The legal field has increasingly considered protections for transgender people, which can apply to youth athletes as well, but first it is necessary to explore how discrimination impacts transgender youth athletes.

SECTION III: THE EXPERIENCES OF TRANSGENDER YOUTH ATHLETES

Qualitative inquiries, autobiographical reports, and media news stories have helped provide a glimpse into the prevalence and experiences of adult transgender athletes. For instance, Rene Richards (tennis), Mianne Bagger (golf), Lana Lawless (golf), Michelle Dumaresq (mountain biking), and Kristen Worley (cycling) are all examples of transgender women who have participated in elite athletic competitions for women (Buzuvis, 2011). Alyn Libman (figure skating) and Chris Mosier (triathlete) are among the few known transgender male elite athletes (Buzuvis, 2011; TransAthlete, 2016). At the collegiate level, Kye Allums (basketball, George Washington University) and Keelin Godsey (track and field, Bates College) both participated as

transgender men on women's teams, having not undergone hormone therapy at the time.

Transgender youth athletes have received less attention, making it difficult to ascertain the prevalence and experiences of this unique group. Helen Carroll, based on her experience as an expert on transgender athletes and related policies, estimated that 10 youth per year identify themselves as transgender and seek participation in organized sports in the U.S. (Somashekhkar, 2014). In an attempt to shed light on the experiences of transgender youth athletes, this section includes individual stories presented by media outlets. Until researchers investigate transgender youth athletes, these individuals' voices can inform us about the experience of being young, transgender, and an athlete. The individuals' stories have been grouped by common themes that were identified, including fear, rejection, fight, inclusion, and delay/loss.

Fear

Some transgender youth may be interested in playing sports, but decide against it due to fear. Transgender youth can be concerned that they will be prohibited from playing on a team consistent with their gender identity, and instead be assigned to a team based on the gender they were assigned at birth (Skinner-Thompson and Turner, 2014). Other transgender youth may opt out of playing sports fearing for their safety. That is, even if they are assigned to a team consistent with their gender identity, they may worry about potential prejudice from teammates and coaches. After all, these forecasts could be based on their experiences at school.

Eli Erlick was a 17-year-old senior in high school in Willits, California at the time of being interviewed (Lovett, 2013). Eli was assigned male at birth but began identifying as a girl at the age of eight. In middle school, Eli attempted to sign up for the girls' gym class but was refused access. Eli said, "[t]he school said I was a boy, so I couldn't participate in them...After that, I just avoided sports altogether" (para. 25).

Tony Bias was a 16-year-old sophomore at River city High School in West Sacramento at the time he was interviewed (Lovett, 2013). During his first year of high school, Tony was still living as the gender he was assigned at birth (female) and was considered a star on the girls' junior varsity basketball team. In the summer between his freshman and sophomore years, Tony transitioned and began living as male. He reported being bullied by his peers at

school since coming out as transgender. In addition, he was cognizant that no policies existed to protect transgender athletes at his school or in his state. He expressed fear that the abuse from his peers could worsen if he attempted to continue basketball and to play for the boys' team. Therefore, he chose to quit basketball, despite his passion for the sport. He said, "I miss [basketball] so much...To be who I am, I've had to give up something that's really big in my life" (Lovett, 2013, para 28). Interestingly, even when Tony was asked if he would reconsider his decision to play basketball if policies and/or laws were in place to protect transgender athletes, he still expressed hesitation to play basketball, as he remained fearful about the reactions from his peers.

Finally, Jae Bates was an 18-year-old student at the University of Puget Sound in Washington at the time he was interviewed (Somashekhar, 2014). He reported that, prior to his junior year in high school, he participated in soccer, swimming, and track as a female, the gender he was assigned at birth. Then, just before his junior year, he transitioned to male. Jae continued to participate in track but dropped soccer and swimming. He said, "I just didn't feel like I was accepted anywhere in athletics" (para. 9). He indicated that he chose to stay with track, in part because the track coach was also an advisor for the school's gay-straight alliance. Therefore, he continued on the girls' track team, despite identifying as male.

Rejection

When youth disclose they are transgender and want to play sports, they can be discriminated against and excluded from participating. This type of rejection can lead to significant distress for the individual.

Alex Trujillo was 17 years old and a student at Laguna-Acoma High School in New Mexico at the time she was interviewed (Block, 2015). Alex, who assigned male at birth, started playing volleyball with friends during her first year of high school and quickly developed a passion for the game. She transitioned to female between her freshman and sophomore years. She inquired about playing volleyball on the girls' team and was told by the school's principal and coach that she was eligible to join. However, the school later changed its decision and stated that the New Mexico Activities Association (NMAA) only allowed transgender students to participate on teams congruent with their gender identity when a birth certificate was provided with an amended name and gender. To accomplish this, an individual must also have had gender confirmation surgery. Therefore, not having had

surgery, Trujillo was not allowed to participate in girls' volleyball. She responded to the interviewer by saying:

I just cried. It may not seem like a big deal, but it made me feel like I was less than my peers, that I didn't have the same rights and the same privileges...And it really hurt knowing that I was still seen as a male in the state's eyes. (para. 4)

Fight

In some instances, transgender youth are initially excluded from sports, but with the support of their families, they fight for inclusion.

Jazz Jennings was 14 years old and in middle school at the time she was interviewed; a more specific location and school was not provided to the interviewer in order to protect her privacy (Walsh, 2014). From a young age, Jazz publicly shared her story about being a transgender child and growing up in a family who was supportive of her transition. In the following interview excerpt, Jazz explained that she was initially prohibited from playing soccer, as a child, by the Florida Youth Soccer Association due to being transgender. However, after her parents continued to fight the decision for two years, the U.S. Soccer Federation ruled that Jazz, as well as other transgender athletes, could play on soccer teams according to their gender identity:

...[W]hen I was only 8, I was banned from playing girls' travel soccer. My family and I had to fight for over two years to gain the right for me to play. It was horrible. I was told I could compete in games with the boys' team, or practice with the girls and sit on the bench for the girls' games. These were very difficult times. I tried playing with the boys, but it was a disaster, it made me feel depressed and I couldn't enjoy the game I love. I didn't want to quit soccer, so for the next year I decided to practice with the girls and face the injustice of being forced to sit out the games. I felt like I was being bullied. It was terrible and painful. Finally, when I was 11, the United States Soccer Federation listened and created a trans-inclusive policy for all soccer players of all ages. My family and I celebrated! It was great to be back on the field playing with my friends as the girl that I am. (para. 8)

Inclusion

Policies that govern athletic participation of transgender youth surely affect the experiences of this population. In particular, the following stories describe situations in which the individual was assigned to sports teams that were consistent their gender identity.

Returning to the story of Jazz, in addition to soccer, she went on to play tennis as a middle school student (Walsh, 2014). She said in an interview that her “state high school league” policy includes athletes who are transgender. When the interviewer asked Jazz to discuss the highlights of her high school sports career so far, she responded:

My happiest day was when I found out that I was allowed to play varsity girls' tennis (or any other high school sport) because my state had a trans-inclusive policy. There was a process involved, but it worked with very little delay. It was a much better experience than having to fight to create a policy, as we did with soccer. I lost most of my tennis matches, because it was my first year, but I still loved playing with the team and my friends. (para. 13)

Matt Dawkins was a 17-year-old senior at Cherokee High School in Marlton, New Jersey at the time he was interviewed (Pilon, 2015). Matt, who was assigned female at birth, competed on the girls' track team as a freshman in high school. During his sophomore year, Matt became increasingly distressed, despite his successful athletic performance. While his coaches began discussing scholarship opportunities for him in the future, he grew more concerned, assuming that he would have to continue competing as a female. As he struggled to understand his identity, he began to recognize that he did not want to wait that long to transition, even if it meant turning down athletic scholarships. In the winter of his sophomore year, Matt first came out as transgender to a close friend. Subsequently, Matt changed from the girls' to the boys' track team. His coach, John McMichael, who was also interviewed, expressed concerns about how other teammates would react to Matt, but likened this to the concern he has for any new athlete on his teams. He also expressed support for Matt's transition and stated, “Matt seems like a happier person than [(his previous name)]. He seems to be becoming the persona he always was on the inside. That has to be gratifying” (para. 30). Matt's teammates were also generally accepting of his transition and membership to the team. His friend and teammate, Danny Weiss, said that he had known

about Matt's transition prior to meeting him but that "it wasn't a priority" (para. 47). Furthermore, he said, "People were cool with it...Matt is really funny. We hang out as friends, we crack jokes, we like the same stuff. We're friends" (para. 48). By his junior year in high school, Matt said that he felt comfortable in school and on the track, and maintained support from his peers, family, and coach.

Mac was 12 years old and in middle school in Washington State at the time he was interviewed (Steinmetz, 2015). Prior to transitioning from female to male, Mac experienced bullying and abuse from his peers at school, but when he came out, he gained support from his basketball team. In Washington State, high schools are guided by a policy that is inclusive of transgender athletes. However, this policy does not apply to younger children, like Mac. Nonetheless, his family and school officials supported him to play on the middle school boys' basketball team. Mac's father, who was also interviewed, described the benefits that Mac experienced as a result of being allowed to play on the boys' team:

You have to have an outlet. Mac's outlet has been sports...To let oneself go and let it out. Because on playing fields, basketball specifically, everybody's equal and there's no pointing and name-calling. It's all about teamwork and Mac's embraced that. (para. 6)

His coach also pointed out that Mac had to work harder at times to keep up with his male teammates, but that he had always persevered, and that she sees camaraderie having developed between Mac and his teammates, as she said, "The whole family-feel, like, [you're] in this with these guys. [You're all] in this together" (para. 6).

Delay and Loss

No stories were located in which a person reported withholding their transgender identity or delaying transition, socially or physically, in order to maintain participation in sports. However, collegiate and adult transgender athletes frequently report this. In essence, an individual who already participates in sports has to decide if their transgender identity is more important than their identity as an athlete, as coming out may result in ineligibility to continue playing sports, depending on relevant policies (Krane

et al., 2012). In a qualitative study of two transgender young men, Caudwell (2014) reported that one participant said:

I stopped playing [soccer]...last year, 'cause I played all through my 1st year for the women's team and then once I'd hit my 2nd year and started realising [sic] actually I need to transition. I carried on playing. I told a couple of the girls who were closer to me; also those I thought needed to know. And had a kind of [pause] "Well you really need to think whether you should be playing for a women's team now" and I was like "I'm not even on T[estosterone] or anything. I'm just coming out; it's all I'm doing." (pp. 403-404)

The same participant reported that he gave up sports soon after he started his transition due to the negative reactions of others as well as discriminatory policies. Since playing sports was a crucial part of his life prior to transitioning, he discussed the loss and related effects due to no longer playing sports:

...I'm lacking in self-esteem at the moment I think, due to the whole male – female thing with sport. Right, I love sport. I played sport for years. 4 or 5 times a week, and now I do absolutely nothing... 'cause of this whole trans thing. 'Cause there's no awareness. (p. 409)

The stories presented can lead to greater understanding about the experiences of transgender youth athletes. At the same time, these accounts may not represent all other transgender youth athletes, and should be appreciated with caution. It is also worth mentioning that when searching the internet for stories of transgender youth athletes, no accounts were found in which an individual pretended to be transgender for any fraudulent or malicious reasons, such as a boy joining the girl's team to gain a competitive advantage, or a boy joining the girl's team due to sexual perversion, such as only wanting to access girl's locker rooms. Despite no reports of incidences like these occurring, fears about transgender athletes continue to be fueled by convictions that these situations are likely to happen.

CONCLUSION

This chapter began by pointing to the vulnerability of transgender youth – they report consistent physical and verbal harassment from their peers at school, and teachers and staff do not protect them. As well, transgender youth have historically been excluded from athletic activities, while their cisgender peers enjoy the myriad of benefits associated with sports participation. Concerns about safety and fairness have led to denying transgender youth equal athletic opportunities. As a result, transgender youth have often hid their gender identity and played sports as their birth-assigned sex, or alternatively, risked rejection from sports by disclosing themselves as transgender.

In the next chapter, *Part Two*, laws and policies that guide sports participation for transgender youth are examined. *Part Two* begins by reviewing federal and state anti-discrimination laws, which apply to transgender youth athletes. Then, policies concerning transgender youth athletes are analyzed. Finally, recommendations are provided which promote safe, fair, and equal athletic opportunities to transgender youth in order to create a level playing field for all.

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Chapter 8

**LEVELING THE PLAYING FIELD FOR ALL:
SAFE, FAIR, AND EQUAL INCLUSION OF
TRANSGENDER YOUTH ATHLETES
PART TWO**

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ABSTRACT

In recent years, legislative actions have driven the start of anti-discrimination policies for transgender youth at school, and these apply to interscholastic athletic programs and physical education classes. As well, some states have adopted inclusive policies that allow transgender youth to play sports according to their gender identity. To the contrary, other states maintain uninformed and insensitive policies; and in many cities and states, policies are absent altogether. This chapter provides an in-depth look at current laws and policies that govern school and organizational athletic programs in the United States. It concludes with recommendations to ensure safe, fair, and equal opportunities for transgender youth athletes, thereby leveling the playing field for all.

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INTRODUCTION

In recent years, legislative actions have driven the start of anti-discrimination policies for transgender youth at school (e.g., California Assembly Bill 537, 2000; California Assembly Bill 1266, 2014). In addition, state interscholastic athletic associations have produced transgender-inclusive guidelines (e.g., Washington Interscholastic Activities Association [WIAA], 2015). However, this progress is not observed in every city and state. At many schools, transgender youth remain deprived of athletic opportunities afforded to their peers, and this injustice can lead to lifelong consequences.

Like the previous chapter, *Part One*, the guiding principle for this chapter is that transgender youth should be provided safe, fair, and equitable athletic opportunities. This chapter begins with a discussion of the legal consideration for this topic. Section two reviews established models of transgender-inclusive policies. In section three, current policies employed in the United States are analyzed. Finally, to encourage continued progress, recommendations are identified which guarantee safe, fair, and equitable inclusion of transgender youth athletes.

SECTION I: LEGAL CONSIDERATIONS

Controversy exists about how to include or exclude transgender people from sports. However, federal and state laws that prohibit discrimination on the basis of sex include transgender people among the protected classes. Therefore, fair and equitable inclusion of transgender youth in athletic programs is legally mandatory in the U.S. In addition to federal rules, several states have enacted additional laws to ensure protection of transgender people. Even still, some states continue to favor laws that discriminate against transgender people.

Federal Protection

Transgender youth athletes are not specifically addressed in federal law; however, courts and the U.S. Department of Education: Office for Civil Rights (2010) have interpreted Title IX of the Education Amendments of 1972 (Title IX) to prohibit discrimination against transgender youth (Skinner-Thompson and Turner, 2014). Title IX specially states that educational programs that receive federal funds cannot discriminate against, deny benefits, or exclude individuals from participation on the basis of sex (Title IX; U.S. Department of Education: Office for Civil Rights). Sex has been interpreted to encompass gender nonconformity, such as in the case of transgender people (Skinner-Thompson and Turner, 2014). In addition, in 2010, the U.S. Department of Education sent letters to school officials across the country and clarified that “[a]lthough Title IX does not prohibit discrimination based solely on sexual orientation, Title IX does protect all students, including lesbian, gay, bisexual, and transgender (LGBT) students, from sex discrimination” (p. 8). This letter has since been updated and was most recently redistributed on May 13th, 2016 (U.S. Department of Justice: Civil Rights Division and U.S. Department of Education: Office for Civil Rights).

Title IX particularly commands fair and equitable opportunities for transgender students in public school athletic programs, stating:

No person shall, on the basis of sex, be excluded from participation in, be denied the benefits of, be treated differently from another person or otherwise be discriminated against in any interscholastic, intercollegiate, club or intramural athletics offered by a recipient, and no recipient shall provide any such athletics separately on such basis. (34 C.F.R. § 106.41)

A recent case demonstrates the federal government’s guarantee of protection for transgender students. Township High School District 211 in Palatine, Illinois was found in violation of Title IX by refusing a transgender girl access to the girls’ locker room for more than two years (Eldeib, 2016; U.S. Department of Education, 2015). The student was identified as female in the school’s computer system and was permitted to participate in girls’ sports and access girls’ restrooms. However, she was denied the same access to the girls’ locker room and was instead offered a changing facility segregated from other students. An agreement was reached between the district and the Department of Education, whereby the district was required to comply with all civil rights laws and grant transgender students access to locker rooms

consistent with their gender identity, provide appropriate accommodations for any student who desires additional locker room privacy, and report all gender-based discrimination or harassment complaints to the Office of Civil Rights (OCR).

Another federal law that has been utilized to protect transgender people is Title VII of the 1964 Civil Rights (Title VII). Title VII prohibits discrimination on the basis of race, color, religion, sex, or national origin in employment settings; and in recent years, courts have increasingly recognized that this law prohibits discrimination against transgender people in employment settings (Skinner-Thompson and Turner, 2014). While Title VII may not seem relevant to most youth as they are in school, justifications to protect transgender people from discrimination on the basis of sex with this law may influence other cases, including those calling Title IX into question (Ziegler and Huntley, 2013). The reader may look to Skinner-Thompson and Turner (2014) and Ziegler and Huntley (2013) for a more thorough review and analysis of case law relevant to transgender people.

State Protection and Discrimination

A growing number of states have also passed laws to protect transgender youth at school. As of May 2016, the Transgender Law Center (TLC) reported that 12 states and the District of Columbia (D.C.) prohibit discrimination in schools on the basis of gender identity: California, Colorado, Connecticut, D.C., Illinois, Iowa, Maine, Massachusetts, Minnesota, New Jersey, Oregon, Vermont, and Washington. Therefore, students in these states are provided fair and equitable opportunities to participate in sports and access to facilities, such as bathrooms and locker rooms, in accordance with their gender identity. Nineteen states plus D.C. have anti-bullying laws that protect students from bullying by other students, teachers, and school staff, including when based on gender identity: Arkansas, California, Colorado, Connecticut, D.C., Illinois, Iowa, Maine, Maryland, Massachusetts, Minnesota, Nevada, New Hampshire, New Jersey, New York, North Carolina, Oregon, Rhode Island, Vermont, and Washington (TLC, 2016). However, these state laws may not apply to private schools and institutions.

California, Connecticut, and Massachusetts have passed among the most explicit and inclusive laws that apply to transgender youth athletes. The *California Student Safety and Violence Prevention Act* of 2000 (Assembly Bill [AB] 537) prohibits discrimination and harassment in all California schools

that receive state funding. AB 537 is applicable to student extracurricular activities; therefore, transgender students are safeguarded from discrimination and harassment when participating in sports.

In 2014, California additionally enacted Assembly Bill 1266 (AB 1266), referred to as the *School Success and Opportunity Act*. It states that students "...shall be permitted to participate in sex-segregated school programs and activities, including athletic teams and competitions, and use facilities consistent with [their] gender identity, irrespective of the gender listed on [students'] records" (Education Code § 221.5).

This law is the first of its kind, as it only requires transgender students to report their gender identity rather than have it confirmed by school officials, a physician, or mental health provider. As a result, transgender youth athletes are permitted to participate in sports in a manner consistent with their gender identity without question. Furthermore, they are provided access to bathrooms and locker rooms that are consistent with their gender identity.

In Connecticut, *Public Act. No. 11-55 – An Act Concerning Discrimination* became effective in October 2011. Gender identity and expression are included where the law already forbids discrimination on the basis of sex. The law applies to areas of employment, public accommodations, housing, credit lending, and education. Therefore, transgender students are protected and may not be discriminated against when participating in school athletic programs. Transgender youth receive comparable security in Massachusetts. In July 2012, *An Act Relative to Gender Identity* became effective which prohibits discrimination on the basis of gender identity for employment, housing, K-12 public education, and credit/lending. Accordingly, transgender students in Massachusetts can join the sports teams with others of their same gender identity.

To the contrary of anti-discrimination laws, 33 states have no legal protections for transgender people, leaving them vulnerable to inconsistent and tactless treatment (TLC, 2016). Even worse, some states, including Virginia and North Carolina, recently put forth laws that promote discrimination against transgender people.

A Virginia lawmaker proposed a bill (House Bill [HB] 663) in January 2016 that would have required all people, including transgender individuals, to use public restrooms that matched their "anatomical sex" (§2.2-1147.3; §22.1-79.7). The bill was dismissed shortly after its proposal. However, if passed, it would have required transgender youth athletes in public schools to use locker rooms and bathrooms in a manner inconsistent with their gender identity.

In March 2016, North Carolina passed a similar bill (House Bill [HB] 2), which states “[l]ocal boards of education shall require every multiple occupancy bathroom or changing facility that is designated for student use to be designated for and used only by students based on their biological sex” (§115.C-521.2). Consequently, transgender students in North Carolina are forced to use bathrooms and locker rooms according to their birth-assigned sex, regardless of their current gender identity. HB 2 accommodates transgender people who have amended the gender marker on their birth certificate, but this is only accomplished following gender confirmation surgery, making it an unrealistic and unlikely outcome for transgender youth. At the time of this writing, the federal government has filed a lawsuit against North Carolina, asserting that HB 2 violates federal anti-discrimination laws (Zapotosky and Berman, 2016).

SECTION II: MODELS OF INCLUSION

Federal and state laws are assumed to protect transgender youth athletes from discrimination; however, these do not specify the steps that should be taken by schools to achieve legal compliance. Without direction, schools and athletic organizations may continue to deal with transgender youth athletes inconsistently, thereby risking continued discrimination. Models of inclusive policies have been developed to orient schools and organizations to produce their own guidelines for transgender athletic participation.

Comprehensive Model Policies

Several advocacy groups have produced comprehensive model policies for inclusion of transgender youth athletes. The first, *Guidelines for Creating Policies for Transgender Children in Recreational Sports*, was issued in September 2009 by the Transgender Law and Policy Institute (TLPI). Not long after, *Equal Opportunities for Transgender Athletes* was published by Griffin and Carroll in October 2010 following a think tank they chaired in October 2009. In 2011, The Gay, Lesbian, and Straight Education Network (GLSEN) and National Center for Transgender Equality (NCTE) released its *Model District Policy on Transgender and Gender Nonconforming Students*, which addresses sports participation within the broader topic of transgender students in schools. The aforementioned models have inspired inclusive policy

development throughout the U.S. and are still considered vital resources for ensuring equitable athletic opportunities for transgender youth.

Transgender Law and Policy Institute (TLPI)

The first of its kind, *Guidelines for Creating Policies for Transgender Children in Recreational Sports* was intended to be a resource for creating policies for transgender children prior to adolescence (TLPI, 2009). TLPI (2009) identifies significant benefits associated with playing recreational sports and that "...it would be particularly harmful to exclude [transgender children] from the significant physical, mental and social benefits that young people gain by playing recreational sports" (p. 2). Furthermore, it states that by being excluded, and therefore discriminated against, transgender children could be severely harmed, and this could impact them for life.

To address these concerns, TLPI (2009) recommends that "[a] transgender child should be allowed to play on the team of the child's full time gender role" (p. 4) since "[a]ll children deserve the opportunity to play recreational sports" (p. 1). Along with this, transgender children should be referred to by their preferred name and/or pronouns and be allowed to dress in clothes and uniforms that are consistent with their gender identity. At the time TLPI released its guidelines, it reported that a think tank of experts was expected to convene in October 2009 to create model policies for inclusion of transgender athletes. Until then, TLPI (2009) suggested that a transgender child's gender identity be verified "with a letter from either the child's therapist or doctor stating the child's diagnosis and confirming the child's gender identity" (p. 4). This instruction has since become obsolete as the think tank advised that children need only disclose their gender identity to be eligible to participate in sports according to their gender identity (Griffin and Carroll, 2010).

TLPI (2009) addresses the common concern that transgender children have an inherent athletic advantage because of birth-assigned sex-linked traits, therefore making sports unfair for cisgender children. The model policy explains that there are no significant physical differences between boys and girls prior to puberty and that individual variation within each sex can be great. Therefore, TLPI (2009) proclaims that including transgender children in sports, in a manner consistent with their gender identity, does not lead to unfairness.

Finally, the guidelines suggest that excluding transgender children from participating in recreational sports violates laws and policies that prohibit discrimination on the basis of sex, gender identity, and disability.

Think Tank Report

In October 2009, the National Center for Lesbian Rights (NCLR) and It Takes A Team!, an Initiative of the Women's Sports Foundation, co-sponsored a think tank entitled *Equal Opportunities for Transgender Student Athletes* (Griffin and Carroll, 2010):

Think Tank participants included leaders from the National Collegiate Athletic Association and the National High School Federation, transgender student athletes, and an impressive array of experts on transgender issues from a range of disciplines – law, medicine, advocacy, and athletics. The goals were to develop model policies and identify best practices for high school and collegiate athletic programs to ensure the full inclusion of transgender student athletes. (p. 2)

The think tank's mission was accomplished when it released a 55-page report in October 2010, which remains the most comprehensive model policy available. The report is organized into four sections.

In the first section, the reader is introduced to the topic of transgender people, assuming that some people may be unfamiliar with this population. Then, Griffin and Carroll (2010) specifically identify the importance of addressing transgender people with athletic policies. Common concerns about transgender athletes are dispelled, such as how inclusion of transgender athletes does not jeopardize equity and fairness in competitions. This section ends by discussing the harm done to transgender individuals when athletic policies are absent, as well as the ways in which all athletes benefit from having policies.

The second section, *Policy Recommendations for Including Transgender Student Athletes*, provides model policies for inclusion of transgender high school and collegiate athletes (only those relevant to high school will be reviewed since this chapter focuses on youth). It begins by naming *10 Guiding Principles* that can be adopted by other policies. According to the principles, sports participation is valuable and transgender students should have equal opportunities to take part in athletics. The principles also emphasize that policies should be based on medical evidence and scientific research. As well, policies should comply with laws that protect transgender students from discrimination. The principles also seek to preserve the integrity of women's sports and protect privacy for all students. Finally, according to the principles, policies should be written and accessible, and additional education and training should be provided when necessary.

Also within the second section, nine general recommendations are provided. These state that programs should be proactive and adopt policies for transgender student athletes, rather than waiting until a student athlete identifies themselves as transgender. It is also recommended that policies should be adopted by national and state athletic associations and implemented by individual districts and schools. Therefore, eligibility requirements would be consistent no matter the region. The recommendations also report that “gender identity and expression” should be included in school non-discrimination policies (p. 22). As well, policies should focus on inclusion of transgender athletes, rather than restrictions and exclusions. It is also recommended that policies allow all students to “compete in a safe, competitive, and respectful environment free of discrimination” (p. 22). Also, policies should use consistent and clear language that demonstrates understanding of relevant concepts, like transgender, gender identity, and gender expression. The recommendations cite that policies should be “included in all school organizational rulebooks, eligibility guidelines, and student athlete handbooks” (p. 23), and be made available to athletes, parents, coaches, and administrators. Finally, the general recommendations assert that educational resources relevant to transgender student athletes should be available to athletes, parents, school staff, and national, state, and local athletic associations and conferences.

Another part of the second section includes *A Recommended Policy for High School Athletics*. Griffin and Carroll (2010) declare:

A transgender student athlete at the high school level shall be allowed to participate in sports activities according to [their] gender identity irrespective of the gender listed on the student’s birth certificate or other student records, and regardless of whether the student has undergone any medical treatment. This policy shall not prevent a transgender student athlete from electing to participate in a sports activity according to [their] assigned birth gender. (p. 24)

In addition, recommended implementation procedures are provided:

1. Notice to the School: The student and/or parents shall contact the school administrator or athletic director indicating that the student has a consistent gender identity different than the gender listed on the student’s school registration records or state birth record, and that the

student desires to participate in activities in a manner consistent with [their] gender identity.

2. Notice to the State Interscholastic Athletic Association (SIAA): The athletic director shall notify the SIAA of the student's interest in participating.
3. Once the athletic director grants the student eligibility to participate in the sport consistent with [their] gender identity, the eligibility is granted for the duration of the student's participation and does not need to be renewed every sports season or school year. All discussion and documentation will be kept confidential, and the proceedings will be sealed unless the student and family make these records available.
4. All communications among involved parties and required supporting documentation shall be kept confidential and all records of proceedings sealed unless the student and family make a specific request otherwise. All medical information provided pursuant to this policy shall be kept strictly confidential as is consistent with medical privacy laws.
5. Should any questions arise about whether a student's request to participate in a sports activity consistent with [their] gender identity is bona fide, a student may seek review of their eligibility for participation through the procedure set forth below:
 - A. First Level of Appeal: The student will be scheduled for an appeal hearing before an SIAA eligibility committee specifically established to hear gender identity appeals. The SIAA shall schedule a hearing as no later than five (5) school business days of the student's school, prior to the first interscholastic contest, that is the subject of the petition, or within a reasonable time thereafter in cases of emergency, including, but not limited to, any unforeseeable late student enrollment. The *Gender Identity Eligibility Committee* will be comprised of a minimum of three of the following persons, with at least one physician or mental health professional:
 - Physician with experience in transgender health care and the *World Professional Association for Transgender Health (WPATH) Standards of Care*
 - Psychiatrist, psychologist, or licensed mental health professional familiar with the *WPATH Standards of Care*
 - School administrator from a non-appealing school

- SIAA staff member
 - Advocate familiar with issues of gender identity and expression
- B. Documentation: The appealing student should provide the *Gender Identity Eligibility Committee* with the following documentation and information:
- Current transcript and school registration information
 - Documentation of the student's consistent gender identification (e.g., written statements from the student and/or parent/guardian and/or health care provider)
 - Any other pertinent documentation or information
- C. Committee Decision Process: The student's appeal should be granted upon the committee's receipt of the documentation noted above.
- D. Second Level of Appeal: If the *Gender Identity Eligibility Committee* denies the student's request to participate, the student can file a notice of appeal with the Executive Director of the SIAA on or before the tenth (10th) school business day, following the date of receipt of the written decision of the *Gender Identity Eligibility Committee* denying the petition. An appeal to the SIAA Executive Director shall require the Executive Director to schedule a hearing to commence on or before the tenth (10th) school business day following the date of receipt of the written notice of appeal. Written notice of the time and place of the hearing shall be delivered to the appealing student in person or by certified mail, with return receipt requested, no later than five (5) school business days of the student's school, prior to the date of the hearing.
- E. When there is confirmation of a student's consistent gender identity, the *Gender Identity Eligibility Committee*/SIAA Executive Director will affirm the student's eligibility to participate in SIAA activities consistent with the student's gender identification. (pp. 24-26)

This section ends with *Additional Guidelines for Transgender Student Athlete Inclusion*, and Griffin and Carroll (2010) recommend these also be adopted. The additional guidelines relate to *Facilities Access, Language, Dress Codes and Team Uniforms, Education, Media, and Enforcement and Non-Retaliation*.

The third section covers *Best Practices Recommendations for Implementing Transgender Student Athlete Inclusion Policies*. It begins with *Overall Best Practices* that apply to everyone, and states that equal opportunities should be extended to all students; that diversity among athletes should be valued, and that these tenets should be explicitly stated in policies and all should be made aware of them. Griffin and Carroll (2010) go on to outline separate *Best Practices for Athletic Administrators, Coaches, Student Athletes, Parents of Student Athletes, and Athletic Staff Interacting with Media about Transgender Student Athlete Issues*.

The final sections of the think tank report include *Additional Resources on Transgender Issues* [Part Four] (including books, articles, videos, and organization) and *Appendices* [Part Five] (including *Definitions and Terminology, and Legal Status of Transgender People*).

Even though several years have passed since Griffin and Carroll (2010) first published *Equal Opportunities for Transgender Athletes*, it remains the most comprehensive inclusive model policy for transgender athletes. In addition, interscholastic athletic associations continually refer to it for guidance when adopting policies. Therefore, progress towards fair and equitable inclusion of transgender athletes across the U.S. has grown directly as a result of the think tank's efforts.

Model District Policy

Model policies can also assist schools with creating guidelines for transgender students. Athletic participation is among the many topics addressed by these model policies. In 2011, GLSEN and NCTE released the *Model District Policy on Transgender and Gender Nonconforming Students*. It has since been regularly updated, with the most recent version released in February 2016. Their model states that school districts can adopt language directly from its example for developing transgender-inclusive policies, but that modifications should occur to ensure compliance with any existing district policies and/or state laws. The 12-page document includes the following sections that contain model policy language: *Purpose; Definitions; Scope; Bullying, Harassment, and Discrimination; Privacy/Confidentiality; Media and Community Communication; Names, Pronouns, and School Records; Access to Gender-Segregated Activities and Facilities; Dress Code; Student Transitions; Training and Professional Development; and Publication*. Additional commentary is included throughout the document to provide further education and resources to readers.

Most applicable to transgender youth athletes is the section, *Access to Gender-Segregated Activities and Facilities*. Within this section, model policy language for *Physical Education Classes and Intramural and Interscholastic Athletics* states:

All students shall be permitted to participate in physical education classes and intramural sports in a manner consistent with their gender identity. Furthermore, all students shall be permitted to participate in interscholastic athletics in a manner consistent with their gender identity, under the guidelines established by the state interscholastic association. (p. 6)

The model policy recommends dealing with restrooms, locker rooms, and changing rooms in the same way. That is, "...students shall have access to facilities that correspond to their gender identity" (p. 6). When a student expresses discomfort using gender-segregated facilities with others, they advise providing non-stigmatizing alternatives to the student, such as a private changing area or different time period from others to change. However, these should not be *required* since doing so could further isolate a transgender student. The model policy additionally says that under no circumstances should transgender students be required to use facilities that are inconsistent with their gender identity. Finally, GLSEN and NCTE (2015) advise schools to "...evaluate all gender-based activities, rules, policies, and practices — including classroom activities, school ceremonies, and school photos — and maintain only those that serve an important educational purpose" (p. 6), since this is consistent with Title IX.

A growing number of school districts, cities, and states have incorporated aspects of GLSEN and NCTE's (2015) model into their own policies, especially with the increase of anti-discrimination laws to protect transgender people throughout the U.S.

Regional Models

Several cities and states have issued guidelines for implementing anti-discrimination laws for transgender students at schools, including California, Massachusetts, Connecticut, Oregon, and New York. Sports participation is among the issues addressed by these models.

California. The California Safe Schools Coalition, similar to GLSEN and NCTE (2015), issued a *Model School District Policy Regarding Transgender and Gender Nonconforming Students*, which provides guidance to school districts in California. The model policy is divided into different sections, including: *Purpose*; *Definitions*; *Guidance*; *Related Resources*; *Assistance*; and *Attachments*. Within the section on *Guidance*, model policies are delineated for: *Privacy*; *Official Records*; *Names/Pronouns*; *Gender-Segregated Activities*; *Student Information Systems*; *Restroom Accessibility*; *Locker Room Accessibility*; *Physical Education Classes and Intramural Sports*; *Interscholastic Competitive Sports Teams*; *Dress Codes*; *Discrimination/Harassment*; and *Transferring a Student to Another School (Opportunity Transfers)*.

Consistent with GLSEN and NCTE (2015), the section, *Gender-Segregated Activities* states:

[t]o the extent possible, schools should reduce or eliminate the practice of segregating students by gender. In situations where students are segregated by gender, such as for health education classes, students should be included in the group that corresponds to their gender identity. (p. 2)

In particular, when considering physical education classes and intramural sports, and interscholastic competitive sports teams, the model policy states that “[t]ransgender and gender nonconforming students shall be permitted to participate...in a manner consistent with their gender identity” (p. 3).

The California Safe Schools Coalition uses language similar to GLSEN and NCTE (2015) when referring to locker room accessibility. It states that transgender students should be assessed on a case-by-case basis, but that in most cases, transgender students should have access to the facilities that are consistent with their gender identity and *never* be required to use facilities that are inconsistent with their gender identity. The California Safe Schools Coalition’s goal is to maximize the safety and comfort of the student, avoid stigmatization, and promote equal opportunities. Therefore, it is recommended that accommodations be provided, such as providing a private changing area or partition for the student or a schedule for changing that differs from other students.

Connecticut

The Connecticut Safe School Coalition distributed *Guidelines for Connecticut Schools to Comply with Gender Identity and Expression Non-Discrimination Laws* subsequent to *Public Act No. 11-55 - An Act Concerning Discrimination* (2011). Frequently asked questions are answered in the following sections: *About the Law*, *Students and Schools*, *References and Resources*, and *Agencies and Organizations for Support*.

The Connecticut Safe School Coalition states that “[the law] requires public schools to be open to all children and to give them an equal opportunity to participate in school activities, programs, and courses of study without discrimination on account of gender identity or expression” (p. 3). Therefore, transgender students should be given the same opportunities as their peers to participate in sports. Also relevant to transgender youth athletes, the Coalition says that students should have access to locker rooms that correspond with their gender identity and that private changing options should be made available to any student who requests it.

Massachusetts

The passing of *An Act Relative to Gender Identity* in July 2011 prompted the Massachusetts Department of Elementary and Secondary Education to respond with the policy, *Guidance for Massachusetts Public Schools: Creating a Safe and Supportive School Environment*, in 2012. The document provides guidelines so that public schools may apply the laws to their districts and schools. The new statutes “...require schools to establish policies and procedures, provide training, and implement and monitor practices to ensure that obstacles to equal access to school programs are removed for all students, including transgender and gender nonconforming students” (p. 3).

The following sections are addressed in *Guidance for Massachusetts Public Schools: Creating a Safe and Supportive School Environment: Definitions: The Law; Understanding Gender Identity; Gender Transition; Names and Pronouns; Privacy, Confidentiality, and Student Records; Gender Markers on Student Records; Restrooms, Locker Rooms, and Changing Facilities; Physical Education Classes and Intramural and Interscholastic Athletic Activities; Other Gender-Based Activities, Rules, Policies, and Practices; Education and Training; and Communication with School Community and Families*.

Within the section, *Physical Education Classes and Intramural and Interscholastic Athletic Activities*, the Massachusetts Department of Elementary and Secondary Education (2012) says that when activities are

segregated by sex, “all students must be allowed to participate in a manner consistent with their gender identity” (p. 9). As well, the Massachusetts Interscholastic Athletic Association should refer to the school district’s determination of gender for students and go along with the gender that they report for a student.

Under the section, *Restrooms, Locker Rooms, and Changing Facilities*, the *Guidance for Massachusetts Public Schools: Creating a Safe and Supportive School Environment* advises schools to be proactive when designing school buildings. For instance, the number of gender-neutral restrooms should be comparable to the size of the school, and that at least one gender-neutral changing area should be provided per school. When a student reports being transgender, their situation will be reviewed on a case-by-case basis to determine the most appropriate options for their use of school facilities. The student will always have the option to “access the restroom, locker room, and changing facility that corresponds to the student’s gender identity” (Massachusetts Department of Elementary and Secondary Education, 2012, p. 8). However, for transgender students who are not comfortable using sex-segregated facilities, “safe and adequate” accommodations will be provided (p. 8).

New York

The New York State Education Department established *Guidance to School Districts for Creating a Safe and Supportive School Environment For Transgender and Gender Nonconforming Students* in July 2015. State and federal laws inform its model policies. With reference to athletics, it asserts:

Most physical education classes in New York’s schools are coed, so the gender identity of students should not be an issue with respect to these classes. Where there are sex-segregated classes, students should be allowed to participate in a manner consistent with their gender identity. (p. 11)

Prior to the state’s issuance of guidelines, New York City’s (NYC) Department of Education announced specific protections for transgender students in March 2014. However, in contrast to the state model, the NYC Department of Education advises:

Transgender students are to be provided the same opportunities to participate in physical education, as are all other students. Generally,

students should be permitted to participate in physical education and sports in accordance with the student's gender identity that is consistently asserted at school. Participation in competitive athletic activities and contact sports will be resolved on a case-by-case basis. (para. 18)

Allowing this type of flexibility in a model policy creates the potential for discrimination to persist at schools.

Oregon

Guidance to School Districts: Creating a Safe and Supportive School Environment for Transgender Students is among the most recent models, which was released by the Oregon Department of Education (ODE) in May 2016. ODE provides guidance similar to other inclusive policies. With reference to sports and physical Education, ODE contends that students should be permitted to participate in school athletic opportunities in accordance with their gender identity. ODE (2016) goes on to discuss the role of Oregon law and the Oregon Student Athletic Association:

Generally, transgender students should be permitted to participate in interschool activities. Oregon laws that prohibit discrimination in education also applies to interschool activities where the activity is financed, in whole or in part by, monies appropriated by the Legislative Assembly. School districts should also review guidance provided by the Oregon Student Athletic Association (OSAA) relating to participation in competitive high school inter-school athletic activities. (p. 12)

While ODE (2016) contends that “[g]enerally, students should be permitted to participate in physical education and intramural sports in accordance with the student's gender identity that is consistently asserted at school,” this differs with OSAA rules, which restrict inclusion of transgender students based on status of physical transition (p. 11). Therefore, ODE's attempt at protecting transgender students from discrimination may not equate to inclusive athletic opportunities.

SECTION III: CURRENT POLICIES

It is clear that federal and state laws do not guarantee equitable opportunities for transgender youth athletes. Even with the distribution of

inclusive model policies, no assurances are given that these will be utilized. Therefore, school districts, state interscholastic associations, and athletic organizations have established policies to direct athletic participation for transgender youth.

School District Policies

In 2003, the San Francisco Unified School District (SFUSD) Board of Education was the first in the nation to create a policy prohibiting discrimination on the basis of a student's gender identity. The policy (SFUSD Board Policy 5163) stated that "[a]ll educational programs, activities, and employment practices shall be conducted without discrimination based on... sex, sexual orientation, [or] gender identity..." (p. 1). As well, the policy outlined "regulations regarding students' preferred names and pronouns, official school records, restroom accessibility, locker room use, sports and gym class participation, dress codes, and circumstances in which students are separated by gender" (Schindel, 2008, p. 60). Transgender youth athletes were especially affected by the policy:

[they] shall not be denied the opportunity to participate in physical education, nor shall they be forced to have physical education outside of the assigned class time. Generally, students should be permitted to participate in gender-segregated recreational gym class activities and sports in accordance with the student's gender identity that is exclusively and consistently asserted at school. Participation in competitive athletic activities and contact sports will be resolved on a case-by-case basis. (p. 3)

SFUSD's policy provided an initial framework for other regions to implement transgender-inclusive policies.

Also in California, the Los Angeles Unified School District (LAUSD) has had a policy since 2005 that prohibits discrimination of transgender students and extends to athletic activities (LAUSD, 2005). The most current LAUSD (2014) policy, more progressive than SFUSD's:

The school shall accept the gender identity that each student asserts. There is no medical or mental health diagnosis or treatment threshold that students must meet in order to have their gender identity recognized and

respected. The assertion may be evidenced by an expressed desire to be consistently recognized by their gender identity. Students ready to socially transition may initiate a process to change their name, pronoun, attire, and access to preferred activities and facilities. Each student has a unique process for transitioning. The school shall customize support to optimize each student's integration. (p. 3)

Therefore, transgender students at LAUSD schools are permitted to play on sports teams consistent with their gender identity, but the student may also remain on the team associated with their birth-assigned gender, despite their expressed gender identity. However, a student should not be required to do so and the decision should be based on the student's best interest.

A growing number of public school districts (e.g., Portland, Oregon; Aurora, Illinois) are following the trend to adopt policies that prohibit schools from discriminating on the basis of gender identity, and which include explicit rules for doing so.

State Interscholastic Athletic Associations

District policies can be inconsistent throughout a state; therefore, transgender youth may be eligible to play sports in their own district, but encounter trouble when competing against other districts. State interscholastic athletic associations have addressed this issue and produced policies that apply to schools throughout the state, regardless of district.

Washington Interscholastic Activities Association (WIAA). In 2007, Washington was the first state to enact a policy to be used by schools across the state (Minter, 2012; Popke, 2010). The WIAA consulted with transgender advocates and experts to develop its policy after having dealt with three transgender youth athletes. This was the first policy to specifically address transgender youth athletes at the state level, and has provided guidance to other states developing transgender-inclusive athletic policies.

Since 2007, the WIAA has updated its policy for *Gender Identity Participation*, and the most recent version included in the *2015-2016 WIAA Handbook*. It begins with a philosophy of gender identity participation:

The WIAA allows participation for all students regardless of their gender identity or expression. The purpose of this policy is to designate a set of criteria in which student-athletes are able to compete on a level

playing field in a safe, competitive and friendly environment, free of discrimination. Fundamental fairness, as well as most local, state and federal rules and regulations, requires schools to provide transgender student-athletes with equal opportunities to participate in athletics. This policy creates a framework in which this participation may occur in a safe and healthy manner that is fair to all competitors. (WIAA, 2015, p. 31)

The *WIAA Handbook* then goes on to state:

All students should have the opportunity to participate in WIAA activities in a manner that is consistent with [their] gender identity, irrespective of the gender listed on a student's records. Once the student has been granted eligibility to participate in the sport consistent with [their] gender identity, the eligibility is granted for the duration of the student's participation and does not need to be renewed every sports season or school year. All discussion and documentation will be kept confidential, and the proceedings will be sealed unless the student and family make a specific request. (p. 32)

In the case that questions arise about a student's gender identity, the *WIAA Handbook* includes specific procedures that should take place. To start, the student and [the student's] parents should notify the school administrators or athletic director that the student's gender identity differs from the birth-assigned gender listed on the student's school records and that [the student] wishes to participate in sports consistent with [their] gender identity. The school administrator then reaches out to the WIAA, which assigns a person to facilitate the appeal process. At the first level of appeal, the student is scheduled for a hearing before an eligibility committee that includes at least three of the following individuals, with at least one being a physician or mental health professional:

- A. Physician with experience in gender identity health care and the World Professional Association for Transgender Health (WPATH) Standards of Care.
- B. Psychiatrist, psychologist or licensed mental health professional familiar with the World Professional Association for Transgender Health (WPATH) Standards of Care.
- C. School administrator from a non--appealing school
- D. WIAA staff member

- E. Advocate familiar with gender identity and [gender] expression issues (p. 32)

The student should also provide the eligibility committee with any relevant information or documentation, including: school transcripts and registration information, and documentation of the student's consistent gender identity, such as in statements written by the student, parents, and/or health care provider(s) affirming this.

In the case of a second level of appeal, the student is to file notice to the WIAA Executive Director who will then schedule an additional hearing.

When there is confirmation of a student's consistent gender identity, the eligibility committee/WIAA Executive Director will affirm the student's eligibility to participate in WIAA activities consistent with the student's gender identification. The WIAA will facilitate the provision of resources and training for a member school seeking assistance regarding gender identity. (p. 32)

The *WIAA Handbook* also includes an appendix that defines transgender, intersex, gender identity, and gender expression; and provides a list of core values for which the *Gender Identity Participation* policies are based.

Since its inception, Popke (2010) reported there has been at least one instance in which a student, identifying as a transgender boy, was determined by the committee to be eligible to play boys' basketball. However, it is unknown how many more times an eligibility committee has convened, as well as the number of transgender youth athletes who have been permitted to play sports without ever being reviewed by an eligibility committee.

Analysis of the Range of Inclusion

The WIAA policy is considered among the more inclusive since its aim is to permit students to participate in activities in a manner consistent with their gender identity. Although an appeal process is in place, generally, a student's gender identity, and therefore athletic involvement, is determined by the student's report of gender identity. As well, other policies considered inclusive do not require any evidence to substantiate a student's gender identity, such as with documentation from a physician or mental health provider (Krane et al., 2012). Likewise, transgender youth athletes are considered eligible to participate in activities in a manner consistent with their gender identity regardless of whether they have physically transitioned with hormone-

blockers, hormone therapy, or gender confirmation surgeries. The most inclusive policies are those that follow model policies. Currently, 15 states and the District of Columbia have transgender-inclusive guidelines (TransAthlete, 2016). However, not all of these policies allow students to self-identify in the absence of a supporting professional opinion.

Since the WIAA initiated its guidelines in 2007, Griffin and Carroll (2010) released a comprehensive model policy, and the number of states considering adopting inclusive policies has steadily grown. However, there is still great variation among state policies, and most states have no policies at all (Ziegler and Huntley, 2013). Indeed, currently, 12 states do not have any policies that explicitly address transgender students and their athletic eligibility (TransAthlete, 2016). Therefore, when transgender students express a desire to participate in interscholastic athletics, the administration does not have any guidelines to refer to, rendering inconsistent and potentially discriminatory responses.

Other states have adopted standards that are fair in terms of avoiding active discrimination, but that do not fully integrate the needs of transgender student athletes. There are 14 states that have current policies for transgender athletes, but which would require modifications to guarantee fair and equitable opportunities for transgender youth (TransAthlete, 2016). These policies vary in their guidelines and the improvements they require to be considered inclusive of transgender students. For instance, the Iowa High School Athletic Association issued a policy that includes explicit recommendations for administrators and coaches; however, it only applies to transgender males (TransAthlete, 2016). Therefore, additional language is required to make it inclusive of all transgender youth.

The Arizona Interscholastic Association requires a case-by-case review of transgender students who wish to participate in sports. This involves an eligibility committee, appointed by the association, which must vote unanimously to allow a student to participate in athletics in a manner consistent with their gender identity (TransAthlete, 2016). At first glance, this policy appears fair. However, the committee has denied multiple transgender students eligibility, and only one student, in October 2014, has been permitted to play sports as their authentic gender identity.

Then, there are athletic policies that have strict and unrealistic requirements for transgender youth. There are seven states that currently allow transgender youth to participate in sports, but only when they have had undergone hormone therapy, gender confirmation surgery, and/or amended their birth certificate to reflect their gender identity (TransAthlete, 2016).

Unless a student can provide documentation verifying their physical/medical transition, they are ineligible to participate in sports as their gender identity. Instead, they are only permitted to join athletic programs as their birth-assigned sex. These types of policies are considered discriminatory, and therefore violate legal protections for transgender students.

Athletic Organizations

Policies governing interscholastic athletic associations affect students who participate in sports affiliated with their schools. However, youth commonly engage in extracurricular activities outside of their schools as well. For this reason, youth organizations have also had to determine how to handle situations when an athlete identifies as transgender. The U.S. Soccer Federation (USSF) and USA Swimming are two youth organizations that have developed policies inclusive of transgender youth athletes.

The U.S. Soccer Federation first addressed transgender youth athletes in 2013 when Jazz Jennings, a transgender girl, sought participation on the girls' soccer team. In their bylaws and code of conduct, the U.S. Soccer Federation (2015) outlines specific anti-discrimination policies, which state:

...membership of the Federation is open to all soccer organizations and all soccer players, coaches, trainers, managers, administrators and officials without discrimination on the basis of race, color, religion, age, sex, sexual orientation, gender identity, gender expression or national origin. For the purposes of registration on gender-based amateur teams, a player may register with the gender team with which the player identifies, and confirmation sufficient for guaranteeing access shall be satisfied by documentation or evidence that shows the stated gender is sincerely held, and part of a person's core identity. Documentation satisfying the herein stated standard includes, but is not limited to, government-issued documentation or documentation prepared by a health care provider, counselor, or other qualified professional not related to the player. (p. 2)

The USA Swimming (2015) policy also prohibits discrimination on the basis of gender, sexual orientation, and gender expression and states that youth athletes should be allowed to participate in swimming according to their reported gender identity. The policy also provides relevant definitions and recommended practices for swimming clubs. These specify that athletes

should be referred to by their preferred pronouns, have access to facilities consistent with their gender identity (e.g., locker rooms), and be permitted to dress according to their gender identity or whichever swimwear is most comfortable for them. In addition, confidentiality of the transgender athlete should be respected, coaches should communicate to swim meet hosts, their expectations for treatment of transgender athletes, and trainings should be provided regularly to swim club volunteers and staff about their responsibilities to ensure safety for transgender athletes.

RECOMMENDATIONS

For too long, transgender people were left out of the sports arena. However, options to participate in sports have improved with the emergence of federal and state anti-discrimination laws, state and school district policies for transgender students, and interscholastic and athletic organizational policies. At the same time, discrimination remains as strong as ever for transgender youth, and often this is present in the field of athletics. To ensure safe, fair, and equitable opportunities for transgender youth to participate in sports, we recommend the following:

- (1) Incorporate education about transgender people into training for schools (including teachers, principals, staff, and administrators) and athletic organization (including coaches, staff, and administrators for interscholastic athletic associations and extracurricular sports programs).
- (2) Integrate information about transgender people into school curricula for students. For instance, the topic/subject of two-spirit individuals may be approached in social studies, transgender rights in history or political science courses, and gender identity and physical transition in sex education.
- (3) Comply with state and federal laws that prohibit discrimination on the basis of gender identity. Anti-discrimination regulations should be included in school and athletic policies; and teachers, staff, coaches, and administrators should be trained to uphold these policies and to create/maintain environments that are free of discrimination, harassment, and bullying of any person.
- (4) Emphasize values of participation, cooperation, and diversity in sports rather than competition and domination. This encourages and includes

all youth in sports rather than rejecting specific individuals because of assumptions about their potential athletic advantages or disadvantages.

- (5) Increase opportunities to participate in all-gender sports. Even co-ed sports adhere to the traditional gender binary and may exclude some gender nonconforming people. Therefore, more sport programs and events should be developed, which allow all individuals to participate, regardless of gender identity.
- (6) Regard sports participation as a right, equally available to all youth. Since early athletic involvement promotes holistic health throughout the lifespan, it is only fair to permit all youth to participate in sports.
- (7) Adopt transgender-inclusive policies, as modeled by Griffin and Carroll (2010), which encourage youth to participate in sports in a manner consistent with their self-reported gender identity, unless it is in the youth's best interest to participate as their birth-assigned sex.
- (8) Finally, establish research to further inform and advance policies and best practices for transgender youth athletes.

CONCLUSION

In recent years, progress towards safe, fair, and equitable athletic opportunities for transgender youth has emerged with the passing of federal and state anti-discrimination laws, which protects individuals on the basis of gender identity. In addition, state and school district policies for transgender students and interscholastic and athletic organizational policies have implemented procedures in favor of transgender inclusion. From this view, sports participation is seen as a right to which all youth are entitled – transgender youth are not an exception. When safe, fair, and equal opportunities are provided to transgender youth, a level playing field is created for all.

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Chapter 9

CHRISTIAN PARENTS' EXPERIENCES OF TRANSGENDER YOUTH DURING THE COMING OUT PROCESS

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ABSTRACT

The parent-child relationship is one of the most important relationships for the long-term well-being of transgender youth. One of the great social challenges for transgender youth and their parents involves navigating religious identity and related doctrinal views associated with sex and gender and gender identity questions that may arise among children who identify as transgender. In this chapter we present 11 Christian parents who shared their experiences when their children came out as transgender. These parents are from a larger, national study of approximately 200 Christian parents whose children came out as lesbian, gay, bisexual or transgender (LGBT). The 11 parents represent a subset who indicated that their children came out as

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transgender rather than LGB. We report on the unique experiences of Christian parents during the coming out process, their attributions and meaning-making associated with their adolescents coming out as transgender, and the unique ways Christian parents perceived their relationship changed over time. We close the chapter with recommendations for mental health professionals who work with parents from organized religious faith traditions and who may report a potential conflict between their religious faith traditions and their children's experiences of gender identity.

Keywords: transgender, Christian, parenting, religion, gender identity

INTRODUCTION

It is widely recognized today that the parent-child relationship is one of the most important relationships for the well-being of sexual and gender minority youth (Ryan, Huebner, Diaz, and Sanchez, 2007; Ryan Russell, Huebner, Diaz, and Sanchez, 2010; Substance Abuse and Mental Health, 2015). That relationship is often tested at the time when a young person discloses one's sexual or gender minority status. This is often referred to as "coming out," and it is considered one of several milestone events in the formation of sexual identity and may also be salient for those who identify as transgender or gender non-conforming.

The scientific study of religion and spirituality has also been of interest in recent history. We see a desire within psychology and related fields to study and include religion and spirituality as important aspects of experience and diversity. What has received less attention is the intersection of gender identity concerns and religion/spirituality (Evangelical Alliance Policy Commission, 2000; Yarhouse, 2015).

This intersection of gender identity and religion/spirituality can be particularly challenging when a child or adolescent experiences gender identity concerns or presents as transgender or gender non-conforming in the context of a family whose religious beliefs and values preclude such a presentation. These tensions can lead to what have been referred to as rejecting behaviors that put teenagers at risk for various negative health outcomes, including homelessness and an increased risk of self-harm (Ryan et al. 2007). Parents may struggle to find a way to demonstrate values, such as compassion, respect, and dignity for their children even in cases in which they are unable to

accept a transgender identity or cross-gender identification (Substance Abuse and Mental Health, 2015).

Problem and Purpose

There is a lack of literature on the experiences of Christian parents whose children have disclosed a transgender identity. Therefore, it is the purpose of this chapter to explore the experiences of Christian parents whose children identify as transgender. We specifically consider Christian parents' experiences of their religious faith, beliefs regarding being transgender, the relationship with their children, and meaning associated with their children's journey.

METHODOLOGY

Participants

This is a qualitative study of 11 Christian parents whose children have disclosed to them a transgender identity. Eight mothers and three fathers of a transgender child were interviewed. The average age of the parents was 50.6 years (range from 39 to 60). Disclosure occurred at an average length of time of 4 years (range 1.5 to 14 years) preceding the interview. Seven of the transgender children were identified, by parents, as male-to-female; and four of the children were identified as female-to-male.

Procedure

Participants were part of a larger, national study of approximately 200 Christian parents whose children came out to them as lesbian, gay, bisexual or transgender (LGBT). The data was collected through convenience sampling and a staff member from The Marin Foundation using semi-structured interviews interviewed participants.

Data Analysis

Data was analyzed using the Consensual Qualitative Research (CQR) approach. A team of graduate students trained in CQR coded the interviews individually, identifying themes and core ideas, and then reconciled the cases. Another graduate student trained in CQR performed an external audit. The outcome of the CQR coding process was frequencies of core domains, which succinctly and accurately represented the main ideas expressed by participants (Hill et al. 2005).

Interview Domains

Participants were asked about their religious faith traditions in general, their faith/religious beliefs on transgender issues, their relationships with their children, and how they make meaning from their children's journey. These questions were considered across three time points of before disclosure, at the time of disclosure, and at the time of the survey.

RESULTS

Participants' responses were organized around the following domains: general religious faith, faith/religious beliefs on transgender issues, their relationships with their children, and how they make meaning of their child's gender identity/journey.

General Religious Faith

Participants were asked to describe their religious faith traditions and the themes that emerged were their faith upbringing, church attendance, and theology. Out of those who reported attending church, none reported that they stopped attending church, so there was an apparent continuity in church attendance. One mother of a transgender daughter shared, "I am definitely a believer. We go to church every Sunday; [transgender daughter] did as well. We practice what we believe." Similarly, another mother of a transgender

daughter shared, "I grew up in the church. Church was really important to me. My relationship with God has always been really important to me."

What did change for some parents was their theology. Three of the parents indicated a shift from conservative to liberal. For example, one mother of a transgender son stated:

I was raised Baptist and I knew what I was taught that the Bible said. I was told that it was a sin, so in the back of my head that was there, but I also saw my gay cousins ... I think in the back of my head there was always this, "Is this a sin? Is this not a sin? Why did God say this?"

This same parent later offered, "I still believe the Bible is God's spoken word, but I think that we are human, and as that one verse says, "Do not lean on our understanding." ... [God] He loves everybody. So that [my view of homosexuality] has definitely changed.

Another parent whose theology shifted, a father of a transgender daughter, shared:

My view was a more traditional Christian viewpoint that homosexuality was a sin ... I took the traditional viewpoint about it but I didn't really have any big anger or homophobic actions.... About a year or so ago I was praying to God about the situation. I heard God audibly say, "Your job is to love her. My job is to judge. You don't get to judge." That gave me a sudden freedom that I had permission just to love her.... I have been able to focus more on loving and not on doctrine or theology. I focus more on being relational in my approach to [daughter] and also in general to people.

The third participant (a mother of a transgender daughter) who reported a change in theology shared:

Years ago I saw it as wrong.... I think people view them [the transgender community] negatively, like they are perverted or something. But now I see that they are congruent; they are living on the outside what is on the inside. They are people of integrity. I was so glad to see that. I felt like the Lord was saying, "You weren't seeing them right. You were judging them and that's not right." I said, "Thank you [God]," because I don't want to view people in that way.

Some participants also stressed the importance of their faith as Christians. For some participants, there was dissatisfaction with the church following disclosure but also a strengthening of their faith. For example, one participant shared:

As far as in my life, I'm a much different person [since child's transitioning]. I'm more accepting, more loving, and not as judgmental. The love that Christ has put in my heart for the GLBT community is huge. I also have a righteous anger towards the church ... We are in the place where God wanted us to be and that feels really positive.

Another parent shared, "My faith has gotten much stronger." Another parent shared, "A friend of mine was going to a church and I felt very welcomed there. I enjoyed the people, the sermons, the pastor, and everything about the church. I got pretty involved. I started teaching Sunday school." Still another parent shared, "My faith has not been shaken. God stayed with me. I was the one who backed away. I felt like a little kid needing to go into hiding. I actually quit talking to Him. He didn't quit talking to me."

Religious Beliefs on Transgender Issues

Participants shared their religious beliefs on transgender issues. The common themes that emerged from the data included, homosexuality/transgenderism is a sin (n=4), homosexuality is a sin/unsure about transgenderism (n=4), homosexuality/transgenderism is not a sin (n=3), and born this way/not a choice/who they are (n=3).

As an example of the theme, *homosexuality/transgenderism is a sin*, one mother shared, "Biblically I knew they [the LGBT community] were wrong. It is not what God intended. He created man and woman. We knew that it was wrong." Similarly, another mother stated:

I think that it's a sin but I don't think that it's the only sin. There is far too much attention placed on that being a sin and the worst sin. The problem is that some of the sins that I think of as sin are an "incident sin", like "I lied. I cheated. I stole." When you repent of that item - whatever you did - you can go on and nothing really changes. In a homosexual lifestyle, basically the entire situation is long term and continuing.

Another theme separated out transgenderism from homosexuality, indicating that homosexuality is a sin but that the parent was unsure of transgenderism. For example, one mother of a transgender son shared, "I had no clue about the transgender stuff, but I knew that the Bible said that homosexuality is a sin. The church taught me that homosexuality was a sin."

A third theme that emerged was that *homosexuality/transgenderism is not a sin*. For example, a mother of a transgender son shared: Homosexuality was never an issue.... The only thing that changed is that I refuse to accept the fact that this [transgender] is evil or a sin. I refuse to accept that. If people say, "Well God made little girl," I tell people, very vocally, "Yeah, and that little girl never felt right."

Another mother of a transgender daughter shared:

There are people who are black, who are Asian, who are gay, and who are lesbian. It's a nonissue to me. I know it is an issue in the rest of the world. *TDaughter* and I actually marched in the gay pride parade this June with a group that was churches for marriage equality because our state had gay marriage on the ballot. Most parents with a trans child probably wouldn't be motivated to go march in a gay pride parade.

The final theme under religious beliefs on transgender issues was that their child was *born this way/not a choice/who they are*. For example, one mother of a transgender son who disclosed 2 years prior to the interview shared:

I know one hundred percent that this is a medical condition. *[Transgender son]* was born this way. This is not a choice. When he first transitioned I was still freaking out and wondering if this was a mental condition or a medical condition. Now my thoughts and feelings are one hundred percent supportive and I have a tremendous amount of love for transgender people of all ages.

Another mother of a transgender son offered the following:

... this is the way your child was born. Something in their life didn't cause them to be this way. It's biological and it's just the way it is. Hopefully no more kids have to suffer. Kids shouldn't have to suffer or lose their families or even feel like they've lost their family's support and love just because of their sexuality.

Relationship with Their Child

Participants shared about the relationships they had with their children prior to disclosure, at the time of disclosure, and at the time of the interview. Common themes here included *Open communication* (n=7), *Emotionally close* (n=8), and *Positive change in relationship* (n=9).

One mother of a transgender daughter who disclosed 5 years prior to the interview discussed open communication by sharing the following:

She [daughter] shares pretty freely what is going on in her life. She tells us all the time that she talks to her friends about us [in a good way]. She made me friend her on Facebook. She shares pretty willingly. She texts me when she's walking or calls and says, "Let me give you a life update today." She does that pretty regularly.

Parents also discussed being emotionally close to their child. One mother of a transgender daughter shared how that closeness existed before disclosure and continued post-disclosure:

[*Transgender daughter*] and I were very, very close. I worked full time and we lived together. It was just a very good upbringing. We were very close [pre-disclosure] ... My feelings towards [*her*] never changed [post disclosure] as far as me loving her. If you were to ask me now about my daughter, I think that my daughter has more courage than anybody that I know. That's how I would describe my daughter.

Another mother of a transgender son discussed emotional closeness:

[*Transgender son*] and I, from day one, have been very close ... I stayed home for the first few years so he and I talked a lot. [He] and I are very, very close. Probably a lot of people would say too close. [laughing] He relies on me a lot. He is my little buddy.

A third common theme was that of a *positive change in relationship* from the time of disclosure to post-disclosure. For example, one mother of a transgender son shared, "As far as my relationship with [*transgender son*], I don't know if we could get any closer. [laughing] I have more compassion for him now than I did before. Before I would just get frustrated if he didn't put a dress on, but now I totally get it." Another parent, a father of a transgender son who had disclosed 2 years prior to the interview, shared, "I think [transgender

son] and I have always been looking for things to do that we hadn't done before and now we are doing new things together. I think it [child's transition] helped our relationship a lot." Still another father of a transgender daughter who had disclosed 3 years prior to the interview, offered the following reflection:

I definitely have become much more accepting, loving, and nonjudgmental in my relationship towards her since the time that she has come out to me ... [*transgender daughter*] has been the only one who has sought a relationship out with me of my four kids. She actually has been the one to initiative phone calls, talk to me, and want to see me. If I have business where she lives, I go to see her. We both like to play chess so we play chess online against each other. There has been a lot more conversation initiated from her end, which has been very healing to me as well.

Making Meaning of the Child's Journey

This portion of the interview explored how parents made meaning out of their children's gender identity and the journey they saw their children traversing. Common themes included *Grieving (anticipated) loss of child* (n=6), *Knew child was different* (n=4), *Attributed to homosexual orientation* (n=4), *Means of congruency/this is who they are* (n=5), *Educating self* (n=6), *Need/find community* (n=7), *Acceptance* (n=7), *Trust/reliance* (n=5), and *Need for guidance/support* (n=5).

Several parents shared how grief/grieving the loss of the transgender child was part of making meaning. One parent shared, "In the first couple of conversations we had, I did a lot of crying about feeling like I was losing my son. [*Transgender daughter*] kept saying, "Mom, I'm the same person." Similarly, another parent shared, "I had a lot of mixed emotions. I had a sense of, 'What happened to my daughter? Where is she now?'"

One parent reflected on symbols of their child's upbringing and gender identity:

I had the thought that I was losing my baby girl. I've always put things away for my kids [to give them when they were adults], like their blankets I knitted for them and any special clothing. There was this one dress he used to wear every day when he was a three-year-old that I still

had. So there were things like that where I thought, “Gosh. What am I going to do with this?”

In addition to grief/grieving, many parents shared that they *knew their children were different*. For example, one mother of a transgender daughter remarked, “There were some [stereotypical] red flags like he was taking some of my makeup and stealing some of my clothes, but as far as how [he] acted, he was not effeminate.” Another parent, a father of a transgender daughter, shared:

I didn’t know [he was] transgender but around the age of three I knew he was different. Being transgender wasn’t on my radar but being gay would have been. There were some things [transgender daughter] did that I thought were gay but then other things that were the exact opposite. It was kind of confusing.

Some parents attributed what their children were experiencing to a homosexual orientation. For example, one parent shared the following:

The first few months I just wanted to understand more because I didn’t understand transgender. I thought to myself, “Maybe she is just gay.” I was trying to understand the difference between gays and transgender. Transgender is a whole different category. I didn’t know much about that so me and the family had to learn.

Another theme in making meaning of their children’s journeys was a means of coming to a place of congruence—this is who they are. For example, one mother of a transgender son shared:

[*Transgender son as transgender*]: I felt relief for one because I knew at that point that he was the person that he was meant to be. It was out and everyone was comfortable with it, especially him. There were no, “Are you a girl? Are you a boy? Are you gay?” questions anymore. So it was just a relief.

Another mother of a transgender daughter stated:

When she came out to us as trans, my first reaction was relief. I was like, “Oh, now everything makes complete sense.” As I look back I see, “Oh there she is,” whereas I wasn’t sure before.... So she told us [she is

transgender]. She asked if we were surprised and I said no. I said I was really glad for her. As she described it, it was a deeply spiritual experience for her. She felt like she heard God say, "My beloved daughter." It was like a rebaptism, laying down the masculine and picking up the feminine, which was thrilling to hear.

Another theme had to do with educating oneself. A mother of a transgender daughter stated succinctly, "I became very, very engrossed in finding information, support, and contacts."

Parents also discussed the idea of needing to find community (*need/find community*). One mother of a transgender daughter shared, "We had the Bible but there is no manual for this stuff for parents. It's really hard for parents to know how to react and respond unless they've been around other parents." Another parent shared, "We just joined a support group for parents of transgenders, which is great." Another parent reflected on efforts to find community:

When [*transgender daughter*] first told us we felt like we were the only people in our area that has this issue or a child that wants to be a female. When we went to PFLAG we met others [with transgender children]. There is so much involved in transgender child. When we first went to the PFLAG meetings people were introducing themselves and saying, "Oh, I have a gay daughter..." I was thinking to myself as they were getting to me, "Your child's gay? That's nothing. Wait till you get to me." [laughing] I didn't know much about it. I was thinking, "Why are they so upset that their child is gay or lesbian? That's nothing. Look what I have to get through." But then it was really helpful because somebody before me went and they have a transgender male that wanted to be female. It was a relief because somebody else in the room was like me and felt the same way I did. Those meetings were so good for my husband and [*her*] grandparents. We all went for quite a while and they were very helpful.

Acceptance was another theme under making meaning of a child's journey. For example, one mother of a transgender daughter who disclosed 6 years prior to the interview shared:

Her [child's] father was not supportive until about three weeks before the [sex reassignment] surgery. I called him and told him, "This is

gonna happen. If you are not going to be supportive then you're not going to have a daughter and you are not gonna have a relationship with her." He finally woke up and flew out there, and since then has been supportive.

Another mother of a transgender son who disclosed 1.5 years before the interview shared:

I have to be okay that [*transgender son*] has lived his life to his fulfillment. I have to be okay with that. I was always a worrier. I worried about [*transgender son*] getting pregnant as a teenager. I didn't think about him being transgender or turning into a he. It is just something you don't expect as a parent. It is not part of your plan, but I am okay with that now.

The theme of *trust/reliance* was also evident. This trust was a trust or reliance on God. As one parent shared, "Continue that walk with God because you are definitely going to need it. That is your walk. Let God guide you. God will walk with you through this time. Don't listen to all the other noise."

A mother of a transgender daughter offered the following:

It made me stronger. It made me cry out to God. I had issues [before *transgender daughter* came out] like I needed to forgive people for stuff done to me and I was not willing to do that. When this happened, it pierced me and I saw that I needed God. I was not going to give forgiveness, but I asked for God's help. I became more willing to do my part. It made me stronger.

The final theme under making meaning was that of *need for guidance/support*. One mother of a transgender daughter who disclosed 2 years prior to the interview shared the following:

All the church members gave us lots of support and prayers for strength. They have been very supportive. The church has been super supportive. In fact, there was a seventy-five year old woman in the church who came up and admitted that had she been born in a different year she would have been a trans man, another woman. Another woman came up to me and told me she thought she is gender queer. So all of these stories started coming out. Trans people are coming out of the woodwork. The church has been very, very supportive. Without the support of the church

and the sexuality educator this would have been a much more difficult transition for us.

Another mother of a transgender daughter shared, "I didn't quite know what to do with it or how to think about it. I talked to my mentor. I talked to my spiritual director. I spent a lot of time praying."

DISCUSSION

This chapter suggests a need for greater attention to and understanding of the experiences of Christian parents of transgender youth as they navigate their faith, their relationship with their loved ones, and the need for resources and support (see Evangelical Alliance Policy Commission, 2000; Yarhouse, 2015).

In terms of one's religious faith, research participants who began (prior to disclosure) as liberal remained liberal, whereas those who began conservative, if that person moved at all, tended to move toward a more liberal position. It is unclear how generalizable that finding is, or if it is in some way representative of those who would be drawn to participate in a study of coming out, but it may be one way in which parents resolve a kind of cognitive dissonance associated with love for their children and doctrinal positions that could be experienced as a point of tension for how best to convey that love.

Even in light of that limitation in design, it may be helpful to recognize that, in our sample, relationships with loved one's may have been close pre-disclosure, tended to go through a time of some distance as parents sought information and to essentially "get their bearings," if you will, but that relationships were able to become close again over time.

These observations may also be helpful as we consider recommendations for mental health professionals who work with Christian parents of transgender youth. Recommendations include creating a clinical atmosphere in which Christian parents and parents from other religious faith traditions feel comfortable discussing how their faith informs their understanding of sex and gender, as well as what their faith says about loving their children. A recent report from the Substance Abuse and Health Services Administration (2015) recommended the use of words and language conducive to a faith community—such as unconditional love—rather than words that may create a barrier for some religious parents and mental health services (e.g., "affirmative" care, "acceptance," and so on).

The distinction Yarhouse (2015) makes between different “lenses” through which people view the topic of transgenderism may be helpful here. The three lenses are *integrity*, *disability*, and *diversity*. The *integrity* lens sees an “essential maleness” and an “essential femaleness” in persons. From this perspective, cross-gender identification may be viewed as a “denial of the integrity of one’s own sex and an overt attempt at marring the sacred image of maleness or femaleness formed by God” (Gagnon, 2007). This is the lens through which more conservative religious persons may see transgenderism. A *disability* lens sees gender identity concerns as variations that may occur over time in nature and may not reflect proper function or alignment of key variables, but gender dysphoria is a non-moral reality to be addressed with compassion. A *diversity* lens identifies emerging gender identities as a reflection of differences among types of persons—transgender rather than cisgender persons. A transgender person is then a member of what has emerged as an LGBTQ culture to be celebrated (Yarhouse, 2015).

Mental health professionals can recognize how different lenses may be reflected in the views of parents, the transgender youth, and even themselves as they provide services and identify goals for care. Identifying different lenses may help keep family members (and the clinician) from speaking past one another, and taking the time to understand each other’s lens or point of reference may facilitate cognitive complexity and perspective-taking, as well as empathy for one another’s way of making sense of the present circumstances.

Mental health professionals may also benefit from recognizing how rejecting behaviors on the part of parents (e.g., actively attempting to change gender identity) can put transgender youth at risk for negative health outcomes, including homelessness, substance abuse, and an increased risk of self-harm (Ryan et al. 2010). A mental health professional may walk a fine line in building a therapeutic alliance with conventionally religious parents that demonstrate respect for their religious identity and orienting system, while also helping parents identify those behaviors that have been shown to be harmful to transgender youth. Perhaps finding ways to integrate the best from each lens may provide direction when working with conventionally religious parents and transgender youth.

CONCLUSION

These participants’ responses have important implications for how the mental health field and the church interacts with this population, including

demonstrating greater compassion for parents of transgender persons of faith (see Carr and Yarhouse, 2014; Yarhouse, 2015). The participants also shed light on the ways in which having a transgender child impacted each parent's faith, the relationship with the transgender child, and the need for support and resources. Some limitations include its small sample size. It should not be assumed that the sample is representative of Christian parents of transgender children. Future research should explore providing resources for religious parents of transgender and training for mental health professionals on how to work with people of faith as well as ministers on how to demonstrate compassion to this population in their faith communities.

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Chapter 10

TRANSGENDER YOUTH: WAYS TO BE AN ALLY AND ADVOCATE

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ABSTRACT

Transgender youth need families, schools, and services open to discussions about gender and what it means. Transgender youth need and deserve to have safe places to explore their feelings and thoughts with their families and with teachers and friends at school. Transgender youth need what other kids need: acceptance and love. However, transgender youth also need information about their bodies, how their bodies will develop, and how to stop or change that development. They need access to and information about hormone blockers and surgery. The youth need to make informed choices about how to take care of themselves, how to grow into the person and the body they need. Transgender youth need affordable access to health care. Furthermore, transgender youth need practical plans for their name and gender changes on their birth certificates, school ID cards, social security cards, and driver's licenses. The path is not mapped out for them, but others have made their way

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through this maze of decisions in their quest to become who they are. In this chapter, two (2) sexologists/sexuality educators will share their first-hand experience about working with trans youth and their families; and provide ideas and recommendations regarding how to support trans youth through education, training and public health outreach, given the obstacles of fear, homophobia, trans phobia, racism, and sexism. They hope to offer strategies for schools and community organizations to provide safe spaces for trans youth to become who they truly are with information, empathy, and caring.

Keywords: transgender youth, gender identity

INTRODUCTION

The authors of this chapter include a community based sexuality educator in Portland, Oregon; and a teacher in the New York City public school system. The co-author who works in public schools was asked by her friends and professional peers how she works with trans youth in her classes. One of the experiences she described was when a young trans man whose period came unexpectedly at school needed to ask someone for a pad. She was humbled by the trust he showed in approaching her. Another experience she noted was with a trans student who instructed his teachers to change his name on the school and attendance roster to an androgynous name, as he now presented as a boy. One of his teachers became his mentor, letting him borrow and ultimately giving him trans affirming books, starting with *Beyond Magenta: Transgender Teens Speak Out* (Kulin, 2014). As his teacher kept bringing additional books, the teen described his teacher, swooning, as “an angel.” What a difference a mentor can make.

She remembered another student who gradually began his own transition. He spoke with his mother, who was at first accepting of his secret - that he identified as male – but then she felt uncomfortable with it. It took time, but she gradually became a strong supporter; she allowed him to get a boy’s haircut, and together they placed an online order for a binder for his breasts. One day, he came to school rife with excitement and all smiles and shared with the teacher that his binder came and he was wearing it. He could not have been happier.

For the two years prior to this development, there was a rare smile, if at all. The contrast was wonderful to see, and when she noted how happy he seemed, he explained to her that he spent a lot of time trying to fit in, and it

was not working. Finally he realized that he did not want to fit in, and how freeing that was.

Imagine being him.

Imagine being part of that process.

The teacher made the decision to show a documentary, *Trans: The Movie* to her high school students (Schoen and Arnold, 2012). Students who saw the video were moved and seemed more understanding of and more compassionate toward trans individuals. In particular, the trans student in her class began to develop an image of what his life could be like - binders and all. That documentary served as the door opener between the boy, his peers, and teacher.

According to The Gay Lesbian and Straight Education Network [GLSEN] School Survey (2013), schools are not safe for lesbian, gay, bisexual, transgender (LGBT) youth; and in particular, trans students. Too frequently, there are incidences of bullying; to the point that trans youth stay home rather than attend school. Trans youth have higher incidents of drug use, homelessness, and suicide. An accepting school such as the Harvey Milk High School (a public high school for LGBT youth in New York City) is still the exception. Administrators, teachers, staff and students need to be educated in order for schools to be safe for LGBT youth as they go through their transition to be themselves. Students need to be able to express themselves in their preferred gender, and to use their chosen pronouns: He, Him, His; She, Her, Hers, or They, Them, and Their; there are also other pronouns that are used, along with those listed here. Use of lockers and restrooms is the issue that concerns the school administrators, students, and parents. Yet, specific policies and laws protect the rights of all students.

All youth struggle with hormones, body changes, and feelings upon feelings upon feelings. Trans youth, however, face adolescent changes that are at odds with who they are. As they face and move through puberty, their body is betraying them, moving even further away from their authentic self. Imagine their emotions - their struggle - in waking up one day and having your body change into the other gender? Rather than having breasts, they have a flat chest, or rather than having a vulva; they find a penis and testicles? Or rather than having a penis, they have a vulva and breasts; hair where before, there was not hair. This uncomfortable juxtaposition is what some trans individuals live with on a daily basis.

Trans youth have feelings that are not validated as normal. These feelings, thoughts, and worries are powerful, usually buried, and cause a struggle between their inside and outside selves. While there are currently more news

and magazine articles, and interviews on trans individuals, being trans is still thought of as weird or strange. Teens' own families often do not understand. They often believe their child is going through a phase, and that if they wait, or argue about it, or pray over it or on the situation, their child will grow out of it. At other times, they believe that they have made a mistake, they blame themselves, or they blame the child for being different, strange, wanting attention, or they blame the child for being willful.

Young people in this situation, as well as their families, need information and support. Unfortunately, this is a challenge. Poverty is a key issue. Many trans teens cannot access counseling, therapy, or medical care because they do not have transportation. Where there is public transportation, teens do not have funds for a bus or train ticket. Where there is no public transportation, they may not have access to a car or are unable to ask for and receive ride from another person. Unsafe neighborhoods cause parents to be overly protective (and rightfully so), especially with teens of color. They may not allow the teen to go out by themselves, or parents may ask where they are going. These realities hinder a teen's ability to access services for themselves or their families. As a result, wraparound services that provide critical resources – for example, housing, transportation and mental health – are necessary.

What Can a Family Do?

Families, teachers, health professionals, and other allies can educate themselves. Thanks to the Internet, we can learn together about transgender individuals. We can read the stories of others. We can watch videos online, of trans boys and girls being interviewed as young as five years old. We can read books, such as *Beyond Magenta*. We can talk with teens, and do a lot of listening.

Families can also contact community or national resources, such as Parents, Families and Friends of Lesbians and Gays (PFLAG), which now include trans individuals. PFLAG has individuals who will meet or have phone conversations with parents or families to hear their concerns, assuage their fears, and educate them. PFLAG members tell their own stories, and serve as role models for struggling families. In addition, they host groups of parents and families to share their unique experiences, hope, and fears, as well as successful resources they have found. In Portland, OR, the sexuality educator based there is a supporter and member of the only culturally specific PFLAG

Chapter in the United States, and there's a significant outreach program that targets LGB and Trans youth and their families.

What Can a School Do?

Teachers, administrators, and staff need and deserve to have professional development trainings to have a broader frame of reference. They need resources, such as *The Teaching Transgender Toolkit*, that focuses on active ways of creating change and educating others (Green and Maurer, 2015). Teachers and schools need LGBT images and themes threaded throughout the school. For example, in English/language arts classrooms, drama classrooms, and theater classrooms, or in the halls, images of Lorraine Hansberry, Tennessee Williams, Laverne Cox, Audre Lorde and Langston Hughes, can be displayed, accompanied with brief biographies, including the person's sexual orientation and/or gender expression.

Similarly, in a gymnasium, teachers and coaches can display pictures of various sports heroes with their stories that are inclusive across various perspectives, including people who are recognized as role models and/or allies to the LGBT community. Among them could be Billie Jean King (tennis), Greg Louganis (diving), Jason Collins (basketball), Michael Sam (football), Caitlyn Jenner (track and field), and Caster Semenya (track and field). These pictures, along with short descriptions of the person, may provide context to others about their lives, and the challenges they have overcome, despite the obstacles they faced as a result of being LGBT, an ally or both.

Social studies classrooms could display photos and brief biographies about Alan Turing, Eleanor Roosevelt, and Bayard Rustin. Music classrooms could include images and brief biographies of Prince, Duke Ellington, Tchaikovsky, Frank Ocean, and Elton John. Science classrooms could display photos of George Washington Carver, Florence Nightingale, Sally Ride, and Leonardo Da Vinci. Art classrooms could display artists such as Frida Kahlo, Mickalene Thomas, Zachary Drucker, and David Hockney.

The library needs to have an LGBT section and display for students to learn more. Teachers can be inclusive by including content in their lectures or mini-lessons that is related to the person they are studying; and indicate if the person identified as LGBT or an ally. To further develop discussion and insight in literature, music, science or history, teachers could hold a Socratic Seminar or assign an essay on how the individual's gender, gender expression, or gender identity could have influenced their contributions. There is also an

opportunity to look at how sexism, racism, transphobia or homophobia may have impacted their success.

Discussions about gender need to happen in classes, raising issues among students: What are their own stereotypes about gender? What are their fears related to LGBT youth? What are some of their deeply held beliefs regarding LGBT individuals? How do these thoughts impact the ways they engage with LGBT youth?

TRANSGENDER YOUTH: MEDIA INFLUENCES

The Battle for the Bathroom

As of this writing, the war - or rather - the discussion about which bathroom a transgender person should use has become a legal, political, and financial issue. The state of North Carolina recently passed a law requiring everyone to use the bathroom of the gender they were assigned at birth. The law is ostensibly to protect the safety of cisgender individuals in the restrooms (when transgender individuals are present).

Interestingly, it is the trans person who is often at risk if they use the ostensibly incorrect restroom. They are mocked, ridiculed, and threatened, physically beaten, or even murdered when using the restroom that fits their gender at birth. Several companies, organizations, and celebrities have chosen to boycott the state of North Carolina as a result of this law, hoping to use the funds that will not come into the state as leverage for creating change, and several US state governments banned all work related travel to North Carolina as a response to *An Act to Provide for Single-sex Multiple Occupancy Bathroom and Changing Facilities in Schools and Public Agencies and to Create Statewide Consistency in Regulation of Employment and Public Accommodations* or HB 2. Most recently, the National Basketball Association (NBA) decided to move its 2017 All Star Weekend out of Charlotte, as a result of this law.

School communities need policies, and they can look to the New York City Department of Education, which is currently updating and streamlining these guidelines as a model (<http://schools.nyc.gov/RulesPolicies/TransgenderStudentGuidelines/default.htm>). These policies assert that students are to be addressed by their chosen name and pronoun that matches their gender identity demonstrated at school; that it is vital to make resources

available for trans students and their families; that age appropriate lessons for students about gender diversity and acceptance need to be researched, developed, and taught; that school staff are vigilant in identifying and stopping bullying or harassment; and that they can use the restrooms which matches the gender with which they present.

What Can Health Professionals Do?

Health professionals can demonstrate their acceptance of diverse gender identity and expression even before meeting with a trans person and/or family member. It is important to create a welcoming space for all of patients, staff, and clients. Consider the magazines and pamphlets on display in the waiting area. These areas can be LGBT friendly by including publications (*The Advocate*, *Out*); and brochures from organizations such as GLSEN or The Gay and Lesbian Alliance Against Defamation (GLAAD). Articles from professional journals as well as articles for the general public about LGBT especially trans issues are also ways to promote inclusion and allyship; consider *Transgender Health* or *Transgender Studies Quarterly*. Photographs of diverse families, couples, and children – people – that highlight LGBT individuals could be displayed in the waiting room and along the corridors. When it comes to gathering biographical/personal history data, staff can consider changes to various forms used (see the following examples):

Gender identity changes that can be implemented on forms:

- ☐ Male
- ☐ Female
- ☐ Prefer not to say
- ☐ To be discussed when I meet you
- ☐ Gender queer
- ☐ Gender flux
- ☐ Gender neutral
- ☐ Gender fluid
- ☐ Genderless
- ☐ Transgender
- ☐ Other _____

An alternative, more inclusive method for ascertaining pronoun preference could be positioned differently, such as: “What pronouns do you use?”

- ☐ She/Her/Hers
- ☐ He/Him/His
- ☐ They/Them/Theirs
- ☐ Ze/Zir/Zirs
- ☐ Other

When dealing with sexual history of partners, offer non-binary options to be more inclusive:

- ☐ Women
- ☐ Men
- ☐ Both
- ☐ Gender queer
- ☐ Gender flux
- ☐ Gender neutral
- ☐ Gender fluid
- ☐ Genderless
- ☐ Transgender
- ☐ Other _____

What Can Youth Do?

Young people have an advantage in that they are able to educate older allies and supports about their needs. Students, teens, community groups, teen health centers, and teachers could form a Gay/Straight Alliance (GSA); allies and LGBT teens could collaborate on projects such as PRIDE Day or PRIDE month activities; reduce bullying by modeling and creating examples with media campaigns that could include buttons, t-shirts and posters. Student art can draw attention to LGBT issues, and education along with discussions to develop further understanding and compassion for “the other”, so that “the other” becomes “us”.

There are guidelines to create GSAs, and there are strategies to minimize obstacles. For example, some students are worried about joining a GSA because of the name. Other student groups have changed the name to *Love for All*, *Respect for All*, or *The Rainbow Coalition*, to decrease the stigma attached to the word “gay.” Some students cannot come to an after school group with the name GSA, because their parents or families will not sign the permission

slip for them to join and attend meetings; or because the teens do not want to out themselves to their families by joining the group. In these instances, GSAs have met at lunchtime. If the GSA membership is too low, education about what it means to be an ally can be posted in the hallways, offered to all other student groups, and in the classrooms (similar to how anti-bullying messages are taught in schools). Yes, there are obstacles, but peers can have an impact, creating change to accept trans youth.

TRANSGENDER YOUTH: SOCIAL CHALLENGES

Social challenges are not about merely changing a name or gender on a medical record or birth certificate, if the youth so choose. This documentation is certainly important, and at times triumphant, but not the full point. We are talking about the acknowledgement of someone's complete humanity, as they choose to have it seen, perceived, recognized, and acknowledged. It is not about naming what is not understood – but honoring the individual's authentic self.

Imagine how frightening it is, to navigate throughout life fearing being harmed physically, emotionally, and socially, or even murdered, because others do not consider the humanity behind your gender identity. The isolation experienced by trans youth is often unbearable. Thinking they are the only ones, not getting validation, acceptance, or love for whom they are results in pain, depression, and loneliness. Social media and the Internet has served as a lifesaver, literally and figuratively, as trans youth learn about other teens like them, conferences to attend, and ways to manage their changing bodies. Trans youth find videos that speak to their concerns, teach them about what they need to know about, such as binders, surgery, legal issues, etc.

What Can an Ally/Supporter Do?

- 1) Intervene when you hear a negative LGBT comment or slur being used. For example, if someone says, "I was only kidding," respond with, "That isn't okay."
- 2) Check in with the bullied student but *not* at that time. If you check in with the student right then, they might say, "Yes, I'm fine," even though they may not be. Save the check-in until later when privacy can be taken into consideration, and be sure to find the teen.

- 3) Demonstrate and model a positive, accepting, open, and inclusive attitude. This includes bringing up current topics or events, showing a video, sharing personal stories related to anti-trans bullying, or positive incidents of acceptance of trans individuals. This could also include community or online resources.
- 4) Lend an ear and a heart to teens who are eager (or reluctant) to talk.
- 5) Be sure to have up-to-date and viable resources available to offer the teen. Consider who you know in your various networks (school, work, or community) that would be good to talk with about trans issues. Inquire about what neighborhood organizations are available, what national hotlines are accessible, and call to get more information. For example, *The Trevor Project*, a suicide hotline for LGBT and Questioning Youth, has helpful information on their website (<http://www.thetrevorproject.org>). *Scenarios USA*, a non-profit organization that uses filmmaking with teens to engage students with issues of social justice, has free curricula and media (videos) related to gender roles, gender expression, and homophobia (<https://scenariosusa.org>). They are youth-focused in their delivery, and feature youth of color. Their *REAL DEAL Curriculum* is current, savvy, user friendly, and focuses on sex education and social justice from the perspective of youth of color and LGBT youth of color (Scenarios, USA, 2016).

Why are resources important? As an ally, you do not have to know all of the answers. However, being able to provide resources for a young person, or their family member, or educate a community that has reached out to you is important. This information can save a life, or lead youth to living their authentic truth and their fullest life.

What Does a ‘Safe Space’ Look Like?

Many educators are grappling with how to support young individuals who are challenged by their identity or who do not fit into the binary concepts of dominant mainstream society. Being inclusive starts from the beginning - how the space is held, how the language being used recognizes how individuals choose to be addressed, pronouns (if indicated), and anything else that is deemed necessary. We need to be willing to *not* have closure about everything, but to hold space for honest questions. Having an open mind and heart is

crucial to this process. Validating each question, response and opinion, whether or not we agree is vital.

Consider the location of the restrooms, if they are gender neutral, and other public areas where individuals will be sharing space outside of the main discussion area. During discussions or dialogues, make sure that all voices are heard and respected. Every experience is valid and worthy of being received; so encourage sharing instead of arguing or debating. Make sure that safety and confidentiality is honored, as personal stories might be shared and protecting those inside and outside of the space is paramount.

As sex educators, we want to help the realities of trans youth be present in the room. We want their voices to be heard and their identities to be given full honor and space. We want to change the language to a vocabulary that is respectful, that acknowledges all of the members of the community. That means that binary-gendered terms and definitions of bodies, identities and expressions need to be expanded and normalized. It is crucial that we all consider that there are more than two (2) genders. For example, in Native/First American communities, individuals whose genders (or gender identity or gender expression), is neither completely male nor female, are identified as “two-spirit”, encompassing their various identities. Two-spirit folks are an essential part of their cultural community and are honored for their humanity and importance in the community circle.

Using terms like “bodies that have a uterus/vulva/vagina” and “bodies with a penis and testicles” are small changes some educators have made to intentionally create the space for all bodies to be honored. We also ask colleagues who have more experience working with trans youth/communities to share with their counterparts what the changing language is, what the best practices are, and to how to incorporate that information into our work on a consistent basis. It matters that we use inclusive language. When pronouns are being presented, it is not an implication about gender; instead, it is to honor how people want to be addressed. In order to change the conversation regarding the trans community, and to hold folks accountable, we can challenge youth to critically think about the information they have grown up with regarding sexuality, and for them to consider how it has potentially excluded some individuals. All genders want to be validated and respected, as we choose to be/live/represent as we are.

How Can Communities Foster Safe Spaces?

Our communities are made of many different parts; schools, community organizations, numerous social networks, faith/spiritual houses of reverence, and various ritualistic practices are part of that experience. These are some of the places that young individuals spend their leisure time; while they are there, being invalidated or rejected because of their gender identity is soul-sucking, demoralizing, and wrong.

Many of us are hesitant to talk about sex, sexuality, and, in particular, gender identities and expression. Adults are sometimes unclear about the kind of information young people may need when it comes to sexuality. Being age appropriate is important, and sharing information that is easy to understand and supports body knowledge in a way that makes sense for youth is crucial.

It is important to clarify what language transgender teens are using to describe their bodies, why they are using this language, why it is important to do so, and then to explain that *every* body is unique, different, and that physical body changes are a part of human development. Keep in mind, that for trans youth, puberty changes can be traumatic – feeling like an indication of their bodies’ betrayal as their physical development turns further away from the body in which they feel most comfortable.

Stereotypes about gender identity do not fit in this world we live in. Gender is not a binary concept, and there are many ways people live and exist in their bodies. Families, schools, and community-based programs can encourage early conversations about gender identity, and provide a variety of ways in which children get their information: books, videos, discussions about ideas and observations are all a good start. Similarly, trans youth deserve and are entitled to the same honor, respect and compassion that any other young person deserves when it comes to their sexuality.

Throughout this chapter, there are various resources available to educators, community members, families (biological and chosen) that can ease fears about not knowing and instead usher us toward inclusion and equity, while promoting all of our learning. For educators, formal and informal, we can choose to use inclusive language and materials, to educate ourselves, and to advocate for the space to be affirming and safe for all presenting identities. It is our hope that readers use our ideas, resources, and recommendations regarding how to support trans youth through education, training and public health outreach, given the obstacles of fear, homophobia, trans phobia, racism, and sexism. Our goal is to prepare schools and community organizations to provide safe spaces for trans youth to become who they truly are with

information, empathy, and caring. This call to action is immediate, urgent, doable, and lifesaving. You can start today. We hope you become both an ally and an advocate.

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